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EXTENDED TO AUGUST 15, 2016

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No 1545-0047

~ '	OI THE	2010 Calefular year, or tax year beginning	chaing		
	Check if	C Name of organization		D Employer identifi	cation number
Г	Addres	THE HENRY M. PAULSON JR. INSTITUTE		· ·	
F	lchange lchange lchange	MUE DAILI CON INCOTOLINE		45-2	430087
一	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/	5711 S. WOODLAWN AVENUE			450-8205
	termin- ated			G Gross receipts \$	12,904,020.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer HEMILE H. LAUDDON,	JR.	for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status X 501(c)(3) 501(c) () ((insert no-4) 4947(a)(1)	or 52	7 If "No," attach a	list (see instructions)
		e: NWW.PAULSONINSTITUTE.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association	L Yea	r of formation: 2011 N	A State of legal domicile: IL
P	art I	Summary			
ě				E GLOBAL ENV	
Governance		· · · · · · · · · · · · · · · · · · ·		THE UNITED	· · · · · · · · · · · · · · · · · · ·
ern		Check this box I if the organization discontinued its operations or dispositions.	sed of mo	1	
õ	1	Number of voting members of the governing body (Part VI, line 1a)		3	3 2
9	1	Number of independent voting members of the governing body (Part VI, line 1b)	•	. 4	13
ties	l	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
Activities &		Total number of volunteers (estimate if necessary)		6	0.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
	-	Net differenced business (axable income from Form 990-1, line 34		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		9,849,695.	11,280,500.
ű		Program service revenue (Part VIII, line 2g)		0.	600,000.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-23.	2,110.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,702.	21,410.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,872,374.	11,904,020.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		894,651.	2,115,890.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,234,435.	2,940,529.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	···-	
ш	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	L	3,538,254.	4,168,523.
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	<u> </u>	6,667,340.	9,224,942.
	19	Revenue less expenses Subtract line 18 from line 12		3,205,034.	2,679,078.
Assets or Balances			Ļ <u>e</u>	Deginning of Current Year	End of Year
Raise	20	Total assets (Part X, line 16)	· -	7,001,057. 481,768.	10,389,188.
Net A	21	Total liabilities (Part X, line 26)	⊢	6,519,289.	9,198,367.
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		0,313,203.	3,130,307.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and state	ments, and to the best of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of w		·-	, memorye ana bonon, mo
_	•				
Sig	ın	Signature of officer		Date	
He		▶ HENRY M. PAULSON, JR., CHAIRMAN			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	GREGORY S. ADAMS		self-employ	P00095597
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
Use	e Only	Firm's address 1301 W. 22ND ST, STE 1100			20) 550 260
		OAK BROOK, IL 60523		Phone no. (6	30) 573-8600
		RS discuss this return with the preparer shown above? (see instructions)	<u>- , </u>		X Yes No
532	12-1 001 ت	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruction		ENTE CONTENTA	Form 990 (2015)

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Form .	990 (2015) THE HENRY M. PAULSON JR. INSTITUTE	45-2430087	Page 2
Par	t III Statement of Program Service Accomplishments	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	WE WORK AT THE NEXUS OF ECONOMIC AND ENVIRONMENTAL ISSU	ES IN THE	
	UNITED STATES AND CANADA. OUR PROGRAMS IN CHINA FOCUS	ON IMPROVIN	IG
	CLIMATE AND AIR QUALITY, ADVANCING NATURE CONSERVATION		NG
	SUSTAINABLE CITIES. IN THE UNITED STATES, WE PROMOTE B	ILATERAL	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Y(es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	γ	s X No
	If "Yes," describe these changes on Schedule O	•	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expens	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	- · · ·	
	revenue, if any, for each program service reported	,	-,
4a	(Code) (Expenses \$ 2,016,328. including grants of \$) (Rever	nue \$ 600	,000.
	SUSTAINABLE URBANIZATION		,,,,, ,
	OUR SUSTAINABLE URBANIZATION WORK IS IS FOCUSED ON THE	ENERGY.	
	TRANSPORTATION, AND BUILDING SYSTEMS THAT UNDERPIN THE		A OT
	MORE SUSTAINABLE ECONOMY. THROUGH OUR PROGRAMS, PUBLICA		
	HIGH-LEVEL ADVOCACY, WE WORK TO SUPPORT A TRANSITION TO		
	SUSTAINABLE ECONOMIC MODEL IN BOTH CHINA AND THE UNITED		
	DODIAINADEL ECONOMIC MODEL IN DOIN CHIMA AND IND UNITED	DIMILED.	
	RESEARCH AND PUBLICATIONS		
	WE PRODUCE THOUGHT LEADERSHIP ON POLICY, TECHNOLOGY AND	MARKET-BAS	ED.
	SOLUTIONS THAT WILL ADVANCE CHINA'S INDUSTRIAL AND ENER		
			TTO ON
	TRANSFORMATION. OUR 2015 WORK INCLUDED SIX PAPERS: FIVE		<u>NO 20.</u>
	POWER SECTOR REFORM AND ONE ABOUT CREATING A SUSTAINABLE		
4b	(Code) (Expenses \$ 2,045,600. including grants of \$ 1,515,890.) (Rever	nue \$)
	CONSERVATION, ENERGY, AND ENVIRONMENT	DUTE DEMO	CORPAG
	OUR WORK IS FOCUSED ON THE ENERGY, TRANSPORTATION, AND		
	THAT UNDERPIN THE TRANSITION TO A MORE SUSTAINABLE ECON		TEAE
	THAT TRULY SUSTAINABLE ECONOMIC GROWTH IS ONLY POSSIBLE		
	SIMULTANEOUSLY ADVANCES ECONOMIC PROSPERITY, A HEALTHY		, AND
	LOW-CARBON DEVELOPMENT SOLUTIONS IN THE FACE OF CLIMATE		
	THROUGH OUR PROJECTS, EVENTS, PUBLICATIONS, AND HIGH-LE		
	WORK TO SUPPORT A TRANSITION TO THIS MORE SUSTAINABLE E	CONOMIC MOD	EL IN
	BOTH CHINA AND THE UNITED STATES.		
	THE OVERARCHING GOAL OF PI'S CONSERVATION PROGRAMS IS T		
	CRITICAL ECOSYSTEMS AND BIODIVERSITY WITH GLOBAL SIGNIF		HINA
4c	(Code) (Expenses \$ 1,458,601. including grants of \$ 350,000.) (Rever	nue \$)
	CLIMATE CHANGE AND AIR QUALITY		
	THIS PROGRAM ADVANCES SOLUTIONS TO CLIMATE CHANGE AND A		
	CHINA AND THE UNITED STATES, ULTIMATELY CONTRIBUTING TO		
	MUTUALLY BENEFICIAL ECONOMIC GROWTH. THIS IS DONE THROU		
	PROJECTS, ADVOCACY, AND WORKING TOGETHER WITH A NETWORK	OF NONPROF	'IT,
	COMMERCIAL, AND GOVERNMENT ORGANIZATIONS.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 915, 275 • including grants of \$ 250,000 •) (Revenue \$	21,410.)	
4e	Total program service expenses ► 6,435,804.		
		Form	990 (2015)

532002 12-16-15

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2015) THE HENRY M.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2_	X	<u> </u>
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	L	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- ° -		-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable	<u>-</u>		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			х
ч	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	11c		-
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	ļ
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	ı	١.,	
	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 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
	Complete Concesso O, r uit in		990	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ŀ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20	ļ -	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	240		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
J	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	()		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	()		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			 -
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701.2 and 301 7701.3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2015)

THE HENRY M. PAULSON JR. INSTITUTE 45-2430087 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 56 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 13 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country. > CHINA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6а any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7c to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9Ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

Form 990 (2015)

14a

14b

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

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						<u> X</u>				
Sec	tion A. Governing Body and Management				_						
		1	1	٦٢-	-\	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		3	ļ	ļ					
	If there are material differences in voting rights among members of the governing body, or if the governing			1]					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1		İ	ŀ					
Ь	Enter the number of voting members included in line 1a, above, who are independent	1b	L	2		 					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	lip with	any other								
	officer, director, trustee, or key employee?			2	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision		i	1					
	of officers, directors, or trustees, or key employees to a management company or other person?			3	$\overline{}$	 ∤	<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form			1 5	-		X				
5											
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or								
	more members of the governing body?		•	7	a		<u> </u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	1	1	ŀ	••				
	persons other than the governing body?		•	7	b	∤	<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:				- 1				
а	The governing body?			8	-	X					
þ	Each committee with authority to act on behalf of the governing body?		-	8	b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the	1	1	ĺ					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				1		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)								
						Yes	No				
	Did the organization have local chapters, branches, or affiliates?			10)a	X					
ь	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,		Ì						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10		X					
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a											
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12	20	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, a	escribe			\mathbf{x}					
40	in Schedule O how this was done		•	12		X					
13	Did the organization have a written whistleblower policy?			1:		$\frac{\Lambda}{X}$					
14	Did the organization have a written document retention and destruction policy?			1.	4	^					
15	Did the process for determining compensation of the following persons include a review and approximately the debt and approximately approximat	-	naepengent			l					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	•		-	+	X	_1				
a	The organization's CEO, Executive Director, or top management official			15	_	X					
Ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			. 15	- 00	^					
18-	,				- [l					
IUa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vitri a		-	-	X				
.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-	ata ita i	artion ation	16	a						
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization the organization that the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organizatio	•		- }	- 1	ļ	1				
		amzauo	1115								
500	exempt status with respect to such arrangements? tion C. Disclosure			16	00						
	List the states with which a copy of this Form 990 is required to be filed > IL, CT, CA, MA										
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (See	top 501(a)(3)a onl	·/\ aa.	lable						
18	for public inspection. Indicate how you made these available. Check all that apply	i (Seci	ion sontologas uni	y, avdi	ıaDi€	•					
	Own website Another's website W Upon request Other (explain	n in Sci	hedule (1)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c		•	and fin	anc.	ıa)					
15	statements available to the public during the tax year	ormict (or interest policy,	ariu iin	iai iCi	idi					
20	State the name, address, and telephone number of the person who possesses the organization's b	noke e	nd records								
	JENNIFER KELLOGG - 773-702-1739	oons al									
	5711 S. WOODLAWN AVENUE, CHICAGO, IL 60637										
					(200	2015)				

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)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of	
	week (list any	-			1 1 1			from the	from related organizations	other compensation	
	hours for	trustee or director				20		organization	(W-2/1099-MISC)	from the	
	related	50	98 34			rsate		(W-2/1099-MISC)	()	organization	
	organizations	<u> </u>	로		aako	эшь		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		and related	
	below	Individual	Institutional trustee	Je:	Key employee	Highest compensated employee	ner			organizations	
	line)	를	重	Officer	Key	돌	Former				
(1) HENRY M. PAULSON, JR.	20.00					-			_	_	
CHAIRMAN		X	L.	X				0.	0.	0	
(2) WENDY J. PAULSON	2.00		ļ								
VICE PRESIDENT		X		Х		L	_	0.	0.	0	
(3) JOHN F. W. ROGERS	0.00									_	
VICE PRESIDENT, TREASURER	40.00	X	ļ	Х		$ldsymbol{ldsymbol{ldsymbol{eta}}}$		0.	0.	0	
(4) CYNTHIA ZELTWANGER	40.00							055 045		05 000	
EXECUTIVE DIRECTOR	40.00	ļ	_	X		ļ	_	275,347.	0.	27,388	
(5) EVAN FEIGENBAUM	40.00	ļ		١., ا				222 264		15 600	
VICE CHAIRMAN	10.00	<u> </u>		X		<u> </u>		292,964.	0.	17,683	
(6) DORINDA ELLIOT	40.00	l						100 071		1 026	
EDITORIAL AND COMMUNICATIONS DIRECTO	40 00	<u> </u>	<u> </u>	L		Х		199,971.	0.	1,836	
(7) HONGWEI NIU	40.00	}				x		175,527.	0.	17,026	
CHIEF CONSERVATION OFFICER (8) KATHERINE GORDON	40.00	-				^	<u> </u>	1/5,54/.	<u> </u>	17,026	
(8) KATHERINE GORDON VICE CHAIR OF CLIMATE AND SUSTAINABL	40.00	ł				x		143,611.	0.	15,817	
(9) DAMIEN MA	40.00	├	-	<u> </u>		<u> </u>		143,011.		13,017	
FELLOW AND ASSOCIATE DIRECTOR, THINK	40.00			1		x		138,603.	0.	15,854	
(10) LEIGH WEDELL	40.00			-	-	-		130,003.		13,034	
DIRECTOR OF CHINA PROGRAMS	40.00					x		133,864.	0.	2,269	
(11) ANDERS HOVE	40.00	├-	├	\vdash	-	1	\vdash	133,004.			
ASSOCIATE DIRECTOR - RESEARCH	10100					x		105,381.	0.	0	
			\vdash				\vdash	103/3011			
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7 GIIII 030 (2010)						<u> </u>						- 293 -
Part VII Section A. Officers, Dir	ectors, Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	Ì	(F)		
Name and title	Average	Po			Position heck more than one			Reportable	Reportable		Estima	ıted
	hours per	box	box, unless person is both an				h an	compensation	compensation	า 📗	amour	it of
	week	offic	officer and a director/trustee)			ar/trus	tee)	from	from related		othe	er .
	(list any	, ja						the	organizations		compen	
	hours for	声	ا ا			sate		organization	(W-2/1099-MIS	C)	from	
	related	Ste Ste	ള	l		5	}	(W-2/1099-MISC)	l	1	organiz	
	organizations below	불	l and	ĺ	loye	5 g					and rel	
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compens employee	Former				organiza	itions
		Ĭ	<u>=</u>	8	<u>\$</u>	£ 5	ェ	 	 			
		-										
		ļ	<u> </u>	<u> </u>	_		 _					
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		1				1	1					
1b Sub-total		•					▶	1,465,268.		0.	97,	873.
c Total from continuation shee	ets to Part VII. Section A						>	0.		0.		0.
d Total (add lines 1b and 1c)	,						•	1,465,268.	<u> </u>	0.	97,	873.
2 Total number of individuals (in	cluding but not limited to t	hose	liste	ed a	bov	e) w	ho re	 	0.000 of reportable	— e	· · · ·	
compensation from the organi	· .					-,				-		8
componential work are organi											Ye	s No
3 Did the organization list any fo	ermer officer director or tr	ueta	ما م	2)/ AI	mnk	างออ	or	highest compensated e	employee on	Γ		_
line 1a? If "Yes,* complete Sci	•		C, K	sy c	прк	Jycc	, 01	mgnest compensated t	inployee on	-	3	- X
· •					atiai	n an	d 0+	har aamnansatian fram	the ergonization	⊢	-	+=
									the organization	[4 X	· ~
and related organizations grea	•									· -	4 X	
5 Did any person listed on line 1						-	relat	ted organization or indiv	idual for services			1.5
rendered to the organization?		le J i	tor s	uch	per	son					5	<u>x</u> _
Section B. Independent Contract												
 Complete this table for your fire 										pensat	tion from	J
the organization Report comp		year	end	ıng v	with	or w	<u>vithir</u>		year			
	(A)						[(B)		_	(C)	

(A) Name and business address	(B) Description of services	(C) Compensation
ROCKEFELLER PHILANTHROPY ADVISORS, 70 WEST		
MADISON STREET, SUITE 1901, CHICAGO, IL	PROGRAM CONSULTING	350,000.
ELLEN CARBERRY		
968 ELM STREET, WOONSOCKET, RI 02895	PROGRAM MANAGEMENT	300,000.
BLU SKYE VENTURES, INC.		
706 HEALDSBURG AVE, HEALDSBURG, CA 95448	PROGRAM MANAGEMENT	275,000.
ENERGY INNOVATION		
98 BATTERY ST., SAN FRANCISCO, CA 94111	PROGRAM MANAGEMENT	250,000.
DEBORAH LEHR	PROGRAM AND	
3108 WOODLAND DR., WASHINGTON, DC 20008	MANAGEMENT CONSULTIN	240,000.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization 10		· .

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns Membership dues 1b c Fundraising events 1c 2,350,000. 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 8,930,500 1,000,000. g Noncash contributions included in lines 1a-1f \$ 11,280,500. h Total. Add lines 1a 1f Business Code 2 a CEO COUNCIL DUES Program Service Revenue 900099 600,000 600,000 All other program service revenue 600,000. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,297. other similar amounts) 2,297. Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ (i) Securities (II) Other 7 a Gross amount from sales of 999,813 assets other than inventory b Less: cost or other basis 1,000,000. and sales expenses -187. c Gain or (loss) -187 -187. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue HONORARIA AND REIMBURSEMENTS 900099 21,410 11 a 21,410 ь d All other revenue 21,410. Total. Add lines 11a-11d 11,904,020. Total revenue See instructions 621,410. 0. 2,110. 12

532009 12-16-15

Form 990 (2015)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,437,754. 1,437,754. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 31,095. 31,095. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 647,041 647,041. individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,465,268. 807,441, 657,827 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,043,504. 575,027. 468,477. 7 Other salaries and wages Pension plan accruals and contributions (include 46,663. 27,923. 18,740 section 401(k) and 403(b) employer contributions) 285,634. 178,222. 107,412. Other employee benefits 55,721. 43,739. 99,460. 10 Payroll taxes Fees for services (non-employees) 1,976,123. 1,706,458. 269,665. a Management 65,278 77,278. 12,000. Legal 151,019. 151,019. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25. 23,571. 212,391. 14,717. 235,962 column (A) amount, list line 11g expenses on Sch O.) 21,066. Advertising and promotion 12 39,679. 144,289. 104,610 Office expenses 13 146,259. 6,644. 139,615. Information technology 14 15 Royalties 225,607. 225,607. 16 Occupancy 930,569. 596,050. 334,519. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 36,614. 36,614. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 45,837. 45,837. Depreciation, depletion, and amortization 22 25,222. 25,222 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 126,147. 50,959. 75,188. OTHER EXPENSES SUBSCRIPTION BOOKS AND 26,531. <u>68.</u> 26,463. c d All other expenses 9,224,942. 6,435,804. 2,789,138. 0. Total functional expenses Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,816,941.	1	2,529,282
l	2	Savings and temporary cash investments			4,129,554.	2	1,509,47
Į	3	Pledges and grants receivable, net	657,892.	3	5,950,000		
	4	Accounts receivable, net		Γ		4	
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compens					
		Part II of Schedule L			5	, ,	
Ì	6	Loans and other receivables from other disqual	rsons (as defined under				
		section 4958(f)(1)), persons described in section	· 1				
١		employers and sponsoring organizations of sec					
y.		employees' beneficiary organizations (see instr)	•		6		
Assets	7	Notes and loans receivable, net			7		
&	8	Inventories for sale or use	<u> </u>		8		
	9	Prepaid expenses and deferred charges	<u></u>	193,152.	9	279,528	
		Land, buildings, and equipment cost or other	1	-			
		basis Complete Part VI of Schedule D	10a	220,805.			
Ì	h	Less accumulated depreciation	10b	131,904.	146,843.	10c	88,901
	11	Investments - publicly traded securities				11	
ļ	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets	·		14		
	15	Other assets See Part IV, line 11		-	56,675.	15	32,000
- 1	16	Total assets. Add lines 1 through 15 (must equ	7,001,057.	16	10,389,188		
	17	Accounts payable and accrued expenses		288,251.	17	260,779	
,	18	Grants payable		<u> </u>	170,000.	18	930,042
	19	Deferred revenue			19		
ľ	20	Tax-exempt bond liabilities	<u> </u>		20	 	
	21	Escrow or custodial account liability Complete	of Schedule D	23,517.	21		
s l	22	Loans and other payables to current and forme		<u> </u>			
<u> </u>		key employees, highest compensated employee		· · · · · · · · · · · · · · · · · · ·			
Liabilities		Complete Part II of Schedule L	,			22	
ا ڌ	23	Secured mortgages and notes payable to unrel	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
<u> </u>	25	Other liabilities (including federal income tax, pa		·	·		
		parties, and other liabilities not included on lines	-	1			
 		Schedule D	J	, somplete rate x or		25	
ı	26	Total liabilities. Add lines 17 through 25		<u> </u>	481,768.	26	1,190,821
		Organizations that follow SFAS 117 (ASC 958	3), che	k here X and			<u>.</u>
္က		complete lines 27 through 29, and lines 33 ar					
ဥ	27	Unrestricted net assets			4,240,985.	27	3,248,367
aa	28	Temporarily restricted net assets		<u>-</u>	2,278,304.	28	5,950,000
9	29	Permanently restricted net assets	F		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	3), check here			
֡֡֡֡֓֓֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		and complete lines 30 through 34.		,,			
ž	30	Capital stock or trust principal, or current funds		-		30	
SS	31	Paid-in or capital surplus, or land, building, or ed		· nt fund		31	
کے	32	Retained earnings, endowment, accumulated in		<u> </u>		32	
9	33	Total net assets or fund balances	.50,116,		6,519,289.	33	9,198,367
— ,							

Form	1990 (2015) THE HENRY M. PAULSON JR. INSTITUTE	45-2	430087	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			44 00		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,904		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,224		
3	Revenue less expenses Subtract line 2 from line 1	3	2,679	9,0	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,519	, 2	<u>89.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	_8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,198	3,3	<u>67.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ 1 1		١ ٠
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0]		_
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 reviewe	d on a	1 1		l
	separate basis, consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both		1 1		l '
	Separate basis Consolidated basis Both consolidated and separate basis				l
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ıe audıt,	1.		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ĺ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audı	t _		1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt	. [·	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990 ((2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.irs.gov/form990.

OMB No 1545-0047

Inspection

Name of the organization

THE HENRY M. PAULSON JR. INSTITUTE

Employer identification number

			AULSON JR. I					5-2430087			
Part I	Reason for Public	Charity Status (All organizations must co	mplete th	ıs part) Se	e instruction	5				
The organ	ization is not a private found	lation because it is (For lines 1 through 11, o	heck only	one box)						
1 🗀	A church, convention of ch	urches, or association	on of churches describe	ın sectio	n 170(b)(1	I)(A)(i).					
2 🗀	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))						
з 🗀	A hospital or a cooperative					ii).					
4	A medical research organiz					-	λ(iiι). Enter	the hospital's name.			
	city, and state		.,				, (, ,	,			
5 🗀		or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental i	ınıt descrit	ned in			
-	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.)										
6 🗀	A federal, state, or local go	•	nental unit described in	eaction 13	70/5V/4V/AV	(4)					
7 🗓	An organization that norma	_					ho gonaral	nublic described in			
7 (22)		-	intial part of its support	ioiii a gov	emmema	dille of from t	ne general	public described in			
. [section 170(b)(1)(A)(vi). (C		(4VAVui) (Complete Don	. 11 \							
8	A community trust describe	-		-			L 4				
9 📖	An organization that norma										
	activities related to its exer	•	· · · · · · · · · · · · · · · · · · ·				• •	•			
	income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ured by the or	ganization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III)									
10	An organization organized	-		•							
11 📖	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to ca	arry out the	purposes of one or			
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section (509(a)(3). C	Check the box in			
	lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and	d 11g				
a L	→ Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganızatıon(s), f	ypically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
	organization You must o	complete Part IV, Se	ections A and B.								
ь L		anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving			
	control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported			
	organization(s) You mus	t complete Part IV,	Sections A and C.								
c [Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,			
	its supported organizatio	n(s) (see instructions). You must complete f	art IV, Se	ctions A,	D, and E.					
d [Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppoi	rted organı	zation(s)			
	that is not functionally int						_	` '			
	requirement (see instruct	-		•		•					
e [Check this box if the orga	· ·					II Tyne III				
• —	functionally integrated, or					. 1,501, 1,50	n, 13po				
f Ent	er the number of supported		many integrated eappoint	ing Organi.	Lation						
	vide the following information	=	ed organization(s)								
	(i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of			
	organization		(described on lines 1-9	listed i governing d		support	-	other support (see			
			above (see instructions))	Yes	No	instructi	ons)	instructions)			
	- 				1,40						
					i						
					<u> </u>						
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]				1					
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T-4-1											
Total		ı	1	i	ı	l		1			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 THE HENRY M. PAULSON JR. INSTITUTE 45-2430 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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 ")	991,262.	4,051,649.	6,251,931.	9,849,695.	11,280,500.	32,425,037.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to			ļ			
	or expended on its behalf						
3	The value of services or facilities						
Ü	furnished by a governmental unit to					İ	
	the organization without charge			İ			
	-	991,262.	4,051,649.	6,251,931.	9,849,695.	11,280,500.	32,425,037.
_	Total. Add lines 1 through 3	771,202.	4,031,049.	0,231,331.	9,049,093.	11,200,300.	32,423,037.
5	•						
	by each person (other than a			i		i	
	governmental unit or publicly		ļ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						25,416,367.
	Public support. Subtract line 5 from line 4						7,008,670.
	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	991,262.	4,051,649.	6,251,931.	9,849,695.	11,280,500.	32,425,037.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources	554.	27,228.	2,552.	22,679.	23,520.	76,533.
9	Net income from unrelated business						
	activities, whether or not the			1	İ		
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)		}	ł	}		
11	Total support. Add lines 7 through 10						32,501,570.
	Gross receipts from related activities	etc (see instruction	ons)			12	600,000.
	First five years. If the Form 990 is for	•	-	l. fourth, or fifth tax	، vear as a sectioi ک	501(c)(3)	
	organization, check this box and stor	-	, ,		,	(-/(-/	▶ X
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2015 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	%
	Public support percentage from 2014			(7)		15	<u>%</u>
	33 1/3% support test - 2015. If the			line 13, and line 1	ا 4 is 33 1/3% or m		
	stop here. The organization qualifies	_				,	▶ 🗔
ь	33 1/3% support test - 2014. If the		-	ne 13 or 16a and I	ine 15 is 33 1/3%	or more check thi	s box
_	and stop here. The organization qual	-		•		,	▶ 🗀
17a	10% -facts-and-circumstances tes				13 16a or 16b a	and line 14 is 10% (or more
	and if the organization meets the "fac	_					
	meets the "facts-and circumstances"				•	t viriow the organi	Zation
	10% -facts-and-circumstances tes	· ·		, .,	v	7a and line 15 is 1	0% or
i.	more, and if the organization meets the	•				•	070 UI
	organization meets the "facts and-cire				-		ightharpoonup
10	•		- ,				
10	Private foundation. If the organization	ni dia noi check a l	DOX OF THE 13, 10a	LION, ILM, OF ILP.	CHECK THIS DOX a	na see instructions	

Schedule A (Form 990 or 990 EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				T		
	membership fees received (Do not					1	
	include any "unusual grants.")				}		
2	Gross receipts from admissions,						
	merchandise sold or services per-					1	
	formed, or facilities furnished in any activity that is related to the		ļ				
	organization's tax-exempt purpose		İ				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513				1 _		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ł		}	[
	or expended on its behalf	l	 		l.		
5	The value of services or facilities				1		
	furnished by a governmental unit to		}	}	}		1
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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		1		}		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support		·	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(4)	<u> </u>	(0,20.0	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(5) 25 15	(1) 1012.
	Gross income from interest,		· · · · · · · · · · · · · · · · · · ·		 	····	
	dividends, payments received on					ì	
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income				 		
٠	(less section 511 taxes) from businesses		l			[
	acquired after June 30, 1975						
	Add lines 10a and 10b				 		
	Net income from unrelated business				 	 	
•	activities not included in line 10b,		1		}		
	whether or not the business is						
12	regularly carried on Other income Do not include gain			<u> </u>	 		······
12	or loss from the sale of capital		ļ		l		
40	assets (Explain in Part VI)		<u> </u>				
13	Total support (Add times 9, 10c, 11, and 12) First five years. If the Form 990 is for		a first assemble the		<u> </u>	- F01/-\/0\	
14	•	the organization	s IIrst, secona, tnir	α, τουπη, οτ τίπη τ	ax year as a section	on 501(c)(3) organiz	ation,
80	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage		<u>-</u>	·	
	Public support percentage for 2015 (- aluma (6)		15	
_				column (i))		16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inve					1 101	%
	Investment income percentage for 20			no 12 column (fil		17	
	Investment income percentage from	•	•	ie 13, column (i <i>))</i>		18	%
18	, ,	•		on line 14 and lin	o 15 is more than '	———————	7 in not
197	33 1/3% support tests - 2015. If the	=				· ·	I IS HOL
	more than 33 1/3%, check this box a			• •			الــا 🗲
•	33 1/3% support tests - 2014. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che		-	•		•	
20	Private foundation. If the organization	т ою постнеска	DOX OIT III 14, 19	a, or 190, check t	nis dox and see in	structions	200 57) 0045

Schedule A (Form 990 or 990-EZ) 2015

Van Na

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.)

		ganizati	

- 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	 	-
-	3с		
-	4a		
	4b	 	
-	4c		
			1
	5a	an water for acceptant	
	5b 5c		
	6		
	7_		
	8		
}	9a	-	<u> </u>
	9b	-	
	9c		
	10a 10b		
n 98	10b 90 or 99	1 90-EZ	2015

Sche	dule A (Form 990 or 990 EZ) 2015 THE HENRY M. PAULSON JR	. IN	STITUTE	45-2430087 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 See in	structions. All
	other Type III non-functionally integrated supporting organizations must cor			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1_1_		
2	Recoveries of prior year distributions	2_		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		İ
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			_ 1
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
C	Fair market value of other non-exempt use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	.1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to]	
	emergency temporary reduction (see instructions)	6	<u> </u>	
7	Check here if the current year is the organization's first as a non-functionall	y-integr	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

e Excess from 2015

Part VI	Part IV, Section	ntal Info in A, lines Section D is 5, 6, and	rmation. Provid 1, 2, 3b, 3c, 4b, 4d, lines 2 and 3, Pa	de the explanat c, 5a, 6, 9a, 9b art IV, Section E	ions required b , 9c, 11a, 11b, , lines 1c, 2a, 2	y Part II, and 11c,	line 10, Part II, line 17 Part IV, Section B, lind 3b, Part V, line 1, Pate this part for any add	es 1 and 2, Part art V, Section B, I	, line 12, IV, Section C, ine 1e; Part V.
SHORT	YEAR:								
THE I	NSTITUTE	WAS (ORGANIZED	ON 4/21	/11 AND	HAS	ADOPTED A	CALENDAR	YEAR.
THERE	FORE, THE	INS:	TITUTE'S	INITIAL	RETURN	WAS	FOR A SHOR	T YEAR	
4/21/	2011 - 12	2/31/:	2011.						
	**								
									
				· · · · · · · · · · · · · · · · · · ·					
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532028 09-	23-15						Sch	edule A (Form 9	90 or 990-EZ) 201

20

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 Open to Public Inspection

Name of the organization

Employer identification number

	THE HENRY M. PAULS			45-2430067
Par			or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		:	
	·	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year .			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		used only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		Ü	Yes No
Par		ganization answered "Yes" on Form 990, P	art IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
·	Preservation of land for public use (e.g., recreation or e	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space	T reservation of a certification	ied Historio	Structure
2	Complete lines 2a through 2d if the organization held a quali	find concentration contribution in the form of	of a concent	ation assement on the last
~	•	ned conservation contribution in the form c	n a conserv	Held at the End of the Tax Year
_	day of the tax year		2a	THOIR BY THE ENG OF THE TAX TOUT
a	Total number of conservation easements	•		
ь	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic str		2c	
d	Number of conservation easements included in (c) acquired	after 8/17/08, and not on a historic structu		
_	listed in the National Register		_ 2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization	n during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			[] []
	violations, and enforcement of the conservation easements			L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes t	the organiza	tion's accounting for
	conservation easements	, <u></u> ,,	 	
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Ot	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statem	nent and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service,	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$ \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial	gain, provid	
_	the following amounts required to be reported under SFAS		<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1	. ,	•	\$
	Assets included in Form 990, Part X	•		\$
	For Denominate Doduction Act Notice and the Instruction		<u>-</u> -	Sahadula D (Farm 000) 2015

_	dule D (Form 990) 2015 THE HEN	RY M. PAUL							30087		age 2
L											
3	Using the organization's acquisition, accessing	on, and other record	is, checi	k any of the	e tollowing that	are a sigi	niticant us	e or its e	collection	ıtem	S
	(check all that apply)		. — .								
a	Public exhibition	d			change progra	ms					
Ь	Scholarly research	e	,,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ın Part	XIII		
5	During the year, did the organization solicit o					er sımılar a	ssets		1		٦.
<u> </u>	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	- '	ete if the	organizati	on answered *	Yes" on F	orm 990, F	Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ons or other ass	sets not in	cluded		١	1] No
	on Form 990, Part X?	•			-			Щ.	Yes		J No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table							
									Amount		
	Beginning balance		•	-	•		1c	-			
d	Additions during the year		-				1d				
е	Distributions during the year						1e				
f	Ending balance	-					1f			7	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or o	custodial accor	unt liability	/?	L.	Yes	<u>LA</u>	No
	If "Yes," explain the arrangement in Part XIII										<u></u>
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on F							
		(a) Current year	(b) P	rior year	(c) Two years	s back (d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities	•	ł		1			1			
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column	(a)) held as						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held	and administe	red for the	organizat	ion	_		
	by								. f	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	red on S	 Schedule R	1?				3b		
4	Describe in Part XIII the intended uses of the	•									
Pa	rt VI Land, Buildings, and Equipm							-			
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a	See Form 990	, Part X, Iı	ne 10				
	Description of property	(a) Cost or o			st or other		umulated	- T	(d) Book	valu	e
		basis (invest	ment)	basi	s (other)	depr	eciation				
1a	Land										
ь	Buildings										
С	Leasehold improvements				35,776.		10,74				33.
d	Equipment				02,971.		61,82				48.
	Other				82,058.		59,33	В.	22	2,7	20.
Tota		aual Form 000 Par	t Y colu								01.

Schedule D (Form 990) 2015

532053 09-21-15 Schedule D (Form 990) 2015

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization					Employer identif	ication number
THE HENRY M. PA	ULSON JR	. INSTIT	UTE		45-243008	37
		ctivities Ou	tside the United States. Comp	lete if the orgai	nization answered "\	res" on
	the organization		ds to substantiate the amount of its gi the selection criteria used to award th			Yes No
United States		•	procedures for monitoring the use of r	ŭ	other assistance out	side the
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	an be duplicated if additional space is (d) Activities conducted in region (by type) (e g, fundraising, program services, investments, grants to recipients located in the region)	(e) If act is a pro- describ	ovity listed in (d) ogram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE	0		PROGRAM ON SUSTAINABLE URBANIZATION	MAYORS' TR. CONFERENCE PAULSON PR ANNUAL/EXP	, CEO COUNCIL, IZE,	361,669
EAST ASIA AND THE PACIFIC	0	4	CONSERVATION	WETLAND BLUETLAND NEW	rwork	1,526,877
EAST ASIA AND THE PACIFIC	0	10	CLIMATE CHANGE AND AIR	RESEARCH,	PUBLICATIONS,	926,773
EAST ASIA AND THE	1	12	OTHER PROGRAMS AND GENERAL ADMINISTATIVE		FIVE OF OFFICE , EAST ASIA PPORT	951,309
				-		

and 3b) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2015

3,766,628.

3,766,628.

0.

532071 10-01-15

3 a Sub-total

b Total from continuation

sheets to Part I c Totals (add lines 3a 30

0

30

45-2430087

Page 2

THE HENRY M. PAULSON JR. INSTITUTE

Schedule F (Form 990) 2015 THE HENRY M. PAL

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	LAO NIU GRANT - WETLAND MNGT TRAINING PROJECT	149,256.WIRE	WIRE	0.		FMV
		EAST ASIA AND THE PACIFIC	MOORE SOY GRANT - RESPONSIBLE SOY PROJECT	497,785.WIRE	WIRE	0		FWV
						- -		
 Enter total number of the IRS, or for which t 	recipient organization the grantee or counsi	ns listed above that are i el has provided a sectior	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e)	empt by		

Schedule F (Form 990) 2015

3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2015 THE HENRY M. PAULSON JR. INSTITUTE 45-2430087

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2015
(g) Description of non-cash assistance					Sched
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

32

	ule F (Form 990) 2015 THE HENRY M. PAULSON JR. INSTITUTE	45-2430087 P	age 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes 🗓	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes 【X】	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes X	No

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations, Governments, and Individuals in the United State ► Attach to Complete if the organization answered "Y ► Information about Schedule I (Form 990) an Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Name of the organization

CHEDULEI	Grants and Other Assistance to Organizations.	OMB No 1545-0047
orm 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	2015
epartment of the Treasury	▶ Attach to Form 990.	Open to Public
ternal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	Inspection
lame of the organization		Employer identification number
•	THE HENRY M. PAULSON JR. INSTITUTE	45-2430087
Part General	Part I General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
cnteria used to	cnteria used to award the grants or assistance?	X Yes
	O	

criteria used to award the grants of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	starice? ocedures for moni	tonng the use of grant	t funds in the Unite	d States			SN SN
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	izations and Domesti	ic Governments.	omplete if the org	anization answered ")	res* on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II car	n be duplicated if addit	tional space is need	Jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO			250,000.	.0	O.FMV		TO FACILIATE RESEARCH, STUDENT SUPPORT, AND RELATED PROGRAMS.
ROCKEFELLER			350,000.	.0	. FMV		RISKY BUSINESS PROJECT
THE NATURE CONSERVANCY			490,174.	.0	FMV		RESPONSIBLE SOY PROJECT
WORLD WILDLIFE FUND			293,399.	.0	FMV		RESPONSIBLE SOY PROJECT
TRUSTEES OF BOSTON UNIVERSITY			54,181.	0	ЕМУ		RESPONSIBLE SOY PROJECT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	ne line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2015)

532101 10-28-15

45-2430087 Schedule | (Form 990) (2015) THE HENRY M. PAULSON JR. 1NSTITTUTE

| Part III. | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed THE HENRY M. PAULSON JR. INSTITUTE

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE INSTITUTE WORKS CLOSELY WITH GRANTOR IN PROGRAM Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information GRANT IS SUBJECT TO A WRITTEN AGREEMENT WHICH STIPULATES THE TERMS AND O.FMV (d) Amount of non-cash assistance 31,095, (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance GRANT FOR THE BLUEPRINT PROJECT PURPOSE OF THE GRANT. PART I, LINE 2: PARTNERSHIP Schodule I (Form 990) (2015)

532102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE HENRY M. PAULSON JR. INSTITUTE

Employer identification number 45-2430087

Pe	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		1	ļ
	X First-class or charter travel Housing allowance or residence for personal	ıl use		
	Travel for companions Payments for business use of personal resi	dence	1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		i i	l
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	∍f)		
				ł
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		l	ļ
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	Ì
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizati	on's		ĺ
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization	n to		ļ
	establish compensation of the CEO/Executive Director, but explain in Part III			}
	Compensation committee Written employment contract			1
	Independent compensation consultant X Compensation survey or study			ì
	X Approval by the board or compensation con	nmittee		
	F,,			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		l	Í
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	1 -	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	\vdash	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III	,	<u> </u>	
			l	l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		ŀ	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	,
	contingent on the revenues of			İ
а	The organization?	5a]	x
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		Ì	Ι.
	contingent on the net earnings of		ļ	ļ
а	The organization?	6a	1 -	X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			\vdash
7	·	Ì		· ·
	not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	1 '	x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	- -	\vdash	
-	Regulations section 53 4958-6(c)?	9	İ	-
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990	2015

Schedule J (Form 990) 2015 THE HENRY M. PAULSON JR. INSTITUTE 45-2430087

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

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

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

		(R) Breakdown of	of W.2 and/or 1099-MISG compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred		(B)(0-(D)	
(A) Name and Title	,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			g e
		- 1	C	c		7	7	
(1) CYNTHIA ZELTWANGER	Ξ	2/5,34/.	0	0	.000,01	TP'/88.	304,/35.	
EXECUTIVE DIRECTOR	(ii)			0	0		0.	0.
(2) EVAN FEIGENBAUM	(1)	292,964.		• 0		17,683.	310,647.	• 0
VICE CHAIRMAN	€	0	0	0	0	0		0
ELLIOT	Ξ	199,971.		0	0	1,836.	201,	0
EDITORIAL AND COMMUNICATIONS DIRECTO (ii)		0		0		0		0
(4) HONGWEI NIU	Ξ	175,527.	0	0	7,800.	9,226.	192,553.	0
CHIEF CONSERVATION OFFICER	Ξ	0		0		0	ı	0
(5) KATHERINE GORDON	Ξ	118,444.	0	25,167.	6,000.	9,817.	159,428.	0
VICE CHAIR OF CLIMATE AND SUSTAINABL (ii)	Ξ	0	0	0	0	0	0	
(6) DAMIEN MA	Ξ	138,603.	0	0	9,000.	9,854.	154,457.	0
FELLOW AND ASSOCIATE DIRECTOR, THINK (ii)	Ξ	0	0	0	0	0	0	0
	ε							
<u>)</u>	E							
	Ξ							
)	(ii)							
	(1)							
)[(ii)							
] (b)							
)	Ξ							
	Ξ							
	▣							
	Ξ							
)	Ξ							
	Ξ							
	Ξ							
	Ξ							
)	(ii)							
	Ξ							
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Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	
E, AND ONLY IN SITUATIONS IN WHICH ECONOMY TRAVEL IS NOT PRACTICAL.	ADVANCE, AND ONL
PERNATIONAL TRAVEL, WITH CERTAIN LIMITATIONS, AND MUST BE APPROVED IN	FOR INTERNATIONAL
TRAVEL IS NOT PRACTICAL. BUSINESS OR FIRST CLASS MAY BE UTILIZED	ECONOMY TRAVEL I
PLUS MUST BE APPROVED IN ADVANCE, AND ONLY IN SITUATIONS IN WHICH	ECONOMY PLUS MUS
IS THAT FOR DOMESTIC TRAVEL, ANY CLASS OF TRAVEL ABOVE ECONOMY OR	REQUIRES THAT FO
CHARTER TRAVEL MAY BE NECESSARY. THE INSTITUTE'S POLICY ON AIR TRAVEL	CHARTER TRAVEL M
REMOTE LOCATION OF CERTAIN FOREIGN ACTIVITIES, FROM TIME TO TIME,	DUE TO REMOTE LO
LINE 1A:	PART I, LINE 1A:
Parvill Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	Partill Supplemental Information Provide the information, explanation, or
Information	Dortall Cunnipmental Inform

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	▶ Informati	on abou					Form 990-E2 d its instruction		at www.irs.gov/fo	rm99	0.		Open To Public Inspection			
Name of the organization		' '									ident	identification number				
		NRY M. PAULSON JR. INSTITUTE 45-243 actions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)									300	87				
Part I Excess	Benefit Tra	rsacti	ons (section 50	01(c)(3	3), sect	ion 50	1(c)(4), and 50)1(c))(29) organization	s onl	y)					
Complete	if the organizat	on ansy	wered "Yes" on	Form 9	990, Pa	art IV,	line 25a or 25l	o, or	r Form 990-EZ, P	art V,	line 40)b				
1 (a) Name of disqua	lified person	(b) F	Relationship bety			lified	10	a) Di	escription of tran	sactio	าก		(d)	Corre	cted?	
			person and or	ganiz	ation		ļ`						1 Y	es	No	
	 .												+			
		+					L						+-	-+		
		+											+-	-+		
	· · · · · · · · · · · · · · · · · · ·	 											+-	-+		
 	·								·				\top	$\neg \uparrow$		
2 Enter the amount of	of tax incurred i	y the o	organization man	agers	or disc	qualifie	ed persons du	rıng	the year under						-	
section 4958											▶ \$					
3 Enter the amount of	of tax, if any, or	line 2,	above, reimburs	ed by	the or	ganıza	ition				▶ \$					
Part II Loans to	and/or Er	m Int	erested Per	conc												
							V line 00+	r	- 000 David IV Iva	- 00						
•	-		wered "Yes" on), Part X, line 5, (., Рап	v, line 38a or i	Forn	n 990, Part IV, lin	e 26,	or it tr	ie orga	ınızatı	on		
(a) Name of	(b) Rela		(c) Purpose	(d) La	an to or	(e	e) Original	(1) Balance due	{a') In	(h) Ap	proved	(i) W	ritten	
interested person		•			n the ization?		cipal amount	\ ``	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ult?	by bo		agree	ment?	
				To	From				_	Yes	No	Yes	No	Yes	No	
				<u> </u>										<u> </u>		
			}	<u> </u>	-		 	.			<u></u>		ļ			
			<u> </u>	 	 -			<u> </u>				ļ	<u> </u>	<u> </u>		
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								_			 			ļ —		
Total							▶ \$									
L————			nefiting Interwered "Yes" on													
(a) Name of interested person			(b) Relationship between				c) Amount of	(d) Type of			(e) Purpose of					
			interested person and				assistance		assistano		e			assistance		
			the organization													
						ļ			 		-					
		_							 			——				
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LHA For Paperwork R	Reduction Act	Notice,	see the Instruc	tions	for Fo	rm 99	0 or 990-E Z .		Sche	dule	L (For	m 990) or 99	90-EZ	2015	

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?
DEDODAU LEUD	MG LEVE TO GROUP	240 000	DIID THO 2015	Yes	No
DEBORAH LEHR	MS. LEHR IS SPOUSE	240,000.	DURING 2015		Х
		· · · · · · · · · · · · · · · · · · ·	, , ,		
					
<u> </u>		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
					ļ
Part V Supplemental Information	<u> </u>		1	L	
· ·	onses to questions on Schedule L (see	instructions)			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: DEBORA	u reup				
(A) NAME OF PERSON: DEBORA	LI LERK				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
MS. LEHR IS SPOUSE OF JOHN	ROGERS				
			 		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLUT	NG INTEREST	ED PERSONS:		
Don 27 Time 277 Dodanado .		211121120	LED LEINDOND!		
(A) NAME OF PERSON: DEBORA	AH LEHR				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	CION:		
MC IEUD IC CDONCE OF DIDE	CTOP TOWN E W BOCER	C AND FORME	יסש ג עוסי		
MS. LEHR IS SPOUSE OF DIRE	CTOR JOHN F W ROGER	S AND FORME	KLI A KEI		
EMPLOYEE.					
	, 				
(C) AMOUNT OF TRANSACTION:	\$240,000.				
/					
(D) DESCRIPTION OF TRANSAC	CTION: DURING 2015,	MS. LEHR PR	COVIDED PROG	RAM	
CONSULTING SERVICES TO THE	TNSTTTITE				
COMBOBILING BERVICES TO THE	- INDITIOID.	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · ·		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Schedule M (Form 990) (2015)

Name	of the organization					Employer ide	ntificati	on nu	mber
	THE HENRY M.	PAULS	ON JR. IN	STITUTE		45-	2430	087	
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	Method of o noncash contrib	determin	-	:s
1	Art - Works of art	_							
2	Art Historical treasures		1						
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		1,000	,000.F	MV-PUBLIC	ALLY	TR	ADE
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or			}					
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures			L					
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other			L					
18	Collectibles			<u></u>		·			
19	Food inventory .								
20	Drugs and medical supplies .		Ĺ						
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()		<u> </u>	<u> </u>					
29	Number of Forms 8283 received by the organ	ızatıon durın	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, line	es 1 through	28, that it	1 1		ļ
	must hold for at least three years from the dat	te of the initia	al contribution, and	d which is not requ	ired to be us	ed for			
	exempt purposes for the entire holding period	וי					30a		X
b	If "Yes," describe the arrangement in Part II								-
31	Does the organization have a gift acceptance			•		ons?	31	X	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sel	ll noncash		[]		l
	contributions?						32a	X	
b	if "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colun	nn (a) is ched	ked,			l
	describe in Part II								i

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

Schedule M	(Form 990) (2015)	THE	HENRY	М.	PAULSON	JR.	INSTITUTE	45-2430087	Page 2
Part II	Supplemental	Infor	nation. P	rovide	the information	required	thy Part Llines 30h	, 32b, and 33, and whether the organiza	tion
	is reporting in Part	l, colun	nn (b), the n	umber	of contributions	the nu	imber of items receiv	ved, or a combination of both Also com	plete
	this part for any ac	dditional	Information	1					•
									
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532142 08-21-	15							Schedule M (Form 9	90) (2015)
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SCHEDULE O (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,

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

THE HENRY M. PAULSON JR. INSTITUTE 45-2430087 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHINA, WHILE FOSTERING BROADER UNDERSTANDING BETWEEN THE TWO COUNTRIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CROSS-BORDER INVESTMENT THAT WILL IMPROVE US-CHINA RELATIONS AND HELP OUR THINK TANK PUBLISHES PAPERS ON THE MOST IMPORTANT CREATE JOBS. MACROECONOMIC ISSUES FACING CHINA TODAY, ENERGY STRATEGIES, AND ISSUES IN US-CHINA ECONOMIC RELATIONS. WE HAVE OFFICES IN CHICAGO (AT THE UNIVERSITY OF CHICAGO), WASHINGTON D.C. AND BEIJING. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRANSITION IN CHINA'S JING-JIN-JI CAPITAL REGION. MAYOR'S TRAINING PROGRAM ON SUSTAINABLE URBANIZATION THE MAYORS TRAINING PROGRAM, ORGANIZED IN CONJUNCTION WITH CCIEE IS NOW IN ITS FOURTH YEAR. IN 2015, OUR DELEGATION CAME FROM THE PROVINCE OF ZHEJIANG. THE THREE-WEEK-LONG PROGRAM INCLUDED TIME IN BEIJING, CHICAGO, PORTLAND, AND SAN FRANCISCO FOR 2015. THE DELEGATION VISITED MODEL PROJECTS; LISTENED TO EXPERTS ON ENERGY, TRANSPORTATION, WATER, AND OTHER SUSTAINABILITY ISSUES. CITIES OF THE FUTURE PRIZE THE PI CITIES OF THE FUTURE PRIZE, IN ITS THIRD YEAR IN 2015, IS AN OPPORTUNITY FOR THE INSTITUTE TO HIGHLIGHT SOME OF THE BEST WORK BEING DONE WITHIN CHINA TO ADDRESS PRESSING SUSTAINABILITY CHALLENGES.

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

Schedule O (Form 990 or 990-EZ) (2015)

PROJECTS THAT RECEIVE THE GRAND PRIZE OR AN HONORABLE MENTION BECOME

WELL-KNOWN WITHIN CHINA BECAUSE OF THE MEDIA ATTENTION THE PRIZE

RECEIVES, AND THEY BECOME PRIMARY CASE STUDIES FOR OUR ONGOING RESEARCH

AND ADVOCACY WORK. THE 2015 PRIZE WAS WON BY ANHENG GROUP'S SUSTAINABLE

CITY WATER SUPPLY NETWORK LEAKAGE CONTROL SOLUTION, WHICH STOOD OUT FOR

ITS USE OF CLOUD AND BIG DATA TECHNOLOGY TO SOLVE A COMMON PROBLEM

WORLDWIDE: URBAN WATER SUPPLY LEAKAGE.

ANNUAL CONFERENCE ON SUSTAINABILITY

CO-ORGANIZED WITH CCIEE, THE 5TH CONFERENCE WAS HELD IN BEIJING IN

OCTOBER 2015. THE CONFERENCE IS AN OPPORTUNITY TO CONVENE OUR STRONG

COMMUNITY OF SENIOR OFFICIALS, RESEARCHERS AND BUSINESS PEOPLE. THE

ONE-DAY PROGRAM, KICKED OFF BY ZENG PEIYAN AND HANK PAULSON, LEVERAGES

THE RESEARCH AND PROJECTS OF THE PAST YEAR, TO ENGAGE EXPERTS IN

DISCUSSIONS THAT COULD SHAPE TOMORROW'S POLICIES AND PRACTICES.

RISKY BUSINESS PROJECT

RISKY BUSINESS HIGHLIGHTS THE ECONOMIC RISKS TO THE US CAUSED BY

UNMITTIGATED CLIMATE CHANGE. HANK PAULSON IS A FOUNDING CO-CHAIR OF THE

PROJECT AND PI (THROUGH VICE CHAIR KATE GORDON, THE FOUNDING EXECUTIVE

DIRECTOR OF THE PROJECT) IS A MAJOR DRIVER OF ITS WORK.

THE INSTITUTE'S CEO COUNCIL FOR SUSTAINABLE URBANIZATION IS COMPRISED

OF 17 CEOS FROM LEADING U.S. AND CHINESE GLOBAL CORPORATIONS. COUNCIL

MEMBERS ARE WORKING TOGETHER TO ADVANCE SUSTAINABLE URBANIZATION

THROUGH COLLABORATIVE PILOT PROJECTS, POLICY ADVOCACY AND RESEARCH, IN

THE AREAS OF ENERGY EFFICIENCY, GREEN BUILDINGS AND SUSTAINABLE SUPPLY

CHAINS. THE AIM IS FOR THE COUNCIL TO BE A MODEL OF CROSS-BORDER

COOPERATION BETWEEN CORPORATIONS FROM BOTH COUNTRIES WORKING TO SHARE

532212 09-02-1

Name of the organization
THE HENRY M. PAULSON JR. INSTITUTE

Employer identification number 45-2430087

AND GAIN INSIGHTS ON GREENING BUSINESS PRACTICES AND TO DEMONSTRATE SOLUTIONS TO SUSTAINABILITY CHALLENGES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND OTHER COUNTRIES THAT ARE CHINA'S MAJOR OVERSEAS INVESTMENT

DESTINATIONS OR MAJOR COMMODITY TRADE PARTNERS. THE PROGRAMS FOCUSES ON

THREE THEMATIC AREAS AND THEY ARE: 1) SUPPORT THE CHINESE GOVERNMENT TO

STRENGTHEN CONSERVATION OF THE COASTAL WETLANDS; 2) SUPPORT THE CHINESE

GOVERNMENT TO ESTABLISH A NATIONAL PARK SYSTEM; AND 3) SUPPORT THE

CHINESE GOVERNMENT AND BUSINESS SECTORS TO MINIMIZE THE ENVIRONMENTAL

IMPACTS OF CHINA'S OVERSEAS INVESTMENT AND IMPORT OF COMMODITIES.

SPECIFIC ACHIEVEMENT FOR EACH OF THE THREE PROGRAMS ARE AS FOLLOWS:

1.NATIONAL PARK PROGRAM: WE SIGNED A COLLABORATIVE AGREEMENT WITH NDRC

OF THE CHINESE GOVERNMENT AND LAUNCHED FOUR PROJECTS IN 2015 TO DEVELOP

POLICY RECOMMENDATIONS FOR DESIGNING NATIONAL LEVEL GOVERNANCE

STRUCTURE AND TECHNICAL GUIDELINES FOR THE PILOT NATIONAL PARKS IN

SELECTED PROVINCES. AN INTERNATIONAL CASE STUDY OF THE NATIONAL PARK

SYSTEMS IN 6 COUNTRIES WAS CONDUCTED TO LEARN THE LESSONS AND

EXPERIENCE FROM THESE COUNTRIES. AN INTERNATIONAL WORKSHOP WAS

ORGANIZED IN BEIJING AND INTERNATIONAL EXPERTS FROM USNPS AND BRAZIL

AND CHINESE EXPERTS MADE PRESENTATIONS TO THE CHINESE GOVERNMENT

OFFICIALS FROM CENTRAL AND PROVINCIAL LEVELS TO HELP THEM IMPROVE THE

LEADERSHIP ON DEVELOPMENT OF NATIONAL PARK SYSTEM.

2.COASTAL WETLAND CONSERVATION PROGRAM: WE CONTINUED THE THREE PROJECT

WHICH WERE LAUNCHED IN 2014, AND TWO OF THE THREE WERE COMPLETED IN

46

Schedule O (Form 990 or 990-EZ) (2015)

CONSERVATION PRIORITIES, THREATS TO THE CONSERVATION TARGETS AND

THE UNIVERSITY OF CHICAGO

THE INSTITUTE SPONSORS A SERIES OF LECTURES AND PRESENTATIONS AT THE UNIVERSITY OF CHICAGO'S HYDE PARK CAMPUS FEATURING DISTINGUISHED SPEAKERS. THE INSTITUTE SPONSORS RESEARCH AND FELLOWSHIP OPPORTUNITIES

FOR UNIVERSITY OF CHICAGO STUDENTS AND SCHOLARS. IN ADDITION, THE

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

THE HENRY M. PAULSON JR. INSTITUTE

Employer identification number 45-2430087

UNIVERSITY OF CHICAGO IS AN ESSENTIAL PARTNER ON INSTITUTE ACTIVITIES

AND PROGRAMS.

THINK TANK

THE INSTITUTE'S "VIRTUAL" THINK TANK PUBLISHES SCHOLARLY PAPERS AND

CASE STUDIES FROM LEADING SCHOLARS ON IMPORTANT ECONOMIC ISSUES FACING

CHINA (OR CHINA'S RELATIONSHIP WITH THE WORLD ECONOMY) TODAY. THE

INSTITUTE'S PAPERS OFFER PRACTICAL POLICY AND BUSINESS IDEAS AND

PRESCRIPTIONS. THE INSTITUTE'S PUBLICATIONS HAVE FOCUSED ON A RANGE OF

TOPICS, FROM PENSION AND TAX REFORM, TO THE INTRODUCTION OF

ENVIRONMENTAL STANDARDS INTO BANK LENDING, TO NEW BUSINESS MODELS

AGAINST THE BACKDROP OF A CHANGING GLOBAL AGRICULTURE INDUSTRY.

CROSS-BORDER INVESTMENT

THE INSTITUTE IS COMMITTED TO HELPING EXPAND CROSS-BORDER INVESTMENT

BETWEEN THE UNITED STATES AND CHINA. THERE ARE COMPELLING INCENTIVES

FOR BOTH COUNTRIES TO INCREASE DIRECT INVESTMENT. FOR CHINA, INVESTING

IN THE UNITED STATES OFFERS THE OPPORTUNITY TO DIVERSIFY RISK FROM

DOMESTIC MARKETS AND MOVE UP THE VALUE-CHAIN INTO HIGHER-MARGIN

INDUSTRIES. FOR THE UNITED STATES, LEVERAGING CHINESE CAPITAL CAN HELP

TO CREATE AND SUSTAIN AMERICAN JOBS.

THE INSTITUTE'S PROGRAMS AIM TO DEVELOP SUCCESSFUL INVESTMENT MODELS,

OVERCOME SPECIFIC BARRIERS TO INVESTMENT IN BOTH COUNTRIES, AND CONVENE

POTENTIAL INVESTORS IN CREATIVE WAYS.

EXPENSES \$ 915,275. INCLUDING GRANTS OF \$ 250,000. REVENUE \$ 21,410.

FORM 990, PART IV, LINE 4:

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization Employer identification number THE HENRY M. PAULSON JR. INSTITUTE 45-2430087 THE INSTITUTE DID NOT ENGAGE IN LOBBYING ACTIVITES DURING THE YEAR. HOWEVER, THE INSITITUTE DID FILE A PROTECTIVE 501(H) ELECTION WHICH WAS IN EFFECT DURING THE YEAR. FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR AND CHAIRMAN, HENRY M. PAULSON, JR., IS MARRIED TO VICE PRESIDENT AND SECRETARY, WENDY J. PAULSON. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT OR THE CONTACT AT THE CPA FIRM PRIOR TO FILING. IF REQUESTED BY THE BOARD, A MEETING OR CONFERENCE CALL IS LATER SCHEDULED FOR THE CPA FIRM AND ORGANIZATION MANAGEMENT TO DISCUSS THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, COVERED PERSONS ARE REQUIRED TO SIGN A DISCLOSURE STATEMENT INDICATING THEIR ACKNOWLEDGEMENT OF THE CONFLICTS POLICY AND TO DISCLOSE RELATIONSHIPS THAT MIGHT GIVE RISE TO CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: AN EXECUTIVE SEARCH FIRM IS ENGAGED TO PLACE KEY PERSONNEL AND PROVIDE RECOMMENDATIONS FOR APPROPRIATE INITIAL SALARIES. ON AN ANNUAL BASIS, THE

Schedule O (Form 990 or 990-EZ) (2015)

INSTITUTE CONDUCTS A COMPENSATION REVIEW PROCESS, DURING WHICH STAFF

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships ▼ Attach to Form 990. PAULSON JR. INSTITUTE THE HENRY M. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047 2015

Open to Public Inspection Employer identification number 45-2430087

Direct controlling

entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partill Part

(g) Section 512(b)(13) controlled ŝ × entity? Yes Direct controlling entity $\boldsymbol{arepsilon}$ status (if section 501(c)(3)) Public charity e. Exempt Code section 501(C)(3) € Legal domicile (state or foreign country) છ LLINOIS GRANTS TO OTHER CHARITABLE Primary activity **@** ORGANIZATIONS THE BOBOLINK FOUNDATION - 94-2988627 Name, address, and EIN of related organization 180 N. STETSON AVE, SUITE 2550 CHICAGO, IL 60601

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 THE HENRY M. PAULSON JR. INSTITUTE

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

		•													
	₹	General or Percentage managing ownership		·							 				
	9	neral or anaging artner?	Yes No	_		 +			4			-			
	€	Code V-UBI Ge amount in box me	K-1 (Form 1065) Ye												
-	 E	Disproportionate allocations?	Š			1		_	1	_				_	
L		Dispre	Yes		 	 _		 	4		 	-			
	(B)	Share of end-of-year	dasets												
	E	Share of total income						-			 		•		
	(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)	= ==				 							
	<u> </u>	Direct controlling entity					•								
	<u></u>	Legal domicile (state or	country)												
,	<u>a</u>	Primary activity													
	(a)	Name, address, and EIN of related organization													

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

	m (im ai				i		i		
(a)	(q)	(၁)	(p)	(9)	(J)	(6)	(u)	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	olling	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ે લે	512(b) control	5 E 3 S
		country)	i	or trust)	i	assets		Yes No	2
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Schedule R (Form 990) 2015

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Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 990) 2015		53	532163 09-08-15
			(6)
			(5)
			(4)
			(6)
			(2)
HST	2,350,000.CASH	U	(1) THE BOBOLINK FOUNDATION
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
tionships and transaction thresholds.	this line, including covered rel	ho must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
tr X 1s X			 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
d b X			 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
a the total of the		nization(s) on(s)	 Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)
1 X X		nization(s)	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s)
1; 1; X			 i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)
19 X X 1h X			g Sale of assets to related organization(s) h Purchase of assets from related organization(s)
X			e Loans or loan guarantees by related organization(s)
1d A X			 Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s)
╁┼			 receipt or (i) metest, (ii) amontes, (iii) royattes, or (iv) tent from a controlled entity b Gift, grant, or capital contribution to related organization(s)
	related organizations listed in	s with one or more	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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Country) Stefundion 5 12-5 ii ii ii ii ii ii ii ii ii ii ii ii ii	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,		nare of total	Share of end-of-year	Dispropor- tonate	Code V-UBI amount in box 20 of Schedilla K-1	General o managing partner?	Percentage ownership
			country)	sections 512-514)		come	assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2015	THE	HENRY M	PAULSON JR.	INSTITUTE	45-2430087 Page 5
Part VII	(Form 990) 2015 Supplemental Info	rmation				
	Provide additional inform	ntion for i	roononcos to au	actions on Schodula D /c	oo inatriations)	
	Provide additional inform	ation for i	esponses to qu	estions on schedule h (s	see instructions)	
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