### DLN: 93493320177106

OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

Open to Public Inspection

# ارچە

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations)

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

A F	or the <b>20</b> :	15 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5			
B Ch	eck if applic	cable C Name of organization  AMERICAN BRIDGE 21ST CENTURY FOUNDATION		D Emplo	yer ide	entification number
☐ Ad	ddress chan			27-52	27803	8
_	ame change	e Doing business as				
In	ıtıal return			E Telepho	ano nun	nhor
	terminated/	Number and street (or P O box if mail is not delivered to street address) Room/sui 455 MASSACHUSETTS AVENUE NW NO 600	te			
	nended retu	ım		(202)	747-	2060
Ap	plication pe	nding City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20001		<b>G</b> Gross	eceipts	\$ 4,632,000
		<b>F</b> Name and address of principal officer	<b>H(a)</b> Is th			
		JESSICA MACKLER		rdinates?		Yes 🗸
		455 MASSACHUSETTS AVENUE NW NO 600 WASHINGTON, DC 20001	No	. 11		, , , , ,
I Ta	x-exempt s	status 501(c)(3) <b>√</b> 501(c) (4) <b>4</b> (Insert no ) 4947(a)(1) or 527	H(b) Are a	ded?	nates	⊤Yes  No
	ebsite: ▶	WWW BRIDGEPROJECT COM		•		(see instructions)
			H(c) Grou			
K For	n of organiz	zation	L Year of fo	rmation 20	)11   <b>N</b>	1 State of legal domicile Di
Pa	rt I S	Summary				
	<b>1</b> Briefl	y describe the organization's mission or most significant activities				
	SEE	PART III, LINE 1				
Governance						
E						
o ve	<b>2</b> Che	ck this box ▶ ☐ if the organization discontinued its operations or disposed of	f more than	25% of its	net a	ssets
	3 Num	nber of voting members of the governing body (Part VI, line 1a)			з	4
<b>~</b>		nber of independent voting members of the governing body (Part VI, line 1b)			4	3
Ě	<b>5</b> Tota	al number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	0
Activities &	<b>6</b> Tota	al number of volunteers (estimate if necessary)			6	0
•	<b>7a</b> Tota	al unrelated business revenue from Part VIII, column (C), line 12			7a	0
	<b>b</b> Netu	inrelated business taxable income from Form 990-T, line 34		•	7b	
			Pric	or Year		Current Year
<u>ā</u>		Contributions and grants (Part VIII, line 1h)		1,855,	0	4,632,000
Ravenua		rogram service revenue (Part VIII, line 2g)			0	
Ę.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	!	1,855,	500	4,632,000
		2)		1,055,	_	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	875,000
		enefits paid to or for members (Part IX, column (A), line 4)			0	
3		-10)		1,549,	786	2,274,352
Expenses	<b>16</b> a P	Professional fundraising fees (Part IX, column (A), line 11e)		206,	187	532,313
Ä	b To	otal fundraising expenses (Part IX, column (D), line 25) ▶786,509				
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,		1,328,321
		otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,268,		5,009,986
_ <u>v</u>	<b>19</b> R	evenue less expenses Subtract line 18 from line 12	•	-412,	636	-377,986
Net Assets or Fund Balances			Beginning	of Current	Year	End of Year
Asse Bak	20 ⊤	otal assets (Part X, line 16)		568,	500	756,494
10 PE		otal liabilities (Part X, line 26)	•	408,		805,435
		let assets or fund balances Subtract line 21 from line 20		159,	910	-48,941
Unde my ki	r penaltie nowledge	<b>Signature Block</b> es of perjury, I declare that I have examined this return, including accompan and belief, it is true, correct, and complete Declaration of preparer (other th iny knowledge	_			•
		******	2	016-11-15		
Sigr		Signature of officer		ate		
Her		JESSICA MACKLER PRESIDENT				
		Type or print name and title    Print/Type preparer's name   Preparer's signature   D	ate		PTIN	
Daid	4	Print/Type preparer's name Preparer's signature D.	Che	eck if -employed	LITIN	
Paid Pro	a parer	Firm's name ► GELMAN ROSENBERG & FREEDMAN		n's EIN ► 5	<u>1</u> 2-13920	008
	only	Firm's address ► 4550 MONTGOMERY AVE SUITE 650N	Pho	ne no (301	) 951-9	9090
Joe	Unity	BETHESDA MD 208142930				

	990 (2015)			Page <b>3</b>
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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	Yes	
	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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8		No
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		No
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		No
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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 2	11b		No
	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 2	<b>11</b> c		No
	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 3	<b>11</b> d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII **	12a	Yes	
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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV	Checklist of Required Schedules (continued)
21	Did th	e organization report more than \$5,000 of grants or othe

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

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,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . .

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

r assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . .

Yes

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

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35a

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Yes

Form 990 (2015)

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Pag

P	a	g

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliand		.,			_
		Check if Schedule O contains a response or note to any line in this	Part	<u>V</u>		Yes	·   No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	12		res	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments		_			
٠		g (gambling) winnings to prize winners?		· · · · · ·	<b>1</b> c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
<b>L</b>	•	s return	2a	ont tay raturns?	2b		
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	e (see	instructions)			
		e organization have unrelated business gross income of \$1,000 or more during	,	•	3a		No_
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i> , time during the calendar year, did the organization have an interest in, or a s			3b		
70	over,	a financial account in a foreign country (such as a bank account, securities ac nt)?			4a		No
b	Seein	s," enter the name of the foreign country	ık and	Financial Accounts			
F-	(FBAR	<ol> <li>he organization a party to a prohibited tax shelter transaction at any time duri</li> </ol>	na +ha	. tay waar?			N.o.
		ne organization a party to a prombited tax shelter transaction at any time duri ny taxable party notify the organization that it was or is a party to a prohibited			5a		No No
			tax si	ieitei tialisactiolii	5b		NO
С	тт "Үе	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$1 ization solicit any contributions that were not tax deductible as charitable con			6a	Yes	
b		s," did the organization include with every solicitation an express statement took tax deductible?	hat su	ch contributions or gifts	6b	Yes	
7	Organ	izations that may receive deductible contributions under section 170(c).					
	servic	e organization receive a payment in excess of \$75 made partly as a contributes provided to the payor?			7a		
		s," did the organization notify the donor of the value of the goods or services p			7b		
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?		which it was required to	<b>7</b> c		
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a	persor	nal benefit contract?	7e		
		e organization, during the year, pay premiums, directly or indirectly, on a pers			<b>7</b> f		
g	If the require	organization received a contribution of qualified intellectual property, did the ed?	organı: • •	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicle	s, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu the year?	ısınes • •	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or re		person?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter		ı			
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them )	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 99	0 in lie	eu of Form 1041?	<b>12</b> a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? I onal information the organization must report on Schedule O	Note. S	See the instructions for	<b>13</b> a		
b		the amount of reserves the organization is required to maintain by the states of the organization is licensed to issue qualified health plans	13b				
С		the amount of reserves on hand	13c				
14a	Dıd th	e organization receive any payments for indoor tanning services during the ta		?	14a	ĺ	No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i>	atıon ıı	n Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstructions.			w,
Se	ction A. Governing Body and Management	•		•		
	, , , , , , , , , , , , , , , , , , ,				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ.	ired by the Internal R	even	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 . . . . . . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . 14 Yes 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 Yes **b** Other officers or key employees of the organization . . . . . . . . . . . . . 15b Yes 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

CA, NY, FL, VA

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no	r any related or	ganıza	tion	com	pen	sated	any	current officer, o	irector, or truste	e 
(A) Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot	not bo: th a:	chec x, unlo n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DAVID BROCK	10 00							62.425		
CHAIR		×		X				63,125	0	0
(2) TED TRIMPA SECRETARY	1 00	x		х				0	0	0
(3) DAVID BENNAHUM TREASURER	1 00	x		×				0	0	0
(4) MICHAEL KEMPNER DIRECTOR	1 00	x						0	0	0
(5) JESSICA MACKLER PRESIDENT (BEGAN JUNE 2015)	35 00			×				73,125	0	4,955
(6) WILSON WOODHOUSE PRESIDENT (UNTIL MAY 2015)	35 00			х				30,938	0	79
(7) EDDIE VALE VICE PRESIDENT	35 00			x				56,875	0	3,308
(8) PILAR MARTINEZ  CFO (UNTIL AUG 2015)	35 00			×				24,452	0	3,929

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	more to perso and	one l both ector	an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	amour comp	ensa m th	other tion e			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	T 2/1099-MISC) 2/1099-M			orgai	lated			
1b	Sub-Total		<u> </u>	<u> </u>	<u>.                                    </u>	<u>.                                    </u>	. ▶								
c	Total from continuation sheet	s to Part VII, S				•	. 🖊			_					
d	Total (add lines 1b and 1c) .						•		248,515	0		1	2,271		
2	Total number of individuals (in \$100,000 of reportable compo						d abov	e) wl	ho received more th	an					
											Ye	s	No		
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete S</i>								or highest compen		3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								No						
5	Did any person listed on line 1 services rendered to the organ										5		No		
	ection B. Independent Co	ntractors													
1	Complete this table for your five		ensate	d inde	epen	dent	t contr	acto	rs that received mo	re than \$100,000 c	of				
	compensation from the organiz									·		ar			

Name and business address	Description of services	Compensation
BONNER GROUP	FUNDRAISING CONSULTANT	532,313
455 MASSACHUSETTS AVE NW SUITE 640 WASHINGTON, DC 20001		
READY PAC	LIST RENTAL	150,000
PO BOX 7705 MCLEAN, VA 22106		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\triangleright$  2

(A)

(C)

(B)

Form 99							Page <b>S</b>
Part V	/++	Statement of Revenue					_
		Check if Schedule O contains a response	or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ons, Giffs, Grants Similar Amounts	1a	Federated campaigns 1a					
	ь	Membership dues 1b					
Gr.	С	Fundraising events <b>1c</b>					
ifts. ar A	d	Related organizations 1d					
	e	Government grants (contributions) <b>1e</b>					
ons Sir	   f	All other contributions, gifts, grants, and <b>1f</b>	4,632,000				
tributio Other		sımılar amounts not ıncluded above —					
Contributions, and Other Sim	g	Noncash contributions included in lines  1a-1f \$ —					
Cont	h	Total. Add lines 1a-1f	· · •	4,632,000			
<u> </u>		В	usiness Code				
۲÷۲	2a						
Program Service Revenue	b						
	d						
<u>¥</u>	e						
)ran	f	All other program service revenue					
Ψo	g	Total. Add lines 2a-2f	>				
	3	Investment income (including dividends,					
		and other similar amounts)	•				
	4   5	Income from investment of tax-exempt bond processing Royalties	eeds ▶				
			(II) Personal				
	6a	Gross rents					
	b	Less rental					
	c	expenses Rental income					
	d	or (loss)  Net rental income or (loss)	•				
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
enne	8a	Gross income from fundraising events (not including					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
Ö	b   с	Less direct expenses <b>b</b> Net income or (loss) from fundraising eve	nts . •				
		Gross income from gaming activities See Part IV, line 19					
	Ь	Less direct expenses b					
	1	Net income or (loss) from gaming activities	es				
	10a	Gross sales of inventory, less	<b>•</b>				
		returns and allowances .					
	b c	Less cost of goods sold b  Net income or (loss) from sales of inventor	ory ▶				
		<u> </u>	usiness Code				
	11a						
	b						
	C	All other revenue					
	d e	All other revenue	•				
	12						
		Total revenue. See Instructions	• • • •	4,632,000	C	0	a

## 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	Section 501(c)	1(3) and 501(c)(4	) organizations must com-	plete all columns All other	er organizations must com	plete column (
---	----------------	-------------------	---------------------------	-----------------------------	---------------------------	----------------

	✓				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> 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	875,000	875 000		
2	Grants and other assistance to domestic	875,000	875,000		
,	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	260,786	185,446	75,340	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,762,086	1,511,677	250,409	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	, ,	, ,	,	
9	Other employee benefits	97,150	88,937	8,213	
10	Payroll taxes				
		154,330	132,703	21,627	
11	Fees for services (non-employees)				
а	Management				
b	Legal	74,726		74,726	
С	Accounting	39,897		39,897	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	532,313			532,313
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	528,302	456,063		72,239
12	Advertising and promotion	51,289	51,289		
13	Office expenses	26,061	370	25,606	85
14	Information technology	3,787	3,385	402	
15	Royalties	150,000	150,000		
16	Occupancy	66,996	6,696	60,300	
17	Travel	63,385	63,385		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,121	7,121		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,614		61,614	
23	Insurance	8,877		8,877	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DEVELOPMENT	179,932	-1,940		181,872
b	SUBSCRIPTIONS	52,094	52,094		
c	PAYROLL SERVICES	7,792		7,792	
d	KOCH DOCUMENTARY	4,725	4,725		
e	All other expenses	1,723	-33	1,756	
25	Total functional expenses. Add lines 1 through 24e	5,009,986	3,586,918	636,559	786,509
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t Y	Balance Sheet					
Ги	· .	Check if Schedule O contains a response or note to any line	e in this Pa	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			409,267	1	21,537
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		ľ		4	
	5	Loans and other receivables from current and former office		•		-	
		key employees, and highest compensated employees Co Schedule L	mplete Pa	rt II of			
						5	
Assets	6	Loans and other receivables from other disqualified perso section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c employees' beneficiary organizations (see instructions) C Schedule L	nd contributing tary		6		
\$8 (	١	Makas and large manuschile mak				6	
A	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8 9	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	346,957			
	ь	Less accumulated depreciation	10b	229,460	152,573	<b>10</b> c	117,497
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			6,660	15	617,460
	16	Total assets.Add lines 1 through 15 (must equal line 34)			568,500	16	756,494
	17	Accounts payable and accrued expenses			369,705	17	220,435
	18	Grants payable		[		18	
	19	Deferred revenue		[		19	85,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule	D		21	
Liabilities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis	,	trustees,			
Ξ		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelated third p	arties .			23	
	24	Unsecured notes and loans payable to unrelated third par	ties .			24	500,000
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related t	hird parties,			
					38,885	25	
	26	Total liabilities. Add lines 17 through 25			408,590	26	805,435
ses		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e▶ 🔽 a	nd complete			
an	27	Unrestricted net assets	_		159,910	27	-48,941
Bal	28	Temporarily restricted net assets			100,010	28	10,011
Þ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che	eck here <b>=</b>	· · ► and			
ō		complete lines 30 through 34.	on here P	1 4.14			
Ş	30	Capital stock or trust principal, or current funds				30	
\$\$£	31	Paid-in or capital surplus, or land, building or equipment fi	und .			31	
t A	32	Retained earnings, endowment, accumulated income, or o	ther funds	ļ		32	
Š	33	Total net assets or fund balances			159,910	33	-48,941
	34	Total liabilities and net assets/fund balances		[	568,500	34	756,494

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis

Separate basis

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis

Schedule O

Single Audit Act and OMB Circular A-133?

Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

Nο

Form 990 (2015)

### DLN: 93493320177106

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

Department of the Treasury Internal Revenue

## **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.irs.gov/form990.

2015
Open to Public Inspection

Service

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
- 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

	ame of the organization IERICAN BRIDGE 21ST CENTURY FOUNI	DATION		Employer ider	itification nu	ımber
Pai	rt I-A Complete if the or	ganization is exempt unde	r section 501(c)	27-5278038 or is a section <b>527</b>		tion.
1 2 3		rganization's direct and indirect pol			\$	412,866
Pai	rt I-B Complete if the or	ganization is exempt unde	r section 501(c)	(3).		
1	Enter the amount of any excis	e tax incurred by the organization (	ınder section 4955	•	\$	
2	Enter the amount of any excis	e tax incurred by organization man	agers under section (	4955 ▶	\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		☐ Ye	s No
<b>4</b> a	Was a correction made?				┌ Ye	s No
b	If "Yes," describe in Part IV					
Pai	<u> </u>	ganization is exempt unde		-	1(c)(3).	
1	, ,	ended by the filing organization for	·		\$	337,866
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations f	or section 527 ►	\$	75,000
3	Total exempt function expend	itures Add lines 1 and 2 Enter her	e and on Form 1120	-POL, line 17b ►	\$	412,866
4	Did the filing organization file	Form 1120-POL for this year?			Ye	s √ No
5	organization made payments amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid from didirectly delivered to	n the filing organization's o a separate political orga	funds Also e anization, su	enter the ch as a
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter - 0-	contributi and pro directly d separat organizat	nt of political ons received ons received on the political constants of the political constants on If none, er -0-
(1)	IVOTE INC	PO BOX 382175 CAMBRIDGE, MA 02238	42-2919706	75,000		
2						
3						
4						
					I	

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Lobbying Expe	nditures During	4-Year Avera	ging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total	
Lobbying nontaxable amount						
Lobbying ceiling amount (150% of line 2a, column(e))						
Total lobbying expenditures						
Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))						
Grassroots lobbying expenditures						
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))	

PART I-A, LINE 1

OFFICE

Sch	edule C (Form 990 or 990-EZ) 2015				Р	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОИ				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
activ		W	No		4 mour	nt
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	Yes				
а	Volunteers?			4		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			4		
C	Media advertisements?			_		
d	Mailings to members, legislators, or the public?			-		
е	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)?			4		
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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	5 <b>01</b> (c	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ī	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		Ī	3		
	till-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1 2	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).					
а	Current year	2a				
b	Carryover from last year	2b				
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				
P	art IV Supplemental Information	•				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part I	I-A,I	ınes 1	and
2 (	(see instructions), and Part II-B, line 1 Also, complete this part for any additional information					
	Return Reference Explanation					

THE ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF CANDIDATES FOR PUBLIC

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# Supplemental Financial Statements

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

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

OMB No 1545-0047

Inspection

DLN: 93493320177106

Department of the Treasury Internal Revenue Service

**SCHEDULE D** 

(Form 990)

**Employer identification number** Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

(B)(I) and section 170(h)(4)(B)(II)?

☐ No

Par	t IIII	Organizations Maintaining (continued)	Collections of A	rt, His	storic	al T	reasures	, or O	ther S	imilar As	sets
3		the organization's acquisition, accetion items (check all that apply)	ession, and other rec	ords, cl	neck a	ny of	the followin	g that a	re a sıg	nıfıcant use	of its
а		Public exhibition		d	$\Gamma$	Loai	n or exchan	ge prog	rams		
b	_ :	Scholarly research		е	$\Gamma$	Oth	er				
c		Preservation for future generations									
4	Provide Part >	de a description of the organization's	s collections and exp	olaın ho	w they	furth	er the orgar	nization	's exem	pt purpose in	١
5	Durin	g the year, did the organization solic s to be sold to raise funds rather the								☐ Yes	□No
Pai	rt IV	<b>Escrow and Custodial Arra</b>	ngements.								
		Complete if the organization a Part X, line 21.	inswered "Yes" on	Form	990, 1	Part	IV, line 9,	or rep	orted a	an amount	on Form 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other interi	mediary	for co	ntrıb	utions or ot	her ass	ets not	Yes	∏ No
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing	table	e			A mou	ınt
С	Beg	ınnıng balance						1c			
d	A d	ditions during the year						1d			
e	Dıs	tributions during the year						1e			
f	End	ling balance						<b>1</b> f			
<b>2</b> a	Did th	ie organization include an amount oi	n Form 990, Part X, I	ıne 21,	for es	row	or custodial	accour	nt liabilit	ty? <b>☐ Yes</b>	No
b	Tf "Vo	s " ovalain the arrangement in Bart	VIII Chack bara ift	ha aval	anatio		hoon provi	dod in D	>r+ VIII		П
_	rt V	s," explain the arrangement in Part <b>Endowment Funds.</b> Comple									· · · · · ·
		Zildovillene i unusi comple	(a)Current year		nor year	_	<b>b (c)</b> Two yea			·	(e)Four years back
1a	Begir	nning of year balance	, ,							,	· · · ·
b	Cont	ıbutıons 									
c	Net II losse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
e		r expenditures for facilities rograms									
f	A dmi	nistrative expenses									
a		of year balance									
		· · · · ·									
2	Provid	de the estimated percentage of the o	current year end bala	ance (lir	ne 1g,	colun	nn (a)) held	as			
а	Board	designated or quasi-endowment $\blacktriangleright$									
b	Perma	anent endowment ▶									
c	•	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a		nere endowment funds not in the pos ization by	session of the organ	ıızatıon	that aı	e hel	d and admıı	nıstered	for the		Yes No
	-	related organizations								3a(i	
	(ii) re	lated organizations								3a(i	i)
b		s" on 3a(II), are the related organize	·				· · · ·			3b	
4	rt VI	ribe in Part XIII the intended uses of Land, Buildings, and Equip		enaown	ient fui	ias					
F (1	LVI	Complete if the organization a		orm 9	90, Pa	art I'	V, line 11a	.See F	orm 99	90, Part X,	line 10.
		Description of property		C	ost or o		asıs   Cost or	(b) other bas other)		Accumulated depreciation	(d)Book value
1a	Land			.							
b	Buildin	gs		_							
c	Leaseh	old improvements		.							
d	Equipm	nent									
			<u> </u>					346,95	57	229,460	117,497
Tot a	<b>Ι</b> Δ dd Ι	ines 1a through 1e (Column (d) mus	t equal Form 990 Pari	t X colu	mn (R)	line	10(c))			•	117 497

	<ul><li>(a) Description of security or cate (including name of security)</li></ul>	gory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	ial derivatives			·
	y-held equity interests			
( <b>3)</b> 0 ther				
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line 1.	2)		
Part VII	I Investments—Program Relate	d.		
	Complete if the organization answ			
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line 13	·) •		
	Other Assets. Complete if the organ		Form 990, Part IV, line	11d See Form 990, Part X, line 15
/1\SECHE		Description		(b) Book value
	(a) [ RITY DEPOSIT ROM AMERICAN BRIDGE PAC	Description		(b) Book value 6,66 610,80
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
	RITY DEPOSIT	Description		6,66
(2) DUE F	RITY DEPOSIT ROM AMERICAN BRIDGE PAC			6,66
(2) DUE F	RITY DEPOSIT  ROM AMERICAN BRIDGE PAC  umn (b) must equal Form 990, Part X, col (B)	line 15 )		6,66 610,80
(2) DUE F	RITY DEPOSIT  ROM AMERICAN BRIDGE PAC  fumn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the	line 15 )		6,66 610,80
(2) DUE F	RITY DEPOSIT  ROM AMERICAN BRIDGE PAC  umn (b) must equal Form 990, Part X, col (B)	line 15 )	ed 'Yes' on Form 990,	6,66 610,80
(2) DUE F	RITY DEPOSIT  ROM AMERICAN BRIDGE PAC  Fumn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	RITY DEPOSIT  ROM AMERICAN BRIDGE PAC  Fumn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X 1.	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	line 15 ) organization answere	ed 'Yes' on Form 990,	6,66 610,80
Total. (Col. Part X  1. Federal Inc.	www. (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  come taxes	line 15 ) Organization answere  (b) Book valu	ed 'Yes' on Form 990,	6,66 610,80
Total. (Colu	umn (b) must equal Form 990, Part X, col (B)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	Ine 15 ) Organization answere (b) Book valu	ed 'Yes' on Form 990,	6,66 610,80 617,46 Part IV, line 11e or 11f.

1

2

а

b

PART X, LINE 2

4,632,000

4c

Schedule D (Form 990) 2015

e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,632,00
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)............ <b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,632,00
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	5,009,98
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	O ther losses		
d	Other (Describe in Part XIII)..............2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,009,98

2a

2b

**2**c 2d

Add lines 4a and 4b .

Other (Describe in Part XIII ) . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . 5,009,986

Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

Return Reference Explanation FOR THE YEAR ENDED DECEMBER 31, 2015, THE FOUNDATION HAS DOCUMENTED ITS

FINANCIAL STATEMENTS

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Recoveries of prior year grants . . . . . .

Donated services and use of facilities . .

Other (Describe in Part XIII) .

Schedule D (Form 990) 2015	Page <b>5</b>	
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

DLN: 93493320177106

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ▼ Internet and email solicitations Solicitation of government grants ▼ Phone solicitations Special fundraising events Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING **BONNER GROUP** CONSULTANT 455 MASSACHUSETTS **AVE NW SUITE 640** 4,257,000 532,313 Nο 3,724,687 WASHINGTON, DC 20001 10 3,724,687 Total 4,257,000 532,313 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mor s 1 and 6b. List ever	re than \$15,000 of nts with gross					
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events					
		(event type)	(event type)	(total number)	(add col (a) through col (c))					
Reverkie										
Seve	1 Gross receipts									
_	2 Less Contributions									
	Gross income (line 1 minus									
	4 Cash prizes									
	5 Noncash prizes									
Se	6 Rent/facility costs									
Expenses	<b>7</b> Food and beverages									
	8 Entertainment									
Direct	9 Other direct expenses									
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)							
	11 Net income summary Subtract line 1	0 from line 3, column (	d)	<del>•</del>	<u> </u>					
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on					
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))					
<u>~</u>	1 Gross revenue									
ses	2 Cash prizes									
Expen	<b>3</b> Noncash prizes									
Direct	4 Rent/facility costs									
	5 Other direct expenses									
		<b>☐ Yes</b>	┌ Yes%_	<b>☐ Yes</b> %						
	6 Volunteer labor	☐ No	☐ No	No						
	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8 Net gaming income summary Subtract line 7 from line 1, column (d)									
9 a	Enter the state(s) in which the organizat	Yes No								
b	If "No," explain									
10a	Were any of the organization's gaming li	Yes No								
Ь		If "Yes," explain								

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize

Department of the
Treasury
Internal Revenue Service

Information about Schedule

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493320177106

Open to Public Inspection

Name of the organization							Employer identification number		
AMERICAN BRIDGE 21ST CENTURY	27-5278038								
Part I General Informatio	n on Grants an	d Assistance							
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> <li>Part II Grants and Other Assistation</li> </ol>	vard the grants or as ation's procedures f ance to Domestic Or	ssistance? or monitoring the use ganizations and Dome	of grant funds in the Un	ited States			✓ Yes No.		
that received more than s  (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
See Additional Data Table									
	-	_							
	+	+							
2 Enter total number of section 50							0		
3 Enter total number of other orga	nızatıons lısted ın t	he line 1 table .     .				•	3		

### Additional Data

Software ID: Software Version:

**EIN:** 27-5278038

Name: AMERICAN BRIDGE 21ST CENTURY FOUNDATION

(h) Purpose of grant

or assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			

5				,		
THE FRANKLIN FORUM 455 MASSACHUSETTS AVE NW 6TH FL WASHINGTON,DC 20001	46-3018149	501(C)(4)	500,000			GENERAL OPERATIONS
MEDIA MATTERS ACTION NETWORK 455 MASSACHUSETTS AVE NW 6TH FL WASHINGTON,DC 20001	77-0646754	501(C)(4)	300,000			GENERAL OPERATIONS
IVOTE INC PO BOX 382175 CAMBRIDGE MA 02238	42-2919706	N/A	75,000		1	GENERAL OPERATIONS

Supplemental Information to Form 990 or 990-EZ

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

DLN: 93493320177106 OMB No 1545-0047

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Department of the

Internal Revenue

Name of the organization

Treasurv

Service

Employer identification number 27-5278038

990 Schedule O, Supplemental Information

Return Reference Explanation FORM 990, PART VI, SECTION A. THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF LINE 8B THE GOVERNING BODY FORM 990, PART VI, SECTION B. THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT LINE 11 AND LEG AL COUNSEL. THE RETURN WAS FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Explanation

ED. THE LAST COMPENSATION REVIEW TOOK PLACE IN NOVEMBER 2015.

FORM 990, PART

LINE 15

VI, SECTION B,
LINE 12C
DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST IF SUCH DISCLOSURES ARE MADE, THE BOARD OF
DIRECTORS INVESTIGATES TO DETERMINE IF A CONFLICT OF INTEREST EXISTS THE INDIVIDUAL HAVING THE
POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM THESE PROCEEDINGS

FORM 990, PART
VI, SECTION B,
UDIES USING COMPARATIVE DATA FROM OTHER ORGANIZATIONS. THE FINAL COMPENSATION WAS REVIEWED

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH OFFICER AND DIRECTOR. THE POLICY REQUIRES.

AND APPROVED BY THE BOARD OF DIRECTORS COMPENSATION FOR OTHER EMPLOYEES WAS APPROVED BY THE PRESIDENT OF THE ORGANIZATION ALL COMPENSATION PROCESSES ARE DELIBERATED AND DOCUMENT

990 Schedule O, Supplemental Information Return Reference

FORM 990, PART VI, SECTION C. LINE I THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND FORM 990 AVAILABLE UPON REQUEST

Explanation

FORM 990, PART IX, LINE 11G

19

PUBLIC AFFAIRS CONSULTING PROGRAM SERVICE EXPENSES 84.435 MANAGEMENT AND GENERAL FXPFNSF S 0 FUNDRAISING EXPENSES 72.239 TOTAL EXPENSES 156,674 COMMUNICATIONS CONSULTING **PROGR** AM SERVICE EXPENSES 196.628 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TO TAL EXPENSES 196.628 OTHER CONSULTING PROGRAM SERVICE EXPENSES 175.000 MANAGEMENT AND G ENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 175,000