Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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	Add	iress change	The	Advoc	acy Fun	d						9	94-315	3687		
	Nar	me change	PO E	3ox 29	229							ΕT	elephone nu	mber		
	Initi	ial return	San	Franc	isco, C	A 94129						4	15-56	1-637	3	
	Final	l return/terminated														
	∏ _{Am}	ended return										G G	ross receipts	\$	9,935	.163.
	\vdash	olication pending	F Na	me and add	ress of principa	al officer Am	anda Ket	00			H(a) Is the		return for s			157
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$\overline{}$	Tax-e	xempt status			X 501(c) (<u>/</u>)◀ (I	nsert no.)	4947(a)(1	or I	527	It 'No	o, attach	a list (see i	nstructions	., —	_
Ţ					vfund.o						H(c) Grou	p exempt	ion number	>		
ĸ		of organization		rporation	Trust	Association	Other >		L Year	of formati			M State o		nicile CA	
	irt I	Summar		polation		. 2000.0					<u> 1</u> 5.	<i></i>			C1.	
1.0	1 1	Briefly descri	be the	organiza	tion's miss	ion or most	significant a	activities: S	nons	ors i	orogr	ams a	and ma	kes a	rants	to
		promote	a he	althy	. just	equitabl	e socie	ty und	erni	nned	by fi	111 d	emocra	itic		
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ජ ග	4	Number of in	-		_	_)			4			4
E	_	Total number				•	ear 2016 (P	art V, line	2a)				5	<u> </u>		35
Activities &		Total number					drama (C) la	no 10					6 7a			0
Ř		Total unrelate Net unrelated											7b			0.
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	8 (Contributions	and n	irants (P:	art VIII line	1h)		REC			\Box		6,579.			397.
9		Program serv	_				1 -						6,443.	<u> </u>		,152.
Revenue	1 40	lawaatmaat u		(Dort VIII	L column /	A) lines 2	4. and (28)		8 00		[8]		27.	 	105	,102.
æ	11	Other revenu	e (Par	t VIII, co	umn (A), li	nes 5, 6d, 8	c, 9c, 196, a	and Hille) (7 20	J17	80-9		8,996.	 	9	,614.
	12	Total revenue	e – ad	d lines 8	through 11	(must equa	l Part VIII	column (A)	Line_1	12)	<u> </u>		2,045.			,163.
	13 (Grants and s	ımılar	amounts	paid (Part	IX, column ((A), lines 1-3	30GDS	<u>-</u>	רון ו	Ti		1,584.			,400.
	14	Benefits paid	d similar amounts paid (Part IX, column (A), lines 1-30GDEN, UT lines to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5-10)													
	15	Salaries, othe									2,36	9,600.		2,639,80	,805.	
Expenses	16a I	Professional	fundra	ising fee	s (Part IX,	column (A),	line 11e)					•	6,300.			,000.
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Part I			_			•	lishments							[2
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				y signif	icant progran	n servi	ces during the year w See Schedul	hich w	ere not listed on	the prior				
	orm 990 d					_	see schedul	e U			X	Yes		No
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Form 990 (2016) The Advocacy Fund Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			: :
•	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	х	
ı	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	11 b		х
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	х	
1	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	12 Ь		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
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		X
		_		(0010)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	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 domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		_x_
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? <i>If 'Yes,' complete Schedule J</i>	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		_
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
Ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	X.	
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Check if Schedule O contains a response or note to any line in this Part V	 		لليح
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	129	ı	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable .	0	1	,
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?]	c X	<u> </u>
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		ьХ	 -
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		+-	1
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	-	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	⊢	3 b	†
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account	a	la	х
b If 'Yes,' enter the name of the foreign country	"	-	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	2)		1
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1	a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		b b	 X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		c	+
		/- -	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?		a X	<u> </u>
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		s b Х	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and	1	1
services provided to the payor?	7	a	1
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	7 b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fi		_ [
Form 8282?	<u> </u>	7 c	↓
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			ļ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	<u> </u>	'e	ļ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	'f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>	g g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi Form 1098-C?	_ 7	'h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsorii organization have excess business holdings at any time during the year?	ng	3	
9 Sponsoring organizations maintaining donor advised funds.			1
a Did the sponsoring organization make any taxable distributions under section 4966?	<u> </u>) a	1
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		b	-
10 Section 501(c)(7) organizations. Enter		1	1
a Initiation fees and capital contributions included on Part VIII, line 12	[1	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	ł		1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2 a	1
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
a is the organization licensed to issue qualified health plans in more than one state?	13	a	1
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		1	1
c Enter the amount of reserves on hand		1.	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14		<u> </u>
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14		(00:2
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Rorm 990 (2016) The Advocacy Fund 94-3153687 Page 6 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 X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 $\overline{\mathbf{x}}$ 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Y a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 h 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O Х Schedule O how this was done 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O X 15 a X b Other officers or key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > <u>See Schedule O</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19

Amanda Keton 1014 Torney Avenue, The Presidio San Francisco CA 94129 415-561-7804

the public during the tax year.

See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

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94-3153687

Page **7**

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

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

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

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

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

Check this box if neither the organization nor any relat	ed organız	ation	con	nper	nsate	ed an	у сі	irrent officer, direct	or, or trustee	
	(C)									
(A) Name and Title	(B) Average hours per	thar	one both dır	box, an c	unle: officer trust/		son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Kriss Deiglmeier	1]								
CEO	0	Х		X		L	_	30,995.	0.	0.
(2) Alice Kessler	11				ľ	1				
Board Director	0	Х				<u> </u>		0.	0.	0.
(3) Deb Kinney	11				l					
Board Director	0	Х						0.	0.	0.
(4) Joseph Mouzon	1_1_									
Board Director	0	Х						0.	0.	0.
(5) Michelle Ortiz	1_1_									
Board Director	0	Х						0.	0.	0.
_(6) Johanna Silva Waki	11									-
Board Director	0	Х						0.	0.	0.
(7) Amanda Keton	_ 7									
Secty/Treasurer	0			Х		İ		44,131.	0.	0.
(8) Sanford Newman	40									
President	0			Х				114,402.	0.	19,331.
(9) Guadalupe Lopez	40									<u> </u>
Executive Dir.	0			Х				188,118.	0.	24,525.
(10) Christie George	40									
Project Director	0				Х			169,589.	0.	24,380.
(11) Julie Menter	40									
Principal	0					х		124,107.	0.	13,162.
(12) Myint Zar	40							,		
Accounting Manager	0			ı		х		103,136.	0.	9,643.
(13)										
(14)			1						-	
	لـــــــــــــــــــــــــــــــــــــ	ŀ							ı	

(A)	(B)			(()	es,			(E)	(F)
Name and title	hours per week (list any	offi	, unle cer ar	nd a	erson direct	is bot or/trus	h an itee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
(15)		-			_					
(16)										
(17)				-			<u> </u>			
(18)										
(19)							-			
(20)		 								
(21)							_	-		
(22)										
(23)										
(24)										
(25)		1								
1 b Sub-total		!			!	L	>	774,478.	0.	
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	ion A						>	774,478.	0.	
Total number of individuals (including but not limited from the organization	d to those I	ısted	abo	ve) v	who	recei	ved			
3 Did the organization list any former officer, direct	ctor or tru	istaa	kov	, en	nlo	./AA	or t	nighest compensa	ted employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such	ch individu	ıal								3 X
the organization and related organizations great	er than \$1	50,0	003	If "\	es,	con	nple	ete Schedule J for	Hom	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	nsatio ete So	n fre chea	om Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or person	ındıvıdual	5 X
1 Complete this table for your five highest comper compensation from the organization Report compensation	nsated ind	epen	deni	t co	ntra	ctors	tha	at received more t	han \$100,000 of	or
(A) Name and business add		ti ie c	aicii	uai .	year	ÇHUI	iig v	(B)		(C) Compensation
Kimball Petition Mgmt. 1850 E Thousand Oak	s Thous	and	0a k	s,	CA	9136	52	Signature gat	hering	136,904.
						-				
2. Total number of independent contractors (includes	hut not lu-	dod 4	, .L.	\c 1	, c + c -	l aha	vo)	who recoved men	than	
Total number of independent contractors (including \$100,000 of compensation from the organization)	1					a a b o	ve)	who received more	шап	Form 990 (2016
RAA		TEFAC	1001	11/	16/16					

D = 4 1	7111	Ctata		<u> </u>	
ran i	/	Stater	nent of	: Ke	venue

_		Check if Schedule O contains a respon	nse or note to any	Ine in this Part V	TH•		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events. Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1 a 1 b 1 c 1 c	9,822,397.				,
		Noncash contributions included in lines 1a-1f \$	9,622,391.			• •	, ,
<u>8</u>	h	Total. Add lines 1a-1f	•	9,822,397.			
Program Service Revenue	2 a	Program Fees	Business Code	103,152.	103,152.		
Rev	b	LIOGIAM LEES		103,132.	103,152.		
více	С	:					
38	d	<u> </u>					
Jram	e	All other program service revenue					
P. S	g	Total. Add lines 2a-2f	-	103,152.		· <u></u>	
	3	Investment income (including dividends,	interest and				
	A	other similar amounts) Income from investment of tax-exempt b	and proceeds		<u></u> -		
	5	Royalties	ond proceeds.			<u> </u>	<u> </u>
!		(i) Real	(ii) Personal				
		Gross rents.					
		Less. rental expenses			:		,
		: Rental income or (loss) I Net rental income or (loss)					
		(i) Securities	(ii) Other				<u></u>
		a Gross amount from sales of assets other than inventory					
		and sales expenses Gain or (loss)					ı
		Net gain or (loss)	-				
35		Gross income from fundraising events (not including .\$					
Other Reven		of contributions reported on line 1c)					
<u>ت</u> ح		See Part IV, line 18					
¥		b Less: direct expenses b : Net income or (loss) from fundraising even	ents ►				
J		Gross income from gaming activities See Part IV, line 19	51113				
		Less: direct expenses b					
	С	: Net income or (loss) from gaming activiti	es 🕨				
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold b					
1	С	: Net income or (loss) from sales of invent	Ory Business Code				
	11 a	Miscellaneous	,	9,614.		-	9,614.
	b						
	C						
		I All other revenue Total. Add lines 11a-11d	<u> </u>	0.614			
		Total revenue. See instructions	▶	9,614. 9,935,163.	103,152.	0.	9,614.
			Į.	J, JJJ, 10J.			

Part IX Statement of Functional Expenses

	t IX Statement of Functional Expen				
Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must co	omplete column (A)	
	Check if Schedule O contains a				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	5,273,400.	5,273,400.		
_	ındıvıduals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	70,000.	70,000.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	622,934.	547,808.	75,126.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.1	0.	0.
7	Other salaries and wages	1,686,296.	1,431,982.	254,314.	
8	(include section 401(k) and 403(b) employer contributions)	30,879.	19,341.	11,538.	
9	Other employee benefits	169,111.	129,746.	39,365.	
10	Payroll taxes	130,585.	99,539.	31,046.	
11	Fees for services (non-employees)				
;	a Management				
1	b Legal	14,467.	12,631.	1,836.	
	c Accounting	16,513.		16,513.	
(d Lobbying	20/010.		10/013.	
	Professional fundraising services. See Part IV, line 17	70,000.			70,000.
	Investment management fees				70,000.
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	835,804.	822,741.	13,063.	
13	_ ·	61,192.	44,344.	16,848.	
14	Information technology	01,132.	41,344.	10,040.	
15	Royalties				
16	Occupancy	104 124	151 700	22 244	
17	Travel	184,124. 178,312.	151,780.	32,344.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	176,312.	155,003.	23,309.	
20	Conferences, conventions, and meetings Interest	88,955.	85,250.	3,705.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,975.	8,561.	414.	
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	16,925.	10,430.	6,495.	
		36 020	35,385.		
_	Miscellaneous	36,828.		1,443.	
	Licenses and service fees	36,545.	9,782.	<u>26,763.</u>	
,	Communications & Publications	28,934.	28,368.	566.	
					
	• All other expenses	9 560 770	0 026 001	FEA COO	70 000
	Total functional expenses. Add lines 1 through 24e	9,560,779.	8,936,091.	554,688.	70,000.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				
BAA			16/16	. <u> </u>	Form 990 (2016)
_, _,		TEEAULIUI II/	LOV LTS		1 OHH 230 (2010)

		Check if Schedule O contains a response or note to any line in this Part X			. [
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .		1	30,000.
	2	Savings and temporary cash investments	3,421,660.	2	3,815,218.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	320,312.	4	214,354.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	* 4 * * * * * * * * * * * * * * * * * *
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	765.	9	17,734.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 37, 331.	709.		11,154.
	l b	Less. accumulated depreciation . 10b 23, 621.	22,685.	10 c	13,710.
	11	Investments – publicly traded securities.		11	2071201
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets	-	14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11	9,596.	15	10,496.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,775,018.	16	4,101,512.
	17	Accounts payable and accrued expenses	498,558.	17	450,668.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	<u> </u>
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	 	24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	498,558.	26	450,668.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
E E	27	Unrestricted net assets	855,466.	27	706,418.
Bal	28	Temporarily restricted net assets .	2,420,994.	28	2,944,426.
짇	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
<u>s</u>	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A8	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ē</u>	33	Total net assets or fund balances	3,276,460.	33	3,650,844.
	34	Total liabilities and net assets/fund balances	3,775,018.	34	4,101,512.
BA	A				Form 990 (2016)

Forn	n 990 (2016) The Advocacy Fund 94-	315368	7	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,9	35,	163.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,5	60,	779.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	74,	384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	3,2	76,	<u>460.</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	3,6	50,	844.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both:				Ì
	X Separate basis				<u> </u>
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	ŀ	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		<u> </u>
BAA	<u> </u>		Form	990	(2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

• 9	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
	Advocacy Fund			94-315368	
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV. See Part	IV
2	•	xpenditures (see instructions)		►Ś	
	, ,	campaign activities (see instructions)		•	
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	use tax incurred by the organization under	section 4955	► \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	►\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?		•		☐Yes ☐No
	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under section	on 501(c), except	t section 501(c)(3).	
		pended by the filing organization for section		, , , ,	. ,
2	Enter the amount of the filing of	organization's funds contributed to other organ	zations for section 527	⁷ exempt ► \$	276,356.
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	276,356.
4		e Form 1120-POL for this year?		*	X Yes No
	Enter the names, addresses organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ails received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the f evered to a separate po	filing organization's fund ditical organization, such	hich the filing ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
	Kimberly for California	3060 El Cerrito Pl No 515 El Cerrito, CA 94530	47-3846383	9,900.	
(2)					
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2016

chedule C (Form 990 or 990-EZ) 2016	The Advocacy	y Fund		94-315	
Part II-A Complete if the section 501(h	ne organization	is exempt under se	ction 501(c)(3) aı	nd filed Form 5768 (e	lection under
		s to an affiliated group (and	I list in Part IV each af	filiated group member's nam	ne,
	•	share of excess lobbying		•	
B Check ► I If the filing	organization chec	ked box A and 'limited co	ntrol' provisions appl	y.	
(The term 'e	Limits on Lobbyi	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
l a Total lobbying expenditur	es to influence put	olic opinion (grass roots lo	bbying).		
b Total lobbying expenditur	es to influence a le	egislative body (direct lobb	oying).		
c Total lobbying expenditur	es (add lines 1a ar	nd 1b)			
d Other exempt purpose ex	penditures				
e Total exempt purpose ex	penditures (add lin	es 1c and 1d)			
f Lobbying nontaxable amo both columns.	ount. Enter the amo	ount from the following tal	ble ın		
If the amount on line 1e, colur	nn (a) or (b) is:	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,000 plus 10% of the excess	over \$1,000,000.	in the second	م ميري ـ
Over \$1,500,000 but not over \$1.	7,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		-
Over \$17,000,000		\$1,000,000.		<u>\$</u>	
g Grassroots nontaxable ar	nount (enter 25% o	of line 1f).			
h Subtract line 1g from line	1a. If zero or less	, enter -0			
i Subtract line 1f from line	1c. If zero or less,	enter -0-			
j If there is an amount other section 4911 tax for this y		line 1h or line 1i, did the orç	ganızatıon file Form 47	20 reporting	Yes N
(Some	organizations that	4-Year Averaging Period (t made a section 501(h) el ow. See the separate inst	lection do not have t	o complete all of the five	
	Lobby	ing Expenditures During	4-Year Averaging P	eriod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line					

2 a Lobbying nontaxable amount

b Lobbying ceiling amount (150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2016

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

	(2)	(b)
For`each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		1	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			<u> </u>
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Partilla Complete if the experiencian is example under section 501(c)(4), section 50	1/0VE\	~"	,

section 501(c)(6).

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

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

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

Partily: Supplemental Information

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' 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

Department of the Treasury Internal Revenue Service Name of the organization

	The Advocacy Fund		94-3153687
Pai	1 Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	
1	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		- · · · · · · · · · · · · · · · · · · ·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	·	
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in coorganization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefi impermissible private benefit?	ors, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe	nds can be used only er purpose conferring Yes No
Pai			
		wered 'Yes' on Form 990, Part IV, line	e 7.
1			
	Preservation of land for public use (e.g.,	·	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution in the fo	rm of a conservation easement on the
	and the same same same same		Held at the End of the Tax Year
	a Total number of conservation easements		2 a
1	Total acreage restricted by conservation ease	ments .	2 b
	Number of conservation easements on a certi	fied historic structure included in (a)	2c
	d Number of conservation easements included	n (c) acquired after 8/17/06, and not on a histo	oric
	structure listed in the National Register	•	2 d
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5		garding the periodic monitoring, inspection, ha	
_	and enforcement of the conservation easeme		∐ Yes ☐ No
6	Start and volunteer nours devoted to monitoring,	inspecting, handling of violations, and enforcing of	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspersely.	ecting, handling of violations, and enforcing conse	rvation easements during the year
8	Does each conservation easement reported o and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of so	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for
Pai	t III Organizations Maintaining Colle	ctions of Art, Historical Treasures, owered 'Yes' on Form 990, Part IV, line	r Other Similar Assets.
1 ;	alf the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in t	enue statement and balance sheet works of furtherance of public service, provide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets held fi following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in furth	e statement and balance sheet works of art, lerance of public service, provide the
	(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, I amounts required to be reported under SFAS		ncial gain, provide the following
i	Revenue included on Form 990, Part VIII, line		► \$
1	Assets included in Form 990, Part X		► \$

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements.				
d Equipment		37,331.	23,621.	13,710
e Other		1		
otal. Add lines 1a through 1e. (Column (d)	must equal Form 990. Part X. c	olumn (B), line 10c)	F	13.710

BAA

Schedule **D** (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C) (D) (E)		
(D)		
(E)		·
(F)		
(G)		
(H)		
(1)	-	
	<u> </u>	
Part VIII Investments — Program Related.	d 'Yes' on Form 990	N/A), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(2) 20011 10110	
(2)	-	
(3)		
(4)		
(5)		-
(6)		
(7)		
(8)	 	
(9)		
(10)		
	N/A d 'Yes' on Form 990 escription), Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1)		
(2)		
(3)		
(5)		
(6)		-
(7)		· · · · · · · · · · · · · · · · · · ·
(8)		
(9)		
(10)		
	(B) line 15)	>
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) Total (column (b) Total (column (b) Total (column (b) Total (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column)) Complete if the organization answered 'Yes' on (column) (a) Description of hability (1) Federal income taxes (2)	Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column)) Complete if the organization answered 'Yes' on (column) (a) Description of hability (1) Federal income taxes (2) (3) (4)	Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on (complete if the organization of liability (complete in the organization of liability (c	Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column)) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1	
(10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (column (b) must equal Form 990, Part X, column (column (Form 990, Part IV, line 1	

Part XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Return.	
Complete if the organization answered 'Yes' on Form 99	90, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	-	1	9,935,163.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b	7	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	9,935,163.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII.)	4 b		
b other (bescribe in rail Am.)			
c Add lines 4a and 4b		4 c	
,	. 12.)	4 c 5	9,935,163.
c Add lines 4a and 4b		5	9,935,163.
c Add lines 4a and 4b	ements With Expenses	5	9,935,163.
c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	5	
c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99	ements With Expenses	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements	ements With Expenses	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	9,560,779.
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	9,935,163. 9,560,779.
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	ements With Expenses p 90, Part IV, line 12a.	5 per Return.	9,560,779.
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	ements With Expenses p 90, Part IV, line 12a. 2a 2b 2c 2d	5 per Return.	9,560,779.
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	ements With Expenses p 90, Part IV, line 12a. 2a 2b 2c 2d 4a 4b	5 per Return.	9,560,779. 9,560,779.
c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 99 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	ements With Expenses p 90, Part IV, line 12a. 2a 2b 2c 2d 4a 4b	5 per Return.	9,560,779.

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

Part X - FIN 48 Footnote

The Organization has evaluated its current tax positions as of December 31, 2016 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.

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.

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is

at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(12)

(13)

(14)

(15)

(16)

(17)

3 a Sub-total

b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

The Advocacy Fund

Employer identification number

94-3153687

Part i General Informat on Form 990, Par	ion on Activiti t IV, line 14b.	es Outside the	e United States. Complet	e if the organization	n answered 'Yes'
			substantiate the amount of its quelection criteria used to award		
2 For grantmakers. Describe in United States. Part	-	zation's procedures	s for monitoring the use of its gra	nts and other assistance of	outside the
3 Activities per Region (The	following Part I, I	ine 3 table can b	e duplicated if additional space	ıs needed)	<u> </u>
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
East Asia & the	•				
(1) Pacific			Grantmaking		70,000.
(2)					
(3)					-
(4)					
(5)					11.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					

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

70,000. Schedule F (Form 990) 2016

70,000.

94-3153687

Schedule F (Form 990) 2016 The Advocacy Fund

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.

-	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ε			E Asta /Pacific	Human Rights	30,000. Wire	Wire			
(3)				Human Rights	40,000. Wire	Wire			
69									
.									
(2)									·
9									
ε									
©									
6									
GD									
(11)									
(12)									
(L3)									
(14)									
(15)									
(Je)									
G II	Enter total number of recinion prosperations listed above that are secured as the factors as the first total number of recinions and the first total number of recinio	a tatt anada batail aga		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			300		

2 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

3 Enter total number of other organizations or entities BAA

2 Schedule F (Form 990) 2016 Page'3

Schedule F (Form 990) 2016 The Advocacy Fund

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.

datery, mie 10. Fart in car de dupircateu il additional space is reeded.	III De uupiicaleu ii au	uriorial space	is lieeded.			1	
(a) Type of grant or assistance	(b) Kegion	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)	-						
(3)				i			
(4)							
(5)							.•
(9)							
6							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
מא							
(18)							
ВАА						Schedule F	Schedule F (Form 990) 2016

TEEA3503L 09/26/16

	edule F (Form 990) 2016 The Advocacy Fund Foreign Forms	94-3153687	Page 4
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	X 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 Corporations (see Instructions for Form 5471)	ertain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua 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)	lıfıed ∏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)	¹ ∏Yes	X No

X No

Schedule F (Form 990) 2016

Yes

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)

TEEA3505L 09/26/16

BAA

Pantivas Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

TAF conducts due diligence on organizations being considered for grants & requires a narrative and financial report detailing how funds were used.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

The Advocacy Fund 94-3153687 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants X Internet and email solicitations b Solicitation of government grants X Phone solicitations С Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity (or retained by) have custody or control or entity (fundraiser) from activity of contributions? organization column (i) Yes Forbes Tate Partners LLC No New 1099 New York Ave Ste 500 funding Washington DC 20001 develop Х 64,000 L.K. Jenkins-English 2 6710 Western Ave Various X Chevy Chas MD 20815 dev. Work 6,000 3 5 6 7 8 9 10 Total 70,000 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AK AL AR CA CO CT DC FL GA HI IL KS KY MA MD ME MN MO MS NC ND NH NJ NY OH OK OR PA

Schedule G	(Form 99	0 or 990-EZ	2016	The	Advocacy	Fund
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74	,	_			u	o	•	

Pai	t [[_	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts growth.	event contribution	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, I on Form 990-EZ,	ine 18, or reported lines 1 and 6b.
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))
R E V			(event type)	(event type)	(total number)	
REVERUE	1	Gross receipts				
- ,	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			<u> </u>	
	5	Noncash prizes				
D R E C	6	Rent/facility costs	<u> </u>			
	7	Food and beverages				
X P	8	Entertainment				
EXPENSES	9	Other direct expenses				
5	10	Direct expense summary. Add lines 4 thr	rough 9 in column (d)		•	
	11	Net income summary. Subtract line 10 fr			>	
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' on Form 990, Pai	rt IV, line 19, or re	ported more than
REVENUE			(a) Bıngo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E —	1	Gross revenue .				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
R E E N C S T E	4	Rent/facility costs	-			
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes 8	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Subtract li	ne 7 from line 1, colum	nn (d)	•	
9	Ente	er the state(s) in which the organization co	anducts daming activities	ne.		
а	ls th	ne organization licensed to conduct gaming				Yes No
		e any of the organization's gaming license es,' explain:		or terminated during the	-	Yes No
BAA			TEEA3702L 0	9/23/16	Schedule G (Fon	m 990 or 990-EZ) 2016

SCII	edule G (10111 990 of 990-E2) 2016 The Advocacy Fund	4-3153	8687	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1		
	a The organization's facility	13a		ક
	b An outside facility	13b	-	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		,	
	Name •		-	
	Address •			
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	ıe [?]	☐Yes	∏No
ı	TABLE 1 A MARKET AND A STATE OF THE STATE OF	ne amoun		□
	of gaming revenue retained by the third party ► \$			
•	c If 'Yes,' enter name and address of the third party			
	Name •		. _	. – – – ¬
	Address •			; !
16	Gaming manager information			
	Name •		. – – – –	
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		_ Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year > \$.he		
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions	umns (i / additio	iii) and (vonal	<i>'</i>);

SCHEDULE | (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

2016

OMB No 1545-0047



Employer identification numbe 94-3153687 ž

X Yes

See Part IV

1 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 criteria used to award the grants or assistance? The Advocacy Fund
Part | General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule I (Form 990) (2016)	TEEA3901L 11/03/16	TEEA3901		s for Form 990.	, see the Instructior	BAA For Paperwork Reduction Act Notice, see the Instructions for Form
17			-		ons listed in the line	3 Enter total number of other organizations listed in the line 1 table
9		. :	ns listed in the line 1 table	፸	s) and government o	2 Enter total number of section 501(c)(3) and government organization
Justice Program	0.		100,000.	501c4	45-0356819 501c4	m
Environmental						<u>220_S_7th_St_Ste_B_</u>
						(8) Western Org Resource Councils
Program	0	J	100,000.	501c4	94-2206497 501c4	Oakland, CA 94610
Participation						<u>171_Santa_Rosa_Ave</u>
Civic						7 PICO National Network
Justice Program	0.	0	100,000.	501c4	81-4253933 501c4	Lansing, MI 48906
Criminal						- 824 N Capitol Ave
						(6) Coalition for Safe & Just MI
Justice Program	0.	0	200,000.	501c4	23-7128611 50104	Washington, DC 20005
Environmental						1010 Vermont Ave NW Ste 100
Transfer of the Transfer of th	0.1	C	365,000.	501c4	94-1153307 501c4	San Francisco, CA 94105
						(4) Sierra Club
Justice Program	0.		447,600.	501c4	20-4994004 501c4	Brooklyn, NY 11201
Economic						1 Metrotech Ctr_No_11th_F1
						(3) Working Families Organization
Justice Program	0.	J	1,500,000.	501c4	47-4368320 501c4	Washington, DC 20005
Economic						700 13th St NW Ste 600
Justice Program	0.		2,050,000.	501c4	52-1733698 501c4	Washington, DC 20036
Environmental						1920 L St NW Ste 800
,						(1) League of Conservation Voters
(g) Description of (h) Purpose of grant noncash assistance or assistance	(f) memos or valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(f) INC Section (if applicable)	(b) Eilv	or government
- 1	שממונים וו ממחונים	वार । दवा घर वर्ष		ו וומן וססווס	indipol film in:	מינו מינו מינו מינו מינו ליינו מינו ליינו מינו ליינו מינו מינו מינו מינו מינו מינו מינו

Schedule I (Form 990) (2016)

1

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. Schedule I (Form 990) (2016) The Advocacy Fund Part III Grants and Other Assistance to Domes

Page 2

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
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7						,
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	ו required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

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

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

narrative and financial report detailing how funds were used.

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Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page

Program
Schedule I Cont (Form 990) 2016 Justice Program Justice Program Justice Program Participation . Justice Program Justice Program Justice Program Environmental Participation Participation ₽ Participation (h) Purpose of grant or assistance Economic Criminal Economic Economic Economic Employer identification number Program Program Program **開新期** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.) Civic Civic Civic Civic 94-3153687 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 55,000 50,000 45,000 30,000 40,000 30,000 25,000 25,000 25,000 20,400 TEEA4001L 11/03/16 (c) IRC section (if applicable) 23-7241567|501c4 27-0061100|501c4 94-0279770 501c3 46-5304696 501c4 45-3860271 501c4 33-1041433|501c4 94-2716470 501c3 47-2089046|501c4 20-3175884 501c4 81-3236681|501c4 (b) EIN _ ACLU Foundation No California __2446_University_Ave_W_Ste_170 Floridians for Fair Democracy 3000 Gulf-to-Bay_Blvd_Ste 502 _ Ctr_Community_Change_Action_ _6950_Almaden_Expwy_Ste_173___ __Ctr_for Popular Democracy AF (a) Name and address of organization or government National Peoples Campaign _ _1330_Broadway, Ste_180____ Yes on A Affordable Housing Save_the_Bay_Action_Fund__ _449_Troutman_St_Ste_A____ _ Faith in Action Bay Area. Progressive Era Project San Francisco, CA 94111 _436_14th_St_Ste_700__ __1336_Arroyo_Ave____ Washington, DC 20009 San Carlos, CA 94070 Clearwater, FL 33759 - Wellstone Action -The Advocacy Fund Brooklyn, NY 11237 810 N M11waukee San Jose, CA 95120 Oakland, CA 94612 St Paul, MN 55114 Oakland, CA 94612 Chicago, IL 60642 __1536_U_St_NW___ 39 Drumm St_ Name of the organization

		Schedu	Schedule I (Form 990), Part II and Part III.	ind Part III.		Contr	Continuation Page 2 of 2
Name of the organization						Employer identification number	
The Advocacy Fund						94-3153687	71
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule	nts and Other Assistar	ıce to Domestic	Organizations and	I Domestic Govern	ıments. (Schedul	l (Form 990),	Part II.)
(a) Name and address of organization or government	tion (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 noncash assistance	(h) Purpose of grant or assistance
Equal_Justice_USA							Criminal
Brooklyn, NY 11201	26-1316408 50104	501c4	10,000.				Justice Program
Tenants_Together	26-1777917 50103	501c3	10,000.				
<u>UC_Santa_Cruz_Foundation_</u> <u>1156_High_St</u> Santa_CruzCA_95064		501.73	000				Criminal
TOOC IN JUNE OF THE COMMON		27100	10,000.				Justice Program
	Sing	501c4	10,000.				Economic Justice Program
Kimberly for California							Civic
3060 El Cerrito Plaza Ste El Cerrito, CA 94530	<u>515</u> 47-3846383 501c4	501c4	9,900.				Participation Program
	-			•			
	!						
1	 						
			TEEA4001L 11/03/16			Schedule I	Schedule I Cont (Form 990) 2016

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Advocacy Fund

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

94-3153687

Part	Questions Regarding Compensation				
·				Yes	No
1 a (theck the appropriate box(es) if the organization provide a VII, Section A, line 1a. Complete Part III to provide	ed any of the following to or for a person listed on Form 990, Part any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	1 1		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			1
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b l'	any of the boxes on line 1a are checked, did the organ	nization follow a written policy regarding payment or escribed above? If 'No,' complete Part III to explain	1 b		
					
2 [t	old the organization require substantiation prior to recustees, and officers, including the CEO/Executive [eimbursing or allowing expenses incurred by all directors, Director, regarding the items checked in line 1a?	2		
3 (ndicate which, if any, of the following the filing organiza EO/Executive Director Check all that apply. Do no stablish compensation of the CEO/Executive Direct	tion used to establish the compensation of the organization's t check any boxes for methods used by a related organization to or, but explain in Part III			
[Compensation committee	Written employment contract			
ĺ	X Independent compensation consultant	X Compensation survey or study			
İ	X Form 990 of other organizations	X Approval by the board or compensation committee			
		Part VII, Section A, line 1a, with respect to the filing			
	Receive a severance payment or change-of-control p	· ·	4 a		X
	Participate in, or receive payment from, a suppleme		4ь		Х
	Participate in, or receive payment from, an equity-ba		4 c		Х
1	'Yes' to any of lines 4a-c, list the persons and pro-	vide the applicable amounts for each item in Part III.			
C	Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga	anizations must complete lines 5-9.			
5 F	or persons listed on Form 990, Part VII, Section A, line ontingent on the revenues of.	1a, did the organization pay or accrue any compensation			
аT	he organization?		5 a		Х
b A	ny related organization?		5 b		Х
it	'Yes' on line 5a or 5b, describe in Part III				
6 F	or persons listed on Form 990, Part VII, Section A, line ontingent on the net earnings of	1a, did the organization pay or accrue any compensation			
аT	he organization?		6 a	~	X
b A	ny related organization?		6 b		Х
If	'Yes' on line 6a or 6b, describe in Part III				
7 F	or persons listed on Form 990, Part VII, Section A, ayments not described on lines 5 and 6? If 'Yes,' d	line 1a, did the organization provide any nonfixed escribe in Part III	7		Х
		paid or accrued pursuant to a contract that was subject			
	the initial contract exception described in Regulati 'Yes,' describe in Part III	ons section 53.4958-4(a)(3)?	8		х
9 II	'Yes' on line 8, did the organization also follow the rebection 53.4958-6(c)?	uttable presumption procedure described in Regulations	9		

Schedule J (Form 990) 2016 The Advocacy Fund

Partill 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 organizations (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation		Side State of Management of Ma	Total of	
(A) Name and Title	<u> </u>	(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
Guadalupe Lopez	Θ	188, 118.	0.	0		17,948.	212, 643.	
1 Executive Dir.	<u>(ii)</u>			0.			.0	
Christie George	(E)	169, 589.	0.	0	4,280.			0.
2 Project Director	<u>(E)</u>		0.	0.	0.	0.	l	
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ВАА			TEEA4102L 08/19/16	16			Schedule	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 The Advo

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016 প্রক্রেম কে নির্মান

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Advocacy Fund

Employer identification number

94-3153687

Form 990, Part III, Line 1 - Organization Mission

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

Form 990, Part III, Line 2 - New Services

Nine new projects joined The Advocacy Fund during 2016. They are LeadLocally, Kim Ellis Fund, Color PAC Action Fund, SCOPE Agenda Action Fund, Freedom to Marry Global Action Fund, Flint People's Movement Fund, Non-Profit Housing Action Fund, Roosevelt Forward, and Maryland Leads.

Form 990. Part VI. Line 11b - Form 990 Review Process

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

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

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

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

The organization utilized customized salary survey prepared by Arthur J. Gallagher & Co. The Advocacy Fund Board reviews both the performance and compensation annually. The Board meets annually with the officer(s) and determine compensation by considering comparability data, job performance, progress towards goals and performance management reviews.

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

The organization utilized customized salary survey prepared by Arthur J. Gallagher & Co. The Advocacy Fund Board reviews both the performance and compensation annually.

The Board meets annually with the officer(s) and determine compensation by

	1 aye 2
Name of the organization	Employer identification number
The Advocacy Fund	94-3153687

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued) considering comparability data, job performance, progress towards goals and performance management reviews.

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

AL AR CA CT FL GA HI IL KS KY MA MD MN MO MS NC NH NJ NY OR PA RI SC TN UT VA WI WV

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

Upon written request.