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# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

December 31, 2016, and ending , 20 16 A For the 2016 calendar year, or tax year beginning January 1 C Name of organization D Employer identification number B Check if applicable Address change **ACTUS Financial Research Foundation** 81-2651977 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 202.669.7856 2711 Centerville Road Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending Wilmington, DE 19808-1607 H Check ► ☐ if the organization is not ✓ Accrual Other (specify) ► ☐ Cash G Accounting Method www.actusfrf.org required to attach Schedule B Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization. 

Corporation ✓ Other Limited liability Company (LLC) ☐ Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . 10.921 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 10,921 2 2 Program service revenue including government fees and contracts 0 3 3 0 4 4 Investment income . . . . . . . 0 Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses . . . . . . . . . . . . 0 SCANNED JUN 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 6c Less: direct expenses from gaming and fundraising events . . . 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract . . . . . . . . . . . . . . . . . . Gross sales of inventory, less returns and allowances . 7a 7a n Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 8 Other revenue (describe in Schedule O) . . . . . 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10,921 10 10 Grants and similar amounts paid (list in Schedule O) 0 11 11 Benefits paid to or for members . . . . . . . 0 12 12 Salaries, other compensation, and employee benefits . 0 Professional fees and other payments to independent contractors 13 13 0 14 14 Occupancy, rent, utilities, and maintenance . . . . 0 15 15 Printing, publications, postage, and shipping . . . 0 16 Other expenses (describe in Schedule O) . . . . 16 10,921 Total expenses. Add lines 10 through 16 . . . . . . . . 17 17 10,921 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 18 0 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)

	200 F7 (2010)					~ · •
_	ego-EZ (2016)  rt II Balance Sheets (see the instructions for	or Part (I)		<del></del>		Page <b>2</b>
- (1	Check if the organization used Schedule	•	v question in this l	Part II		
		. <u> <b>F</b></u>		(A) Beginning of year	]	(B) End of year
22	Cash, savings, and investments			0	22	0
23	Land and buildings		[	0	23	0
24	Other assets (describe in Schedule O)		[	0	24	0
25	Total assets			0	25	0
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			0	27	0
ar	t III Statement of Program Service Accomp					Evange
	Check if the organization used Schedule				(Re	Expenses equired for section
/ha	t is the organization's primary exempt purpose?	Create and promote of	lata standards for ba	ink transparency	50	1(c)(3) and 501(c)(4)
s m	cribe the organization's program service accomplisheasured by expenses. In a clear and concise make one steel and other relevant information for each	anner, describe the				ganizations, optional for iers.)
28	Promote ACTUS standards which allow consistent cla alogorithms for presenting cash flows to the financial banks and regulators can have near real time assessi	assification of financ I services industry ar	d to regulators. Thro	ough ACTUS		
		ıncludes foreign gra			28	a 10,921
29	Further develop ACTUS standards to cover additional	I and more complex f	inancial instruments			
	2 CT's in progress as of 12/31/2016 and 15 additional	planned				
		ıncludes foreign gra	<del></del> _	<del></del>	29	a 0
30	Initial planning of infrastructure for delivering and su	pporting the ACTUS	standard on a no-fee	basis		
					•	
~4		ıncludes foreign gra		· · · <b>P</b> 🗀	30	a0
31	Other program services (describe in Schedule O)				24	
32	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t				31	
	t IV List of Officers, Directors, Trustees, and Key				<del></del>	
G.	Check if the organization used Schedule					
_	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ	-	Estimated amount of other compensation
effe	erson Braswell,					
	vernor, Chairman	15	0		0	0
	n Mendelowitz					
Gov	vernor, President	30			0	0
Volf	gang Breymann				1	
Gov	vernor, Secretary	15	0		0	0
an l	Klein				Į	
	vernor, Treasurer	7	0	<u> </u>	0	0
hor	nas E. Day	}		ļ	1	
	vernor	5	<u>_</u>	¥	0	0
	ert Mark	Į	_	Į		
Gov	vernor	5	0		0	0
			<del></del>	<del> </del>	-+	<del></del>
			<del> </del>	<del> </del>	+	
		•				
				<del> </del>	+	<del></del>
		1				
	<del></del>	<del> </del>	ļ	† · · · · · · · · · · · · · · · · · · ·	-+	

Part				۳
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	$\overline{}$	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.00	<b>√</b>
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37ь		1
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		1
39 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1		
40a b	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	-		_
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		1
C	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e 44	transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed None	072 74	4 5454	
42a	The organization's books are in care of ▶ Jan Klein  Located at ▶ 5600 Wisconsin Avenue, Apt. 401, Chevy Chase, MD 20815  ZIP + 4 ▶		4.6150 815	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Na
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	42b	165	<b>√</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country.	42c	]]	<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		ا .	<b>▶</b> [_
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45	,	44d	<del>}</del>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b>├</b>	1
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (2016)						F	age 4
							Yes	No
46	Did the organization engage, directly or in						} _	
	to candidates for public office? If "Yes," c		, Part I	<del></del>	<u> </u>	· 46	<u></u>	_✓
Part				~~ '				
	All section 501(c)(3) organizations	s must answer que	estions 47-49b and	52, and co	mplete th	e tables t	or lin	es
	50 and 51.			b D+ \ //				
	Check if the organization used Sch	nedule O to respond	to any question in t	nis Part VI	<del></del>	<del></del>	14	<u> </u>
47	Did the consenting agency in labbrage		acation EO1/b) alcotio	n in offect	during the	+ov [	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Part		section 50 r(n) electic	m m enect	during the	. 47		,
40	Is the organization a school as described in			 Cabadula E				1
48 49a	Did the organization make any transfers to						<b></b> -	<b>V</b>
b	If "Yes," was the related organization a se	·				. 49b	<del> </del>	-
50	Complete this table for the organization's						⊥ es. an	d kev
	employees) who each received more than							
		(b) Average	(c) Reportable	(d) Health	benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions benefit plans,		(e) Estimate other con		
		devoted to position	(Forms W-2/1099-MISC)	compe		00, 00,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
None								
				<u> </u>		. <del></del>		
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				-				
			ļ	ļ. ———				
			<u> </u>	<del> </del>				
		!		1		ı		
f 51	Total number of other employees paid over Complete this table for the organization	s five highest comp	ensated independent	contractors	who eacl	n received	more	thar
	\$100,000 of compensation from the orga	inization. If there is n	one, enter "None."		<del></del>			
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c	) Compensat	on	
None		· · · · · · · · · · · · · · · · · · ·						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
								- <u></u> _
			ļ					
		<del></del>	<del> </del>	<del></del>				
	Total number of other independent contra	actors each receiving	L over \$100 000	<u> </u>	· —	0		
52	Did the organization complete Schedu			nizations n	nuet attac			
V.	completed Schedule A	die A: Note: Aii 5	· · · · · · · ·			.► 🗸 Yes	. 🗆 1	No
Under	penalties of perjury, I declare that I have examined this	return, including accompa	nving schedules and statem	ents, and to the	best of my k			
	orrect, and complete. Declaration of preparer (other than							
					5/11/0	2017		
Sign	//			Dat	e -/ - /			
Here		Governord	Tresver					
	Type or print name and title	·	<del></del>					
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check _			
	parer				self-emplo	yed		
Use	Only Firm's name				n's EIN ▶			
May t	Firm's address ► the IRS discuss this return with the prepare	r shown above? See	instructions	[Ph	one no.	▶ □ Vac		Nc

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

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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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.

2016
Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization 81-2651977 **ACTUS Financial Research Foundation** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Amount of monetary (i) Name of supported organization (ii) E(N (vi) Amount of support (see other support (see (described on lines 1-10 document? above (see Instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	quality dride	The tests iis	ted below, p	icase comple	to rait iii.)	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2012	(5) 2010	(0) 23 1	(4) 23.3	(6) 20.0	(ly Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		. 0				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		L	<u> </u>	[	<u></u>	
	on B. Total Support				r — — — — — — — — — — — — — — — — — — —	<del></del>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	 					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he		<u> </u>	<u></u>	<del></del>	_ <del></del>	· · · <b>P</b> 📮
	on C. Computation of Public Suppor	<del>_</del>		<del></del>		<del>,</del>	
14	Public support percentage for 2016 (line		-			14	<u>%</u>
15	Public support percentage from 2015 Scl					15	%
16a	331/3% support test—2016. If the organ box and stop here. The organization qua						
ь	331/3% support test—2015. If the organi	•		-			
Ū	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🕨 🗌
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts "facts-and-circ	-and-circumst	ances" test, clest. The organ	heck this box	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and	stop here. s a publicly
18	Private foundation. If the organization d						

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

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")		800000	750000		10921	1560921
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1	[	ĺ	Í	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					ļ	
	unrelated trade or business under section 513						
4	Tax revenues levied for the		}	}	ļ	}	
	organization's benefit and either paid				ŀ		
	to or expended on its behalf						
5	The value of services or facilities		] }	j	1	ļ	
	furnished by a governmental unit to the				l		
	organization without charge						
6	Total. Add lines 1 through 5		800000	750000		10921	1560921
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		<u> </u>	ľ	ļ		
	· · · · · · · · · · · · · · · · · · ·				<del></del>		
b	Amounts included on lines 2 and 3		<b>}</b>		1	Ì	
	received from other than disqualified persons that exceed the greater of \$5,000		[ [	[	ſ	[	
	or 1% of the amount on line 13 for the year		} {	Į	ļ		
С	Add lines 7a and 7b		<del> </del>				
8	Public support. (Subtract line 7c from		<del></del>				
-	line 6.)		1	Ì	}		1560921
Secti	on B. Total Support		<u></u>				
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		800000	750000		10921	156921
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1	Ì	
	royalties and income from similar sources .		0	0	0	0	0
b	Unrelated business taxable income (less				(		
	section 511 taxes) from businesses		1			ľ	
	acquired after June 30, 1975		0	0	0	0	0
С	Add lines 10a and 10b		ļ <u> </u>				
11	Net income from unrelated business		1		1	ĺ	
	activities not included in line 10b, whether		}		ł	j	
	or not the business is regularly carried on		0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets		}	}	ì	ł	
	(Explain in Part VI.)			750000		4004	48004
13	Total support. (Add lines 9, 10c, 11,		800000	750000	O	10921	156921
	and 12.)		1	ł	1	1	
14	First five years. If the Form 990 is for the	ne organizatio	n's first, second	d, third, fourth	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2016 (line 8	B, column (f) d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Sch			<u></u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (	•		-		17	<u>%</u>
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box	-	_			-	_
þ	331/3% support tests - 2015. If the organiz						
20	line 18 is not more than 33 <sup>1</sup> /3%, check this l	=	_		· · · · · · · · ·		
_20_	Private foundation. If the organization di	a not check a	box on line 14,	, 19a, or 19b, c	neck this box	and see instruc	tions 🕨 📙

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A and D, and Complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	-	-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		-
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6	<u> </u>	<u> </u>
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).	7	}	
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		Ι	I

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

Scheau	e A (Form 990 or 990-EZ) 2016			Page 3
Part	Supporting Organizations (continued)		T-2	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			j
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	· '		1
	below, the governing body of a supported organization?	11a	L	<u> </u>
b	A family member of a person described in (a) above?	11b	_	]
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}	İ	ł
	controlled the organization's activities. If the organization had more than one supported organization,		}	}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported	}	}	)
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		]	ļ.
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		İ	ļ
	supervised, or controlled the supporting organization.	2	<u> </u>	
Secti	on C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	ĺ	ĺ
Secti	on D. All Type III Supporting Organizations		<u>'                                    </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		}	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		{	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•		<b></b> -		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	}	)	j
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	-
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	<b> </b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	{	ł
	significant voice in the organization's investment policies and in directing the use of the organization's	}		<u> </u>
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		_
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		ota iot	
С	The organization supported a governmental entity. Describe in Fait Vinow you supported a government entity (	5CC III	Siruci	10115).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}	}	ł
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	}	}
	how the organization was responsive to those supported organizations, and how the organization determined	ì	Ì	1
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J		1		}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	)	}	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	\	}	
_		2b		<b> </b>
3	Parent of Supported Organizations. Answer (a) and (b) below.	1	1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}	1	ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Voe." describe in Bort Without a loved by the organization in this regard	26	ì	(

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	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			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	 	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Section 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		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

Part	Y Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			·—
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			 
а			<u></u>	
b				
С	From 2013			·
d	From 2014			· · · · · · · · · · · · · · · · · · ·
е	From 2015		<u> </u>	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			-
h	Applied to 2016 distributable amount			! 
i_	Carryover from 2011 not applied (see instructions)			<u> </u>
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<u> </u>	
4	Distributions for 2016 from	(	}	
	Section D, line 7:		<u> </u>	
a	Applied to underdistributions of prior years	<b> </b>	} 	
b	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015		ļ	
<u>e</u>	Excess from 2016	<u> </u>	<u></u>	

Page	1

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part III. Am	nounts shown for 2013 and 2014 constitute proceeds from a Sloan Foundation grant in which the software and IP for ACTUS was
developed	and ultimately transfered to the ACTUS Financial Research Foundation in 2016
<b></b> -	

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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

Name of the organization	Limpleyer rechangeation hamber
ACTUS Financial Research Foundation	812651977
Part 1, Line 16 (expenses): For 2016 the expenses are as follows:	
Item a. Business expenses: \$1,108 including IRS Form 1023 filing and Annual DE State Incorporation I	Fee
Item b. Contract Services and Telecom Services: \$1,331 (\$200 for subscription to GITHUB and \$1,131	or WebEx)
Item c: Travel expenses. \$8,482 to promote ACTUS standards with US Regulators and Industry Confe	rences
Total Expense reports from above: \$10,921	
·	
	·