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DLN: 93493319167738

OMB No 1545-0047

Form **990**

Department of the Treasury

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

foundations)

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

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

Open to Public

| nterna | l Revent | ue Service | T Information o | ibode Form 550 and 115 morracio | 110 15 dt <u>////// .</u> | 2110 901771 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Inspection | | |
|--------------------------------|----------------------|---------------------------------------|--|---|---------------------------|---------------|--|----------------|----------------------|--|--|
| A Fo | or the | 2017 ca | alendar year, or tax year be | eginning 01-01-2017 , and er | nding 12-31- | -2017 | | | | | |
| | ck if app | | C Name of organization GREEN TECH ACTION FUND | | | | D Employ | er identif | ication number | | |
| | dress ch me char | - | S.EE. LEGITACTION FOND | | | | 26-339 | 0444 | | | |
| | me cnar tial retu | _ | Doing business as | | | | _ | | | | |
| ☐ Fina | al return/ | terminated | | | | | E Telephor | ne number | | | |
| | ended r | | 201 DATTERY CTREET ETH ELOC | of mail is not delivered to street addre OR | ss) Room/suite | 9 | · | | | | |
| ⊔ Ар | plication | n pending | | country, and ZIP or foreign postal cod | <u> </u> | | (415) 5 | 61-6700 | | | |
| | | | SAN FRANCISCO, CA 94111 | country, and Eli or foreign postar cou | • | | G Gross re | ceipts \$ 1 | 0.073.771 | | |
| | | | F Name and address of prin | cipal officer | | H(a) Is t | his a group re | • | 9,010,112 | | |
| | | | ERIC HEITZ 301 BATTERY STREET 5TH F | | | | ordinates? | curri ioi | □Yes ☑ No | | |
| | | | SAN FRANCISCO, CA 94111 | | | H(b) Are | all subordinat | :es | ☐ Yes ☐No | | |
| Tax | k-exemp | pt status | ☐ 501(c)(3) ☑ 501(c) (4 |) ◀ (insert no) ☐ 4947(a)(1) or | □ 527 | | luded? No," attach a l | list (see | | | |
| W | ebsite | :► WW | W GREENTECHFUND ORG | | | | oup exemption | • | • | | |
| | | | | | | | | _ | | | |
| (Forn | n of org | janization | ✓ Corporation ☐ Trust ☐ | Association ☐ Other ► | | L Year of for | rmation 2008 | M State | of legal domicile DE | | |
| Da | rt I | Cum | | | | | | | | | |
| Fa | | | mary scribe the organization's mission | on or most significant activities | | | | | | | |
| 33 | | | | SHED TO REDUCE GLOBAL GREE | NHOUSE GAS | EMISSION | NS | | | | |
| <u> </u> | _ | | | | | | | | | | |
| <u> </u> | _ | | | | | | | | | | |
| Governance | 2 0 | Check thi | is box $\blacktriangleright \Box$ if the organization | n discontinued its operations or d | isposed of mo | re than 25 | 5% of its net a | ssets | | | |
| | | | | erning body (Part VI, line 1a) . | | | | 3 | 4 | | |
| 8 ∧ | 4 N | Number o | of independent voting member | rs of the governing body (Part VI, | , line 1b) . | | • | 4 | 2 | | |
| ACTIVILIES & | 5 ⊺ | Total num | nber of individuals employed in | n calendar year 2017 (Part V, line | e 2a) | | | 5 | 1 | | |
| | 6 ⊺ | Total num | nber of volunteers (estimate if | necessary) | | | | 6 | 3 | | |
| Ĭ | 7 a ⊺ | Total unre | elated business revenue from | Part VIII, column (C), line 12 . | | | • | 7a | 0 | | |
| | b∖ | let unrel | ated business taxable income | from Form 990-T, line 34 | | | • | 7b | 0 | | |
| | | | | | | " | Prior Year | | Current Year | | |
| <u>q</u> | l | | tions and grants (Part VIII, line | 000 | 9,565,830 | | | | | | |
| Rəvenue | l | _ | service revenue (Part VIII, line | 0 | <u> </u> | | | | | | |
| Ę | l | | · | (A), lines 3, 4, and 7d) | | | 7,0 | 558 | 7,943 | | |
| | l | | , | ines 5, 6d, 8c, 9c, 10c, and 11e) | | | 3.600 | 0 | 0 572 773 | | |
| | | | | (must equal Part VIII, column (A | • | | 3,698,0 | | 9,573,773 | | |
| | l | | | IX, column (A), lines 1–3) | • | | 2,280, | | · · · | | |
| | | | paid to or for members (Part I) | | | | 105 | 0 | 267.611 | | |
| Ses | | - | | e benefits (Part IX, column (A), li | • | | 185, | | 90 267,611 0 0 | | |
| Expenses | | | - · · · · · | column (A), line 11e) | • • | | | | | | |
| Ŗ. | l | | raising expenses (Part IX, column (I penses (Part IX, column (A), lii | | | | 2,268,0 | 731 | 1,406,384 | | |
| | l | | | equal Part IX, column (A), line 2 | 5) | | 4,734, | | 4,257,086 | | |
| | l | • | less expenses Subtract line 1 | | | | -1,035,0 | | 5,316,687 | | |
| S & | | · · · · · · · · · · · · · · · · · · · | TOS EXPENSES SUBTRACE INTO 1 | <u> </u> | • • | Beginnı | ng of Current Y | | End of Year | | |
| Net Assets of Fund Balances | | | | | | | _ | | | | |
| Bak | 20 ⊺ | Total asse | ets (Part X, line 16) | | | | 2,741, | 264 | 8,187,794 | | |
| 2 E | 21 ⊺ | Total liab | ollities (Part X, line 26) | | | | 111, | 326 | 241,669 | | |
| ΣŒ | 22 N | let asset | ts or fund balances Subtract li | ne 21 from line 20 | • | | 2,629, | 438 | 7,946,125 | | |
| | t II | | ature Block | | | | | | | | |
| | | | | xamined this return, including acc lete Declaration of preparer (oth | | | | | | | |
| ny k | nowled | dge | | | | | | | | | |
| | | ***** | * | | | 2 | 2018-11-14 | | | | |
| Sign | | Signati | ure of officer | | | | Date | | | | |
| lere | | N ERIC H | HEITZ CEO | | | | | | | | |
| | | | r print name and title | | | | | | | | |
| | | | Print/Type preparer's name | Preparer's signature | Dat | te / | | PTIN | | | |
| Paid | t | L ^M | MAGA E KISRIEV | MAGA E KISRIEV | | | Check LJ If self-employed | P01008919 |) | | |
| ^o re | oarei | · ⊢ | irm's name | | | | Firm's EIN ▶ 94- | | | | |
| _ | Only | 1 5 | irm's address ► 275 BATTERY ST S | TE 900 | | ŀ | Phone no (415) | 781-0793 | | | |
| | • | | SAN FRANCISCO, (| CA 94111 | | | | | | | |
| 1-4+ | ha IDC | diagnag | this return with the preparer | shown above? (see instructions) | | | | J. | /es \square No | | |

Cat No 11282Y

Form **990** (2017)

| Form | 990 (2017) | | | | | Page 2 |
|------|------------------------|---|-------------------|---------------------------|--|----------------------|
| Par | t IIII Statement | of Program Service | e Accomplis | hments | | |
| | Check If Sche | dule O contains a respo | onse or note to a | any line in this Part III | | 🗆 |
| 1 | | organization's mission | | , | | |
| | | | | | AND EDUCATIONAL WORK DESIGENHOUSE GAS EMISSIONS | NED TO PROMOTE CLEAN |
| 2 | - | , - | | - ' | which were not listed on | ☐ Yes ☑ No |
| | the prior Form 990 o | | | | | □ Yes ☑ No |
| 3 | Did the organization | ese new services on Sch cease conducting, or m | nake significant | changes in how it cond | lucts, any program | ☐ Yes 🗹 No |
| | If "Yes," describe the | | | | | |
| 4 | Section 501(c)(3) an | | ons are required | to report the amount | e largest program services, as mea of grants and allocations to others, | |
| 4a | (Code |) (Expenses \$ | 3,766,154 | including grants of \$ | 2,583,091) (Revenue \$ | 0) |
| | See Additional Data | , (| | | _,,, | |
| 4b | (Code |) (Expenses \$ | 82,000 | including grants of \$ | 0) (Revenue \$ | 0) |
| | See Additional Data | | | | | |
| 4c | (Code |) (Expenses \$ | 57,750 | ıncludıng grants of \$ | 0) (Revenue \$ | 0) |
| | See Additional Data | | | | | |
| 4d | Other program servi | ces (Describe in Schedi | ule O) | | | |
| | (Expenses \$ | ıncl | luding grants of | \$ |) (Revenue \$ |) |
| 4e | Total program serv | vice expenses > | 3,905,9 | 04 | | |

Page 3

No

Nο

Nο

Nο

No

Nο

Νo

Nο

No

Nο

Form **990** (2017)

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11a

11b

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11e

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12a

12b

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14a

14b

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19

Yes

Yes

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? 5 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? 6

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 🛸 . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

Checklist of Required Schedules

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

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

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

| Form 990 (2017) | | | | | | |
|---|-----|-----|----|--|--|--|
| Part IV Checklist of Required Schedules (continued) | | | | | | |
| | | Yes | No | | | |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | No | | | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | | | | |

| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | N |
|-----|---|-----|-----|---|
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | 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 | Yes | |

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

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

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

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

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

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

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

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

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

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

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

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

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

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

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

instructions for applicable filing thresholds, conditions, and exceptions)

| 20b | |
|-----|-----|
| 21 | Yes |
| 22 | |

Nο

Yes 23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Form **990** (2017)

Νo

No

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

23

29

36

| -1111 | 990 (2017) | | | Page 5 |
|--------|--|------------|-----|--------|
| Par | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 55 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | 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 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| | 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 (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | | 5b | | 1,10 |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | Yes | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | Yes | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| .0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 22 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 12- | | |
| | Enter the amount of reserves the organization is required to maintain by the states in | 13a | | |
| b | which the organization is licensed to issue qualified health plans | | | 1 |
| b | | | | |
| b c | which the organization is licensed to issue qualified health plans | 14a | | No |

| | 1990 (2017) | | | Page |
|-----|--|----------------|-----------|------|
| Par | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | i "No" respo | nse to li | ines |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ✓ |
| Se | ection A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 4 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 2 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee? | ner 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? . | vision 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or r members of the governing body? | nore 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | r 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following | r by | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | . 8b | Yes | |
| 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 | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal Rev | enue Code | 2.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes? | es, 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form? | the 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts? | to 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 7 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | nt | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | 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? | . 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exerging the organization of the content of the organization of the organ | | | |
| | status with respect to such arrangements? | 16b | | |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ CA | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s cavailable for public inspection. Indicate how you made these available. Check all that apply | nly) | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes | ;t | | |
| 20 | policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ►KEVIN MCGAHAN 301 BATTERY STREET 5TH FLOOR SAN FRANCISCO, CA 94111 (415) 561-6700 | 1 | | |

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

and Independent Contractors

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

- 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)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Li Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization any hours organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual to or director Highest compensated employee organizations MISC) MISC) related Institutional below dotted organizations emplo line) trustee ē Trustee 1 00 (1) AUGUST W RITTER JR Х Х Ω 4,500 Ω BOARD CHAIR 3 00 1 00 (2) SUE TIERNEY 140,000 0 Х BOARD MEMBER 3 00 1 00 (3) PHIL SHARP Х O 1,500 0 BOARD MEMBER 3 00 1 00 (4) ERIC HEITZ Х 1.807 411.894 78.075 BOARD MEMBER 40 00 2 00 (5) CARRIE DOYLE Χ 19,057 210,433 28,945 EXECUTIVE DIRECTOR 40 00 1.00 (6) AMY FUERSTENAU Х 11.805 35,441 198.260 PROGRAM DIRECTOR 40 00 1 00 (7) BARBARA WAGNER Χ 3,177 181,977 62,537 coo40 00 1.00 (8) JASON MARK 4,942 Х 276,050 62,931 SVP, PROGRAMS 40 00 1 00 (9) WON HA Χ 10.515 199,663 34.684 PROGRAM DIRECTOR 40 00 2.00 (10) KEVIN MCGAHAN 183,207 Х 9.747 59.193 SENIOR DIRECTOR OF FINANCE 40.00 Form 990 (2017)

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Page 8

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

| | (A) Name and Title | (B) Average hours per week (list any hours | than o | one bo | ox, u an off | t che unles ficer | eck moss pers r and a ee) | son | Repo compe froi organiz | D) ortable ensation in the ation (W- | (E) Reportable compensation from related organizations (| portable Est pensation amour n related comp zations (W- fro | | (F) Estimated mount of other compensation from the rganization and | |
|-----------------------------|--|---|-----------------------------------|--|--|-------------------------|---------------------------------|----------------|----------------------------------|--|--|--|----------------------------------|--|--|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | 2/109 | 9-MISC) | 2/1099-MISC |) | organizati relati organiza | ed | |
| | | | <u> </u> | <u> </u> | <u> </u> | | | \bigsqcup | | | | | | | |
| | | | <u> </u> | | | | | $\vdash\vdash$ | | | | | | | |
| | | | | | H | | | \forall | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | <u> </u> | <u> </u> | | | | | | | | | | | |
| | | | <u> </u> | <u> </u> | <u> </u> | _ | | \bigsqcup | | | | | | | |
| 1b Sub-Tot | -al | | <u>'</u> | <u> </u> | | | <u> </u> | | | | | | | | |
| c Total fr | om continuation sheets to Pand lines 1b and 1c) | | | · · | | | • | | | 61,050 | 1,807,48 | 34 | | 361,806 | |
| 2 Total r | number of individuals (including prtable compensation from the com | but not limited | to thos | | | | e) who | rece | eıved mo | re than \$1 | 00,000 | | | | |
| | | | | | | | | | | | | | Yes | No | |
| | e organization list any former o a ⁷ If "Yes," complete Schedule J | | | | | | | | | npensated | employee on | 3 | | No | |
| | y individual listed on line 1a, is zation and related organizations lual | | | | | | | | | | n the | 4 | Yes | | |
| | y person listed on line 1a receives rendered to the organization? | | | | | | | | - | | | 5 | | No | |
| Section | B. Independent Contract | ors | | | | | | | | | | | | | |
| | ete this table for your five higher he organization Report comper | | | | | | | | | | ' ' | npens | ation | | |
| | Name a | (A) and business addre | ess | | | | | | | Desc | (B) cription of services | | (C Compen | | |
| BETTER WORL | | | | | | | | | | POLICY COI | | | | 132,000 | |
| 1612 W OLIVE BURBANK, CA | | | | | | | | | | | | | | | |
| DAVID GARDII | NER & ASSOCIATES LLC | | | | | | | | | POLICY CO | NSULTANT | | | 111,019 | |

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

Form **990** (2017)

2609 11ST STREET N ARLINGTON, VA 22201

compensation from the organization ▶ 2

| Part \ | VIII | | | | | | | | |
|---|----------|---|---------------------------------|------------|---------------------|---|--------------------------------|--------------------------------|---|
| | | Check If Schedul | e O contains | a respo | onse or note to any | / line in this Part VII (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 2 | Federated campaign | ns | 10 | | | revenue | | 512-514 |
| ats mts | | Membership dues | | 1a | <u> </u> | | | | |
| rar | | · | | 1b | <u> </u> | | | | |
| š.G Am | | Fundraising events | | 1c | 045.000 | | | | |
| ar jit | | d Related organizatio | | 1d | 915,830 | | | | |
| S, C | | Government grants (co | | 1e | | | | | |
| ution ner Si | f | All other contributions, and similar amounts no above | , gifts, grants, ot included | 1f | 8,650,000 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Moncash contribution in lines 1a-1f \$ Total.Add lines 1a-1 | | | | | | | |
| <u>9</u> | <u> </u> | TOTAL Add lines 1a-1 | | • • | - | 9,565,830 | | | |
| 돌 | 2a | | | | Busines | s Code | | | |
| 4 | | | | - | | | | | |
| Program Service Revenue | b | | | | | | | | |
| Ĭ. | C | | | _ | | | | | |
| \ <u>\</u> | d e | | | | | | | | |
| Jran | | All other program se | rvice revenue | <u> </u> | | | | | |
| ě | | Total.Add lines 2a-2f | | | | | | | |
| \dashv | | Investment income (ii | | | interest and other | | 1 | | |
| | ر د | imilar amounts) . | · · · · | • | interest, and other | | 7 | | 17 |
| | | Income from investme | | | | • | | | |
| | 5 F | Royalties | | | | <u> </u> | | | |
| | 6- | Gross rents | (ı) Rea | ı | (II) Personal | _ | | | |
| | | | | | | | | | |
| | b | Less rental expenses | | | | | | | |
| | С | Rental income or (loss) | | | | | | | |
| | d | Net rental income o | r (loss) . | | | _ | | | |
| | | | (ı) Securi | ties | (II) Other | | | | |
| | | Gross amount from sales of | | 507,924 | | | | | |
| | | assets other than inventory | ٠ | 307,324 | | | | | |
| | | Less cost or | | | | _ | | | |
| | U | other basis and sales expenses | 4 | 199,998 | | | | | |
| | c | Gain or (loss) | | 7,926 | | 1 | | | |
| | d | Net gain or (loss) . | | | > | 7,92 | 6 | | 7,926 |
| | | Gross income from for (not including \$ | _ | ents of | | | | | |
| Other Revenue | | contributions reporte | d on line 1c) | | | | | | |
| No. | | See Part IV, line 18 | | . а | | | | | |
| ğ | | Less direct expense Net income or (loss) | | b | | | | | |
| the | | Gross income from g | | | ents • | 7 | | | |
| ō | | See Part IV, line 19 | | | J | | | | |
| | | | | a | | _ | | | |
| | | Less direct expense: Net income or (loss) | | b | 105 | | | | |
| | | Gross sales of invent | | activit | ies > | 7 | | | |
| | | returns and allowand | | | J | | | | |
| | | | | a | | _ | | | |
| | | Less cost of goods s | | ь. | | | | | |
| - | С | Net income or (loss) Miscellaneous | | invent | Business Code | | | | |
| - | 11 | | | | | - | | | |
| | | | | | | | | | |
| | b | | | | | | | | |
| | | | | | | | | | |
| | c | | | | | | | | |
| | | | | | | | | | |
| | d | All other revenue . | | | | | | | |
| | | Total. Add lines 11a | | | · . • | 1 | | | |
| | 12 | Total revenue. See | Instructions | | | | | + | |
| | | | | | | 9,573,77 | 3 | 0 | 0 7,943 |

| orr | m 990 (2017) | | | | Page 10 |
|-----|--|-----------------------|------------------------------|---|----------------------------|
| | Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | ınızatıons must comp | lete column (A) | _ |
| | Check if Schedule O contains a response or note to any | line in this Part IX | | | \square |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 2,583,091 | 2,583,091 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 61,049 | | 61,049 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 141,266 | | 141,266 | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 65,296 | | 65,296 | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| ā | a Management | | | | |
| ı | D Legal | 7,634 | | 7,634 | |
| • | Accounting | 6,000 | | 6,000 | |
| • | d Lobbying | 1,322,813 | 1,322,813 | | |
| • | e Professional fundraising services See Part IV, line 17 | | | | |
| 1 | Investment management fees | | | | |
| 9 | GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 8,496 | | 8,496 | |
| 14 | Information technology | 16,516 | | 16,516 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 31,232 | | 31,232 | |
| | Travel | 818 | | 818 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 2,387 | | 2,387 | |
| 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) | | | | |
| | a TAX FILING FEES | 9,688 | | 9,688 | |
| | b MEMBERSHIP FEES | 665 | | 665 | |
| | c PAYROLL PROCESSING FEES | 135 | | 135 | |
| | d | | | | |
| | e All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,257,086 | 3,905,904 | 351,182 | 0 |
| 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) | | | | |
| _ | | | | | Form 000 (2017) |

6

8 9

16

17

18

19

20

21

22 23

24

25

2.741.264

69,432

2.750

39.644

2,629,438

2.741.264

(A)

Beginning of year

Page **11**

8,187,794

232,919

241,669

2.446.125

5,500,000

7,946,125

8.187.794

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8,750

| • | | | | | | |
|---|---------------------|------------|----------|------------|------------|-----------------|
| | Check if Schedule O | contains a | response | or note to | any line i | in this Part IX |
| | | | | | | |

| 1 | Cash–non-interest-bearing | 2,241,264 | 1 | 8,187,79 |
|---|---|-----------|---|----------|
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | 500,000 | 3 | (|
| 4 | Accounts receivable, net | | 4 | |
| 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 | | | |

Liabilities

| 5 | Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L | | | |
|---|---|-------------|--|---|
| 5 | Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (Part II of Schedule L | | | |
| , | Notes and loans receivable, net | | | |
| 3 | Inventories for sale or use | | | |
|) | Prepaid expenses and deferred charges | | | |
| a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | • |
| b | Less accumulated depreciation | 10 b | | |
| | The same that we have the same that the same and the same transfer of | | | |

| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | | | | |
|-----|--|-------------|-----|--|--|--|
| b | Less accumulated depreciation | 10 b | | | | |
| 11 | Investments—publicly traded securities . | | | | | |
| 12 | Investments—other securities See Part IV, line | 11 . | | | | |
| 13 | Investments—program-related See Part IV, line 11 | | | | | |
| 14 | Intangible assets | | | | | |
| 15 | Other assets See Part IV, line 11 | | | | | |
| 16 | Total assets. Add lines 1 through 15 (must equa | al line | 34) | | | |
| 17 | Accounts payable and accrued expenses | | | | | |
| 18 | Grants payable | | | | | |
| | | | | | | |

19 Deferred revenue 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 . 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

26 Fund Balances 27 28 29 Assets or 30 Capital stock or trust principal, or current funds . . . 31 Paid-in or capital surplus, or land, building or equipment fund . . .

32

33

34

Net

111.826 26 1.812.198 27 817,240 28 29 30 31 32

33

34

| 10 | Net as | sets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 7 | ,946,125 |
|-----|--------|---|---------|----------|
| Par | t XII | Financial Statements and Reporting | | |
| | | Check if Schedule O contains a response or note to any line in this Part XII | | |
| | | | Yes | No |
| 1 | | nting method used to prepare the Form 990 | | |

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2017)

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

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version: **EIN:** 26-3390444

Name: GREEN TECH ACTION FUND

Form 990 (2017)

Form 990, Part III, Line 4a: VARIOUS GRANTMAKING IN TOTAL TO SUPPORT CLEAN ENERGY TECHNOLOGIES AND ENERGY EFFICIENCY

Form 990, Part III, Line 4b: TO COORDINATE BUSINESS, NGO. EQUITY AND ENVIRONMENTAL JUSTICE ENGAGEMENT IN SUPPORT OF CALIFORNIA'S CLIMATE, TRANSPORTATION AND ENERGY GOALS

Form 990, Part III, Line 4c: TO PROVIDE STRATEGIC GUIDANCE ACROSS PRIORITY CAMPAIGNS IN 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493319167738 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** GREEN TECH ACTION FUND 26-3390444 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

| Par | t IIII | Organizations Maintaining Col | lections of Art, F | listori | cal T | reas | ures, or | Other | Similar A | ssets (| 'continued) |
|--------|-----------------|--|-------------------------|-------------|-------------|--------|------------|-------------|-------------|------------|--------------------|
| 3 | | the organization's acquisition, accessions (check all that apply) | n, and other records, | check | any of | the f | ollowing t | hat are a | significant | use of it | s collection |
| а | | Public exhibition | | d | | Loar | n or excha | ange prog | rams | | |
| b | | Scholarly research | | е | | Othe | er | | | | |
| c | | Preservation for future generations | | | | | | | | | |
| 4 | Provi Part) | de a description of the organization's col XIII | lections and explain | how the | ey furtl | her th | ne organız | atıon's ex | empt purp | ose in | |
| 5 | | ng the year, did the organization solicit o is to be sold to raise funds rather than to | | | | | | | ılar | □ Y | es 🗆 No |
| Pa | rt IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | | m 990 | , Part | IV, | line 9, or | reporte | d an amo | unt on | Form 990, Part |
| 1a | | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | ıary for | contri | bution | ns or othe | er assets i | not | □ Y | es 🗆 No |
| ь | If "Ye | es," explain the arrangement in Part XIII | and complete the fo | llowing | table | | [| | | Amount | |
| c | Begir | nning balance | | | | | | 1c | | | |
| d | Addıt | ons during the year | | | | | | 1d | | | |
| е | Dıstrı | butions during the year | | | | | | 1e | | | |
| f | Endır | ng balance | | | | | | 1f | | | |
| 2a | Did tl | he organization include an amount on Fo | rm 990, Part X, line | 21, for | escrov | v or c | ustodial a | ccount lia | bility? | | es 🗆 No |
| b | ĭf "Ve | es," explain the arrangement in Part XIII | Check here if the ex | vnlanati | on has | - haar | a provided | d in Part \ | /TTT | | |
| | art V | Endowment Funds. Complete if | | | | | | | | | <u> </u> |
| | | Zildowiilelie i dildoi complete ii | (a)Current year | | rior yea | | | | (d)Three ye | | (e)Four years back |
| 1a | Beginn | ning of year balance | , | | | | , , , | | | | . , . |
| b | Contrib | outions | | | | | | | | | |
| С | Net inv | vestment earnings, gains, and losses | | | | | | | | | |
| d | Grants | or scholarships | | | | | | | | | |
| е | | expenditures for facilities ograms | | | | | | | | | |
| f | Admını | ıstratıve expenses | | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 a | | de the estimated percentage of the curred designated or quasi-endowment | ent year end balance | (line 1 | g, colu | mn (a | a)) held a | s | | | |
| b | Perm | anent endowment ► | | | | | | | | | |
| С | Temp | oorarily restricted endowment > | | | | | | | | | |
| | The p | percentages on lines 2a, 2b, and 2c shou | ld equal 100% | | | | | | | | |
| 3а | orgar | here endowment funds not in the posses nization by nrelated organizations | sion of the organizat | ion tha | t are h | eld ar | nd admını | stered fo | the | ্র | Yes No |
| b | (ii) r | elated organizations es" on 3a(ii), are the related organization | ns listed as required (| on Sche | Idule R | | | | | 3 | a(ii) |
| 4 | | ribe in Part XIII the intended uses of the | · · | | | _ | | | | | |
| Pa | rt VI | Land, Buildings, and Equipme | nt. | | | | | | | | |
| | | Complete if the organization answ | vered "Yes" on For | | | | | | | | |
| | Descri | iption of property (a) Cost or oth (investme | | or other | basis (| other) | (c) Acci | umulated d | epreciation | | (d) Book value |
| 1a | Land | | | | | | | | | | |
| b | Buildin | ngs | | | | | | | | | |
| c | Leaseh | nold improvements | | | | | | | | | |
| d | Equipn | nent | | | | | | | | | |
| e | Other | | | | | | 1 | | | | |
| Tota | al. Add | lines 1a through 1e (Column (d) must e | qual Form 990, Part . | X, colur | mn (B) | , line | 10(c)) | | - | 1 | 0 |

| | See Form 990, Part X, line 12. | anızat | | | | | |
|--|---|----------|----------------------|-----------------|---------------|---------------------------------------|-------|
| | (a) Description of security or category (including name of security) | | (b) Book value | C | | od of valuation -year market value | |
| | al derivatives | | | | | | |
| 2) Closely- 3)Other | held equity interests | <u>·</u> | | | | | |
| 4) | | | | | | | |
| 3) | | | | | | | |
| E) | | | | | | | |
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| 5) | | | | | | | |
| ٦) | | | | | | | |
| otal. (Colum | in (b) must equal Form 990, Part X, col (B) line 12) | • | | | | | |
| art VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 | 90, P | art IV, lı | ne 11c. See | Form 990, | Part X, line 13. | |
| | | | ok value | | (c) Metho | od of valuation -year market value | |
| L) | | | | | USE OF ENU-OF | real market value | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
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| otal. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | | | | | |
| otal. (Colum Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX | | on Forr | n 990, Pa | rt IV, line 11d | i See Form 9 | 990, Part X, line 15 (b) Book | value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX 1) | Other Assets. Complete if the organization answered 'Yes' of | on Forn | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) | Other Assets. Complete if the organization answered 'Yes' of | on For | n 990, Pa | rt IV, line 11d | 1 See Form 9 | | value |
| 2) 3) (1) | Other Assets. Complete if the organization answered 'Yes' of | on Forn | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX | Other Assets. Complete if the organization answered 'Yes' of | on Form | m 990, Pa | rt IV, line 11d | See Form 9 | | value |
| Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Other Assets. Complete if the organization answered 'Yes' of | on Form | n 990, Pa | rt IV, line 11d | See Form 9 | | value |
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| Part IX 2) 3) 4) 5) 7) otal. (Colu | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description | | | | | (b) Book | value |
| Part IX 22) 33) 4) 55) 77) otal. (Colu | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description | | es' on Fo | | | (b) Book | value |
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| Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
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| Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability | | es' on Fo | rm 990, Par | | (b) Book | value |
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Schedule D (Form 990) 2017

Page 4

| 1 | Total revenue, gains, and other s | upport per audited financial statements | | | 1 | |
|------------|---|---|-------------------|--|---------|---------------------------|
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line $\mathbf{2e}$ from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and 4d | c. (This must equal Form 990, Part I, line 12) | | | 5 | |
| Par | | penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part | | | Retur | n. |
| 1 | Total expenses and losses per au | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facili | ties | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| c | | | | | 4c | |
| 5 | | Ic. (This must equal Form 990, Part I, line 18 |) . | | 5 | |
| Pai | t XIII Supplemental Info | ormation | | | | |
| Pro XI, | vide the descriptions required for Pi lines 2d and 4b, and Part XII, lines | art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide | 4, Part any ac | IV, lines 1b and 2b, Part Iditional information | V, line | e 4, Part X, line 2, Part |
| | Return Reference | | Exp | lanation | | |
| See A | Addıtıonal Data Table | | | | | |
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| Page 5 | | Schedule D (Form 990) 2017 | | | |
|---------------|----------------------|-----------------------------|--|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | | |
| | Explanation | Return Reference | | | |
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Schedule D (Form 990) 2017

Additional Data

Supplemental Information

Software Version:

Software ID:

EIN: 26-3390444

Name: GREEN TECH ACTION FUND

TIONS AND CONCLUDED THAT THE FUND HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UN

CERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | THE FUND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(4) OF THE INTE RNAL REVENUE CODE AND THE RELATED CALIFORNIA CODE SECTIONS THE FUND FOLLOWS THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY FINANCIAL ACCOUNTING STANDARDS BOA RD (FASB) ASC TOPIC 740 AS OF DECEMBER 31, 2017, MANAGEMENT EVALUATED THE FUND'S TAX POSI |

| efile GRAPHIC print - DC | NOT PROCESS | As Filed Data - | | | | | DLI | N: 934933191 | 67738 | |
|---|---|------------------------------------|---|--|---|-------------------------------|--------------------------|--------------------------------|---------|--|
| Schedule I (Form 990) | | Governments | Other Assistandand Individual | s in the Unite | d States | | 0 | 2017 Open to Public | | |
| Department of the Treasury Internal Revenue Service | Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. | | | | | | | | | |
| Name of the organization GREEN TECH ACTION FUND | | | | | | | oyer identific 390444 | ation number | | |
| Part I General Inform | nation on Grants | and Assistance | | | | 20-3 | 330444 | | | |
| Does the organization mathematics selection criteria used Describe in Part IV the organization | l to award the grants | or assistance? | | | for the grants or assistan | ce, and | | ☑ Yes | □ No | |
| | | | and Domestic Governme ditional space is needed | ents. Complete if the o | rganization answered "Yes | " on Form 990, | Part IV, line | 21, for any recip | ient | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Descr noncash a | | (h) Purpose o or assistance | f grant | |
| (1) See Additional Data | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
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| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| 2 Enter total number of sec3 Enter total number of oth | | _ | | | | | . • | | 23 | |
| For Paperwork Reduction Act Not | ice, see the Instruction | ons for Form 990. | | Cat No 50055 | 5P | | Sch | edule I (Form 990 |) 2017 | |

GTAF GRANTEES SUBMIT INTERIM AND/OR NARRATIVE AND FINANCIAL REPORTS RELATED TO THE USE OF GRANT FUNDS

Schedule I (Form 990) 2017

Return Reference

PART I, LINE 2

Explanation

Additional Data

ADVANCED ENERGY ECONOMY

1000 VERMONT AVE NW 3RD

2657 WINDMILL PARKWAY 619

WASHINGTON, DC 20005 BATTLE BORN PROGRESS

HENDERSON, NV 89074

INC

FLOOR

Software ID: Software Version: **EIN:** 26-3390444

45-3859544

27-0854852

Name: GREEN TECH ACTION FUND

| Form 990, Schedule I, | Part II, Grant | s and Other Assista | nce to Domestic Or | ganizations and |
|-----------------------|----------------|---------------------|--------------------|-----------------|

| Form 990,3chedule 1, Part | 11, Grants and | Other Assistance to | o Domestic Organiza | uons and |
|--------------------------------------|----------------|-------------------------------|-------------------------------------|----------|
| (a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amou |

| Inmostic | Organizations | 25 |
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| | | |
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| | | |

d Domestic Governments. thod of valuation FMV, appraisal,

other)

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

TO SUPPORT CLEAN

POLICIES, GENERAL

OPERATING SUPPORT

TO SUPPORT POLICIES

THAT ADVANCE CLEAN

ENERGY

TRANSPORTATION

| a) Name and address of organization | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash | (f) Meth (book, F |
|-------------------------------------|---------|-------------------------------|-----------------------------|----------------------------|----------------------|
| or government | | | | assistance | İ |

501(C)(6)

501(C)(4)

410,000

40,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 94-3169564 501(C)(4) 10.000 CALIFORNIA LEAGUE OF TO SUPPORT CLIMATE CONSERVATION VOTERS POLICIES 350 FRANK H OGAWA PLAZA **SUITE 1100** OAKLAND, CA 94612

85,000 CHRISTIAN COALITION OF 75-2372537 501(C)(4) TO SUPPORT POLICIES AMERICA INC THAT ADVANCE CLEAN ENERGY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8730 NORTHPARK BLVD BLDG 1 SUITE D

CHARLESTON, SC 29406

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLEAN ENERGY ECONOMY 81-2294812 501(C)(3) 10.000 TO SUPPORT POLICIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| MINNESOTA 4237 24TH AVENUE SOUTH MINNEAPOLIS, MN 55406 | | | | | THAT ADVANCE CLEAN ENERGY |
|--|------------|-----------|--------|--|---|
| CLEAN POWER CAMPAIGN 1100 ELEVENTH ST SUITE 321 SACRAMENTO, CA 95814 | 68-0260750 | 501(C)(4) | 65,000 | | TO SUPPORT CLIMATE POLICIES, TO SUPPORT POLICIES THAT |

ADVANCE CLEAN ENERGY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance CLEAN WATER ACTION 23-7128611 501(C)(4) 23,060 TO SUPPORT POLICIES _EAN

ENERGY AND TRANSPORTATION

| 1444 EYE ST SUITE 400 WASHINGTON, DC 20005 | | | | | THAT ADVANCE CLEAN ENERGY |
|---|------------|-----------|--------|--|---------------------------|
| CONSERVATION COLORADO | 30-0037131 | 501(C)(4) | 30,000 | | TO SUPPORT POLICIES |

THAT ADVANCE CLEAN 1536 WYNKOOP ST 510

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance **ENVIRONMENT CALIFORNIA** 45-0493983 501(C)(4) 10.000 TO SUPPORT POLICIES THAT ADVANCE CLEAN INC

| 3435 WILSHIRE BLVD SUITE 385 LOS ANGELES, CA 90010 | | | | | ENERGY |
|--|------------|-----------|-------|--|------------|
| ENVIRONMENTAL DEFENSE ACTION FUND | 90-0080500 | 501(C)(4) | 9,000 | | TO SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20009

RT POLICIES ANCE CLEAN 19/2 COMMECTICAL AVE MAN LINEKGI SUITE 600

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-1576694 501(C)(3) 10.000 HOOSIER ENVIRONMENTAL TO SUPPORT POLICIES ANCE CLEAN

| COUNCIL 3951 N MERIDIAN ST 100 INDIANAPOLIS, IN 46208 | ,,,,, | ' | | I | THAT ADVA ENERGY |
|---|-------|---|--|---|---------------------|
| | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SANTA FE, NM 87504

INTERWEST ENERGY ALLIANCE 54-2084551

501(C)(6) 310,000 TO SUPPORT POLICIES PO BOX 8526 THAT ADVANCE CLEAN

ENERGY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| KEYSTONE ENERGY EFFICIENCY ALLIANCE 1501 CHERRY STREET PHILADELPHIA, PA 19102 | 90-0736571 | 501(C)(6) | 75,000 | | 1 | TO SUPPORT POLICIES THAT ADVANCE CLEAN ENERGY |
|--|------------|-----------|--------|--|---|---|
| LEAGUE OF CONSERVATION VOTERS INC | 52-1733698 | 501(C)(4) | 40,000 | | | TO SUPPORT POLICIES THAT ADVANCE CLEAN |

740 15TH STREET NW SUITE ENERGY 700

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance MICHIGAN LEAGUE OF 38-3481677 501(C)(4) 50,000 TO SUPPORT POLICIES CONSERVATION VOTERS THAT ADVANCE CLEAN 3029 MILLER ROAD ENERGY ANN ARBOR, MI 48103

POLICIES THAT ADVANCE CLEAN IENERGY

NEVADA CONSERVATION 88-0497866 501(C)(4) 393.000 TO SUPPORT LEAGUE COMMUNICATIONS AND 2275 RENAISSANCE DRIVE OTHER OUTREACH ON SUITE A CLEAN ENERGY POLICIES, TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LAS VEGAS, NV 89119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E04/61/61 20.000

CLEAN ENERGY POLICIES

| PERFORMANCE ASSOCIATION PO BOX 868 RALEIGH, NC 27602 | 46-4562/39 | 501(C)(6) | 20,000 | | ENERGY FINANCING POLICIES |
|--|------------|-----------|--------|--|------------------------------|
| NRDC ACTION FUND INC | 13-3976062 | 501(C)(4) | 20,000 | | TO SUPPORT |

(- / (· / 1152 15TH ST NW COMMUNICATIONS AND WASHINGTON, DC 20005 TOTHER OUTREACH ON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 47-4903967 501(C)(4) 20,000 TO SUPPORT OHIO ENVIRONMENTAL

| COUNCIL ACTION FUND INC 1145 CHESAPEAKE AVENUE SUITE I COLUMBUS, OH 43212 | | | | | COMMUNICATIONS AND OTHER OUTREACH ON CLEAN ENERGY POLICIES |
|--|------------|-----------|---------|--|---|
| PARTNERSHIP PROJECT | 81-0606786 | 501(C)(4) | 475.000 | | TO SUPPORT CLEAN |

201(C)(4) ACTION FUND TRANSPORTATION POLICIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 65826

WASHINGTON, DC 20035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance DENEW MICCOLIDE 04 2220040 E01/C1/21 10.000 TO CURRORT DOLICIES

| ADVOCATES 1200 ROGERS ST SUITE B COLUMBIA, MO 65201 | | | | | THAT ADVANCE CLEAN ENERGY |
|---|------------|-----------|--------|--|------------------------------|
| RESOURCE MEDIA | 82-0564961 | 501(C)(3) | 30,000 | | TO SUPPORT |

CLEAN ENERGY POLICIES

301(0)(3) 155 SANSOME STREET SUITE COMMUNICATIONS AND 580 TOTHER OUTREACH ON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN FRANCISCO, CA 94104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 04-2395151 501(C)(6) 50.000 RETAIL INDUSTRY LEADERS TO SUPPORT POLICIES ASSOCIATION THAT ADVANCE CLEAN 1700 NORTH MOORE STREET ENERGY

CLEAN ENERGY POLICIES

SUITE 2250 ARLINGTON, VA 22209 SIERRA CLUB 94-1153307 501(C)(4) 10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OAKLAND, CA 94612

TO SUPPORT 2101 WEBSTER STREET SUITE COMMUNICATIONS AND 1300 IOTHER OUTREACH ON

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance THE ADVOCACY FUND 94-3153687 501(C)(4) 120.000 TO SUPPORT CLIMATE PO BOX 29229 POLICIES. TO SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1400

SAN FRANCISCO, CA 94103

| SAN FRANCISCO, CA 94129 | | | | | | COMMUNICATIONS AND OTHER OUTREACH ON CLEAN ENERGY POLICIES |
|---|------------|-----------|--------|--|---|---|
| UTILITY REFORM NETWORK (TURN) 785 MARKET STREET SUITE | 23-7351081 | 501(C)(3) | 50,000 | | 1 | TO SUPPORT POLICIES THAT ADVANCE CLEAN ENERGY |

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| 20,000 | TO SUPPORT |
|--------|-------------------|
| | COMMUNICATIONS A |
| | OTHER OUTREACH OF |
| | CLEAN ENERGY |
| | POLICIES |
| | 20,000 |

ENERGY

501(C)(3) 7,000 VIRGINIA POVERTY LAW 54-1093402 TO SUPPORT POLICIES CENTER THAT ADVANCE CLEAN 919 E MAIN ST SUITE 610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RICHMOND, VA 23219

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

CLEAN ENERGY POLICIES

| WESTERN CONSERVATION | 20-8091495 | 501(C)(4) | 151,031 | | TO SUPPORT |
|---------------------------|------------|-----------|---------|--|--------------------|
| ACTION | | | | | COMMUNICATIONS AND |
| 1675 LARIMER ST SUITE 420 | | | | | OTHER OUTREACH ON |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DENVER, CO 80202

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | 9349331 | 9167 | 738 |
|-------|---|--|----------------|----------------|------|
| Sch | edule J | Compensation Information | OMB No | 1545-0 | 0047 |
| (For | n 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | | |
| | | Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | 20 | 17 | 7 |
| | | ▶ Attach to Form 990. | | | |
| | tment of the Treasury al Revenue Service | ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 . | Open i Insp | o Pui ectio | |
| Nar | ne of the organiza | | | | |
| GRE | EN TECH ACTION FU | 26-3390444 | | | |
| Pa | rt I Questi | ons Regarding Compensation | | | |
| | | | | Yes | No |
| 1a | | opiate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | First-class | s or charter travel Housing allowance or residence for personal use | | | |
| | | companions Payments for business use of personal residence | | | |
| | | nification and gross-up payments \square Health or social club dues or initiation fees | | | |
| | ☐ Discretion | nary spending account | | | |
| b | | xes in line 1a are checked, did the organization follow a written policy regarding payment or reimburse all of the expenses described above? If "No," complete Part III to explain | ment 1b | | |
| 2 | | ation require substantiation prior to reimbursing or allowing expenses incurred by all | 2 | | |
| | directors, truste | ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | | |
| 3 | | If any, of the following the filing organization used to establish the compensation of the | | | |
| | | EO/Executive Director Check all that apply Do not check any boxes for methods and organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | | | | | |
| | | ation committee | | | |
| | | of other organizations Approval by the board or compensation committee | | | |
| | | | | | |
| 4 | During the year, related organiza | , did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization ation | ora | | |
| а | _ | ance payment or change-of-control payment? | 4a | | No |
| b | | r receive payment from, a supplemental nonqualified retirement plan? | 4b | | No |
| c | • | r receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | - 1/ \/- | \ | | | |
| 5 | | e), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| 5 | | ontingent on the revenues of | | | |
| а | The organization | n [?] | 5a | | No |
| b | Any related orga | anization? | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | |
| 6 | | ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of | | | |
| а | The organization | n? | 6a | | No |
| b | Any related orga | anization? | 6b | | No |
| | • | 6a or 6b, describe in Part III | | | |
| 7 | | ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 8 | | ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | | | 8 | | No |
| 9 | If "Yes" on line 8 53 4958-6(c)? | 8, did the organization also follow the rebuttable presumption procedure described in Regulations sections | on 9 | | |
| Ear I | | uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Sched | | 000) | 2017 |

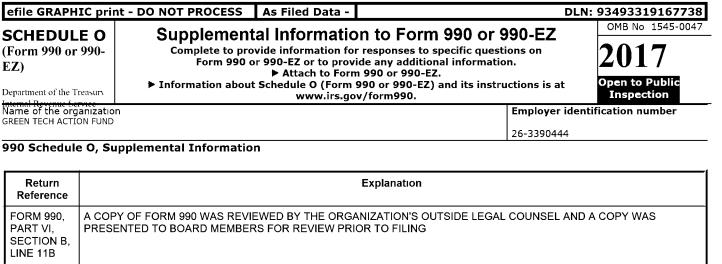
| Part II Officers, | Dire | ctors, Trustees, Key | y Employees, and Hi | ghest Compensated | Employees. Use dup | licate copies if addition | nal space is needed. | <u> </u> |
|--|-------|--------------------------|---|-------------------------|--|------------------------------------|------------------------------------|---|
| For each individual whos instructions, on row (ii) | e com | npensation must be repor | ted on Schedule J, report t are not listed on Form 9 dividual must equal the to | compensation from the o | organization on row (i) an | d from related organizati | ons, described in the | t ındıvıdual |
| (A) Name and Title | | | of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1 ERIC HEITZ BOARD MEMBER | (i) | 1,807 | 0 | 0 | 189 | 221 | 2,217 | 0 |
| BOARD MEMBER | (ii) | 411,894 | 0 | 0 | 35,811 | 41,854 | 489,559 | 0 |
| 2 CARRIE DOYLE EXECUTIVE DIRECTOR | (i) | 19,057 | 0 | 0 | 2,854 | 768 | 22,679 | 0 |
| EXECUTIVE DIRECTOR | (ii) | 210,433 | 0 | 0 | 19,956 | 5,367 | 235,756 | 0 |
| 3 AMY FUERSTENAU PROGRAM DIRECTOR | (i) | 11,805 | 0 | 0 | 1,636 | 1,134 | 14,575 | 0 |
| THOSIGHT BINEETON | (ii) | 198,260 | 0 | 0 | 19,300 | 13,371 | 230,931 | 0 |
| 4 BARBARA WAGNER COO | (i) | 3,177 | 0 | 0 | 356 | 831 | 4,364 | 0 |
| | (ii) | 181,977 | 0 | 0 | 18,402 | 42,948 | 243,327 | 0 |
| 5 JASON MARK SVP, PROGRAMS | (i) | 4,942 | 0 | 0 | 588 | 727 | 6,257 | 0 |
| , | (ii) | 276,050 | 0 | 0 | 27,550 | 34,066 | 337,666 | 0 |
| 6 WON HA PROGRAM DIRECTOR | (i) | 10,515 | 0 | 0 | 1,466 | 961 | 12,942 | 0 |
| | (ii) | 199,663 | 0 | 0 | 19,483 | 12,774 | 231,920 | 0 |
| 7 KEVIN MCGAHAN SENIOR DIRECTOR OF | (i) | 9,747 | 0 | 0 | 1,189 | 2,437 | 13,373 | 0 |
| FINANCE | (ii) | 183,207 | 0 | 0 | 18,218 | 37,349 | 238,774 | 0 |
| | | | | | | | | |
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Schedule J (Form 990) 2017 Page **3** Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation COMPENSATION COMMITTEE, COMPENSATION SURVEY, AND APPROVAL BY THE BOARD ARE METHODS USED BY THE ENERGY FOUNDATION. A RELATED PART I. LINE 3 ORGANIZATION, TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT AND EXECUTIVE DIRECTOR

Schedule J (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319167738 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** GREEN TECH ACTION FUND 26-3390444 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 499,998 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Νo b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2017) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation THIS COLUMN REFLECTS THE NUMBER OF DONORS. NOT THE NUMBER OF ITEMS DONATED PART I, COLUMN (B) Schedule M (Form 990) (2017)



990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | DIRECTORS AND OFFICERS ARE COVERED UNDER THE GTAF CONFLICT OF INTEREST POLICY THE POLICY CHECKS ON WHETHER ANY DIRECTOR OR OFFICER OR ANY OF THEIR FAMILY MEMBERS HOLDS A POSITION OF OWNER, DIRECTOR, OFFICER, PARTNER OR EMPLOYEE OF ANY ORGANIZATION THAT DOES BUSINESS WITH GTAF OR EF IT ALSO CHECKS WHETHER OR NOT THEY ARE A PARTICIPANT IN ANY ORGANIZATION THAT MAY HAVE AN INTEREST ADVERSE TO THE INTERESTS OF GTAF OR EF OR THAT MAY CAUSE A CONFLIC TOF INTEREST IN PERFORMING THEIR DUTIES A DIRECTOR OR OFFICER DEEMED TO HAVE A MATERIAL FINANCIAL OR PERSONAL INTEREST IS NOT ALLOWED TO PARTICIPATE IN ANY DISCUSSION INVOLVING A TRANSACTION RELATED TO THE COI ORGANIZATION AND IS NOT ALLOWED TO VOTE ON ANY SUCH TRANSA CTIONS |

Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990, | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL |
|------------|--|
| PART VI, | STATEMENTS AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF TIME SET FORTH IN SEC 6104(D) |
| SECTION C, | ANY IN PERSON OR WRITTEN REQUESTS FOR ANY OF THE ABOVE DOCUMENTS WILL BE MET VIA MAILING |
| LINE 19 | A HARD COPY OF THE DOCUMENTS TO THE REQUESTING PARTY |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319167738 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREEN TECH ACTION FUND 26-3390444 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

| | | | | | | ĺ | | | | | |
|---|------------------------------------|-------------|---|-------------|-------------------|------------------------|---------------|---------|----------------------------|--------------------|----------|
| | | | | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organization | as Complete if the | raanization | ancworod ! | 'Voc" on Fo | vrm 000 | Dort IV | Line 24 ha | .63.160 | ıt had ana ar | mara | |
| related tax-exempt organizations during the tax year. | is complete if the t | nyanization | answereu | tes on re | , טפפ ווווע | Paitiv | , iiile 34 be | cause | it had one of | more | |
| | (b) | | (c) | (d) | 1 | | (e) | Τ | (f) | (9 | g) |
| (a) Name, address, and EIN of related organization | Primary activity | Legal do | (c) Legal domicile (state or foreign country) | | empt Code section | | harity status | Di | rect controlling entity | Section (13) co | 512(b) |
| | | or forei | gn country) | | | (If section 501(c)(3)) | | entity | | ent | |
| | | | | | | | | | | Yes | No |
| (1)THE ENERGY FOUNDATION 301 BATTERY STREET 5TH FLOOR | ADVANCE ENERGY | | CA | | 501(C)(3) | | | | | | No |
| 301 BATTERY STREET 5TH FLOOR | EFFICIENCY AND RENEWABLE ENERGY | | | | | | | N/A | | | |
| SAN FRANCISCO, CA 94111 | | | | | | | | 1,7 | | | |
| 94-3126848 | | | | | | | | + | | - | <u> </u> |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 9 | 90. | Ca | t No 5013! | 5Y | | | | Sch | edule R (Form | 990) 20 | 017 |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | | Disprop alloca | tions? | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | ral or Piging on | (k) Percenta owners |
|--|----------------------|-----------------------------------|---|--|---|---|--|-------------------|-----------------------------------|---|------------------------------|--------------------|-----------------------------------|
| | | | | | | | | Yes | No | | Yes | No | |
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| Identification of Related Organizates because it had one or more related o | | | | | | ation answ | vered "Yes | " on Fo | orm 99 | 90, Part IV, | line : | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | L do (state | (c) egal micile or foreign | Direct | (d) controlling Type entity (C co | (e) e of entity rp, S corp, r trust) | (f) Share of total Income | | (g) of end-o year assets | of- Percei owne | ntage | [(13) | (ı) tion 5) cont entity |
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| Schedule R (Form 990) 2017 | | F | Page 3 |
|--|--------------|--------|---------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or | 36. | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | s No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | Γ | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | 1 | a | No |
| b Gift, grant, or capital contribution to related organization(s) | | .b | No |
| c Gift, grant, or capital contribution from related organization(s) | _ | .c Yes | • |
| d Loans or loan guarantees to or for related organization(s) | - | .d | No |
| e Loans or loan guarantees by related organization(s) | | .e | No |
| f Dividends from related organization(s) | 1 | ιf | No |
| g Sale of assets to related organization(s) | 1 | .g | No |
| h Purchase of assets from related organization(s) | . 1 | .h | No |
| i Exchange of assets with related organization(s) | | .i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | .j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1 | .k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1 | .T | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | .m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | <u> </u> | ln Yes | ; |
| o Sharing of paid employees with related organization(s) | | o Yes | • |
| | _ | _ | No. |

| | | | | 1 |
|---|--|------------|-----|----|
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | ו | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| 0 | Sharing of paid employees with related organization(s) | 10 | Yes | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| | | | | |

1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Schedule R (Form 990) 2017

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

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

| - See management of garileactors see and accords regarding exclusion | | | | | | | | | | | | | |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----|---|-----------|------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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| | | | | | | | | | | Schedul | e R (Forn | 1 99 | 0) 2017 |

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017