** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

A For the 2016 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number AMERICAN BRIDGE 21ST CENTURY FOUNDATION Name change Doing business as 27-5278038 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 455 MASSACHUSETTS AVENUE NW 600 (202)747 - 2060termin ated 6,842,474. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende WASHINGTON, DC 20001 H(a) Is this a group return Applica-F Name and address of principal officer BRADLEY BEYCHOK Yes X No for subordinates? pendina SAME AS C ABOVE Ves No H(b) Are all subordinates included? \bigcirc 501(c)(3) \bigcirc X 501(c)(4) \triangleleft (insert no.) Tax exempt status 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ WWW.BRIDGEPROJECT.COM H(c) Group exemption number ▶ Other > K Form of organization: X Corporation Trust Association L Year of formation. 2011 M State of legal domicile: DC | Part I | Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1. Activities & Governance Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 4,632,000. 6,833,243. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 31. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8639c, 10c, and 11e)
12 Total revenue - add lines 8 through 11 (must equalisant VIII, column (A), line 0. 0 4,632,000. 6,833,274. 875,000. 721,000. Grants and similar amounts paid (Part IX, column (A) lines 1-3) Benefits paid to or for members (Part IX, column (A), line(A) COEM. 0. 2,274,352. 1,813,441. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 794,529. 532,313. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) \(\bigs \) 1, 258, 434. ,328,321 1,891,508. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,009,986. 5,220,478. 1,612,796. -377,986. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 756,494 3,072,881. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 805,435 1,833,815. Net assets or fund balances Subtract line 21 from line 20 -48,9411,239,066. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 🚉 rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 73m 2 11-16-1 Signature of officer Date <\$Sign BRADLEY BEYCHOK, PRESIDENT **≔**Here Type or print name and title (U) Preparer's signature Paid Preparer ► GELMAN, ROSENBERG & FREEDMAN 52-1392008 Firm's EIN Firm's name Use Only Firm's address ▲ 4550 MONTGOMERY AVE SUITE 65 (N BETHESDA, MD 20814-2930 Phone no (301) 951-9090 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2016) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-52/8038 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE AMERICAN BRIDGE 21ST CENTURY FOUNDATION'S MISSION IS TO COMPARE
	AND CONTRAST PROGRESSIVE AND CONSERVATIVE SOLUTIONS TO AMERICA'S
	PUBLIC POLICY CONCERNS AND TO EDUCATE THE AMERICAN PEOPLE AND THE
	NATION'S LEADERS ON THE RESULTS OF THAT RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 3,444,521. including grants of \$ 721,000.) (Revenue \$)
40	THE ORGANIZATION ADVOCATED AND RESEARCHED PROGRESSIVE SOLUTIONS TO
	AMERICA'S PUBLIC POLICY CONCERNS, AND WORKED TO EDUCATE THE AMERICAN
	PEOPLE AND THE NATION'S LEADERS ON PROGRESSIVE IDEAS.
	PEOPLE AND THE NATION 3 DEADERS ON PROGRESSIVE IDEAS.
4b	(Code) (Expenses \$
	was to the same of
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3, 444, 521.
70	Total program service expenses 5, 111, 521.

Form 990 (2016)

18

X

18

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

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

complete Schedule G, Part III

1c and 8a? If "Yes," complete Schedule G, Part II

	, ,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	l'	_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c	:	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		Ì
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			}
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			}
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u> _
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		l
	contributions? If "Yes," complete Schedule M	_30_		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}]
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	!		
	Part V, line 1	34		X
		35a		<u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ļ		_
	If "Yes," complete Schedule R, Part V, line 2	36	<u>N/</u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7,7	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	(0010)
		⊢orm	330	(2016)

__Page **5**

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3.0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le gaming			
Ť	(gambling) winnings to prize winners?	•	-	1c	X	
2a	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	2a	C			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		-
_	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	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	nızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or	gifts			' '
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		N/A	ļ	 -	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured			
	to file Form 8282?	1 1		7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		 		-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	 -	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	N/A		·	
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		N/A			
	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a Oh		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		II/ A	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter	100		1	ĺ	
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
_	amounts due or received from them)	11b				
12a	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 N/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	13b		_		
_	Enter the amount of reserves on hand	13c		 	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ	X
L.	If "Van, " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedu	In Ω		14h	I	1

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3								
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 3										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other	İ								
	officer, director, trustee, or key employee?										
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5	ļ	X						
6	Did the organization have members or stockholders?		6	ļ	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or									
	more members of the governing body?		7a	<u> </u>	X						
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or	1	}	1						
	persons other than the governing body?		7b	ļ	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	er by the following:	-								
а	The governing body?		8a	X							
þ	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the									
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	L	<u> </u>						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)		Γ	T						
	Debths a grand to the standard broaden to such as a self to the O			Yes	No						
	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, attiliates,	10b								
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filling the form?	11a	X							
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990		40-	v							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	to conflicte?	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Your Schedule O how this was done	es, describe	40-	Х							
13	Did the organization have a written whistleblower policy?		12c	X	<u> </u>						
14	Did the organization have a written document retention and destruction policy?		14	X							
15	Did the process for determining compensation of the following persons include a review and approva	al by independent	14								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar by independent									
a	The organization's CEO, Executive Director, or top management official		15a	Χ.							
ь	Other officers or key employees of the organization		15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		100		<u> </u>						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a									
	taxable entity during the year?		16a		X						
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation	1.00								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►CA , NY , FL , VA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Section 501(c)(3)s only)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		ın Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	•	id finan	cıal							
	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 boo	oks and records									
	BRADLEY BEYCHOK - (202)747-2060	· 									
		DC 20001									
632006	11-11-16		Form	990	(2016)						

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

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

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

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

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

Check this box if neither the organization n	organization compensate						ated any current officer, director, or trustee					
(A)	(B)			_ ((C)			(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of		
	week	\vdash	т —	luau	T COLC	77,103	100,	from	from related	other		
	(list any hours for	1rect		İ		_	1	the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	90	stee			sate		(W-2/1099-MISC)	(***2/1033***********************************	organization		
	organizations	truste	al frui		yee	ia di		(** 27 *********************************		and related		
	below	Individual trustee or director	Institutional trustee	 ==	Key employee	est co	 =			organizations		
	line)	횰	Insti	Officer	Key	Highest compensated employee	臣					
(1) WILL LIPPINCOTT	10.00									_		
CHAIR (04/16 THROUGH 11/16)	1	X	<u> </u>	X				0.	0.	0.		
(2) TED TRIMPA	1.00									0		
SECRETARY	1 00	X		X	<u> </u>		-	0.	0.	0.		
(3) DAVID BENNAHUM	1.00	.,		.,					- 0			
TREASURER	16.00	Х		Х	-			0.	0.	0.		
(4) JESSICA MACKLER	16.00	1	ŀ	X				101,069.	0.	6,428.		
PRESIDENT (5) EDWARD P. VALE	24.00		┢	^				101,000.		0,420.		
VICE PRESIDENT	24.00			X				113,294.	0.	5,645.		
VICE FRESIDENT	†·					 		113/2310		3,0131		
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(A)

Name and title

(C)

Position

(B)

Average

		(2016) AMERI	CAN BRID	GE 21ST	CENTURY FO	UNDATION	<u>27-5278</u>	038 Page 9
Pai	t VII	_						-
		Check if Schedule O cont	ains a response	or note to any lii	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f 6,	833,243. 258,548.	6,833,243.			
Program Service (2 a b c			Business Code	T			
Progr				>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond p	proceeds	31.			31.
	b c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(ı) Securities	(II) Other 9,200.	-			
e	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin		9,200. 0.	0.			
Other Revenue	b	including \$						
0	с 9 а	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19 Less direct expenses						
	c 10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold	ning activities	>				
	11 a	Net income or (loss) from sale Miscellaneous Revenu	es of inventory ue	Business Code				
	b c d							
	12_	Total revenue. See instructions.			6,833,274.	0.	0 .	31.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) \mathbf{x} Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (B) Program service (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 721,000 721,000 and domestic governments. See Part IV, line 21 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, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 226,436 195,232. 27,804 3,400. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,123. 1,271,085. 1,094,978. 159,984. Other salaries and wages Pension plan accruals and contributions (include 24,778. 128,173. 100,329. 3,066. section 401(k) and 403(b) employer contributions) 68,177 6,340. 425. 74,942 Other employee benefits 112,805. 101,039. 10,871. 895. 10 Payroll taxes Fees for services (non-employees) Management 31,951 62,061 30,110 **b** Legal 22,818. 22,818. Accounting d Lobbying 794,529. 794,529. Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, <u>670,132</u>. <u>582,702.</u> 7,630. 79,800. column (A) amount, list line 11g expenses on Sch O.) 74,665. 74,665 Advertising and promotion 12 26,109. 27,722. 1,613. 13 Office expenses 42,616. 36,967. 5,649. 14 Information technology 15 Royalties 113,829 9,842. 103,987. Occupancy 16 169,222 73,957. 95,265. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 333,697. 164,478. 7,586. 161,633. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 65,844. 65,844 22 Depreciation, depletion, and amortization 17,346. 17,346. 23 Insurance 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 0.) 59,038. 81,586. 140,624 a FUNDRAISING EXPENSES 111,732. 111,732. ь SUBSCRIPTIONS 18,662. COLLECTIONS 18,662. 13,812. d TEMPORARY SERVICES <u>13,812</u>. 6,726. 6,726. e All other expenses 3,444,521 517,523. 1,258,434. 5,220,478. Total functional expenses Add lines 1 through 24e 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)

3,072,881. Form 990 (2016)

1,239,066.

1,239,066.

Net Assets or Fund Balances

27

28

29

30

31

32

33

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

-48,941

-48,941.

756,494

27

28

29

30

31 32

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

632012 11-11-16

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			
Name of organization			Emple	oyer identification number
	N BRIDGE 21ST CEN			27-5278038
Part I-A Complete if the org	ganization is exempt under	section 501(c) o	r is a section 527 or	ganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	tures	campaign activities in		1,627,010. 0.
Part I-B Complete if the org	ganization is exempt under	r section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization under	section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶ \$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction made?				Yes No
b if "Yes," describe in Part IV				-1(0)
— <u> </u>	ganization is exempt under			
1 Enter the amount directly expended	, , ,	•		931,010.
2 Enter the amount of the filing organ	lization's funds contributed to othe	r organizations for sec	tion 527 ► \$	696,000.
exempt function activities 3 Total exempt function expenditures	Add lines 1 and 2. Enter here and	I on Form 1120 POI	•	030,000.
line 17b	Add lines I and 2 Little here and	1011101111112011 OL,	▶ \$	1.627.010.
4 Did the filing organization file Form	1120-POL for this year?		Ψ.	1,627,010.
5 Enter the names, addresses and er made payments. For each organizar contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount paid for omptly and directly delivered to a second control of the	rom the filing organiza separate political organ	tion's funds Also enter th	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	P.O. BOX 382175 CAMBRIDGE, MA 022	42-2919706	250,000.	0.
	PO BOX 310031			
	PORTLAND, OR 9729	<u>51-0596352</u>	55,000.	0.
	WASHINGTON, DC	4.0 0.5 0.0 4.0	250 200	
	20005	13-3539048	350,000.	0.
AMERICAN FAMILY VOICES	WASHINGTON, DC 20005	38-3708257	41,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2016

832041 11-10-16

LHA

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990 EZ) 2016 A	AMERI anizatio	CAN BR	IDGE 21ST C	ENTURY FOUNI	DATION 27-5 ed Form 5768 (e	5278038 Page 2
section 501(h)).		,		.,		
	tion belon	gs to an affil	liated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar		_				, ,
			nd "limited control" pro	visions apply		
Limi	ts on Lobl	oying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term expend				<u>'</u>	totals	
1a Total lobbying expenditures to influ	ience pub	lic opinion (grass roots lobbying)	,		
b Total lobbying expenditures to influence	ience a le	gislative boo	dy (direct lobbying)	-	 	
c Total lobbying expenditures (add li	nes 1a an	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1c	!)		<u> </u>	
f Lobbying nontaxable amount Ente	r the amo	unt from the	e following table in bot	h columns		
If the amount on line 1e, column (a) o	r (b) is	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		1
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,0	000			,
-						
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zer	o or less, e	enter -0-			-	
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				
If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	_					Yes No
(Some organizations the		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns	below.
	Lobi	oying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						-
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
6 Crassroots John was overanditures						

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
of the lobbying activity	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or	 				
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ection		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	ar ^o 3			
Part III-B Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c	:)(5), or se			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	ed "No," O	R (b) Par	t III-A, lii	ne 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		' 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po	ıtical				
expenses for which the section 527(f) tax was paid).					
a Current year		_2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	d political]			
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5_			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	oup list), Part	II-A, lines 1	and 2 (see		
instructions), and Part II-B, line 1 Also, complete this part for any additional information					
PART I-A, LINE 1:					
THE ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF	CANDI	DATES	FOR		
PUBLIC OFFICE.					
THE ORGANIZATION HAD LESS THAN \$100 OF INVESTMENT II	COME,	THEREF	ORE,	NO	
1120-POL WAS REQUIRED.					
	Sched	lule C (Form	990 or 99	0-EZ) 20	

632043 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 4 Part IV Supplemental Information (continued)
· · ·
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:
PLANNED PARENTHOOD ACTION FUND
1110 VERMONT AVE, NW WASHINGTON, DC 20005
AMERICAN FAMILY VOICES
1250 EYE ST., NW, SUITE 250 WASHINGTON, DC 20005

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 5278038

Pa	t I Organizations Maintaining Donor Advise	of Funds or Other Similar Funds	
1 4			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
_	Takel mouth as advantage of const	(a) boner advised failes	(b) I and and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		and 6 made
5	Did the organization inform all donors and donor advisors in v		
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Pai		vanization answered "Ves" on Form 990	
			artiv, inte /
1	Purpose(s) of conservation easements held by the organization Preservation of land for public use (e.g., recreation or e.g.)	·	orically important land area
	Protection of natural habitat		rified historic structure
	Preservation of open space		med historic structure
2	Complete lines 2a through 2d if the organization held a qualif	find consequation contribution in the form	of a conseniation easement on the last
_	day of the tax year	ned conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	` '	
•	listed in the National Register	arter of 17700, and thet on a motorio or doc	2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the	
•	year ▶	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	* '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ition easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	Conservation easements		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		► \$ 9,200.
<u>b</u>	Assets included in Form 990, Part X		> \$ 0.

		N BRIDGE 2						<u>27-52</u>	78038	Page 2
3	Using the organization's acquisition, accessi	on, ånd other recor	ds, chec	k any of the	following that	at are a s	significant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition			Loan or exc						
b	Scholarly research		e LXJ	Other <u>SO</u>	LD TO	RAIS	<u>E FUN</u>	DS		
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın how t	hey further t	he organizat	ion's exe	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Pa	rt IV Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered	"Yes" or	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	ssets no	tincluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing	table						
	•	•	Ū						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	e 21. for	escrow or cu	ustodial acco	ount liab			Yes	□ No
b	If "Yes," explain the arrangement in Part XIII									—
	rt V Endowment Funds. Complete r	f the organization a	nswered	"Yes" on Fo	rm 990, Par	t IV, line	10	•		
		(a) Current year		Prior year	(c) Two year			yearş back	(e) Four	vears back
1a	Beginning of year balance						<u> </u>	1.2 1	(0)	
b	Contributions				-	_				
С	Net investment earnings, gains, and losses								† 	
d	Grants or scholarships									
е	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses	***								
g	End of year balance							-		
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a. column (a	ı)) held as					
a	Board designated or quasi-endowment	om your one balan	%	9, 001011111 (0	,,, 11014 45					
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation th	at are held a	nd administe	ered for t	he organi	zation		
	by	oolon or the organiz	anon an	at are from a	na aanminot), ou 10, t	ine organi	Zation	Γ,	Yes No
	(i) unrelated organizations								3a(i)	105 110
	(ii) related organizations								3a(II)	_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R2					3b	
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		<u> </u>	idildo						
	Complete if the organization answered		0. Part I	V. line 11a S	see Form 990	D. Part X	line 10	•		
	Description of property	(a) Cost or o		(b) Cost			ccumulate	ed	(d) Book	value
	The second	basis (investi		basis			preciation		(0) 200	Va.00
1a	Land	, , , , , , , , , , , ,			·				-	
	Buildings							-		
	Leasehold improvements							<u> </u>		
	Equipment									
	Other			3./	6,957.		295,3	0.4	<u></u>	,653.
	. Add lines 1a through 1e (Column (d) must ea	qual Form 990 Port	Y colu				477,3	<u> </u>		,653.
		oim ooo, i art	,, colui	ا ۱۱۱۰ ربی					<u></u>	1000

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value			l-of-year market value
Financial derivatives	(0)	(0)		
Closely-held equity interests	_			
Other				
(A)				
(B)				
(C)				
(D)				
(E)	-			
(F)				
(G)	-			
(H)				
· · ·				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12) ▶ │ art VIII Investments - Program Related.				
	- F 000 D- 4 B4		D- 4 V 1 40	
Complete if the organization answered "Yes" o (a) Description of investment	on Form 990, Part IV, (b) Book value			d-of-year market value
· · · · · · · · · · · · · · · · · · ·	(b) Dook Value	(c) Metriod of V	aladion oost of end	a or your market value
(1)				
(2)				
(3)	-		-	
(4)				<u>-</u>
(5)				
(6)				
(7)				
(8)				
(9)	-			
tal (Col (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		line 11d See Form 990,	Part X, line 15	(h) Pook volue
	Pescription			(b) Book value
(1)				
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)				
(9)				
tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.	15)			
Complete if the organization answered "Yes" o	on Form 990, Part IV,		990, Part X, line 25	·
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DUE TO AMERICAN BRIDGE PAC		981,103.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	1			
(9) tal. (Column (b) must equal Form 990, Part X, col (B) line	25.1	981,103.		

632053 08-29-16

Schedule D (Form 990) 2016

Sche Par	t XI Reconciliation of Revenue per Audited Financial Stateme			5278038 Page 4
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		••
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · ·	1	6,831,117.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•	0/001/22/6
a	Net unrealized gains (losses) on investments	2a -2,157	.	
b	Donated services and use of facilities	2b	Ť l	
c	Recoveries of prior year grants	2c	7 .	
	Other (Describe in Part XIII)	2d	7	
	Add lines 2a through 2d	201	2e	-2,157.
е 3	Subtract line 2e from line 1		3	6,833,274.
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1			0,033,274.
4	Investment expenses not included on Form 990, Part VIII, line 7b	140		
	•	4a	-	
b	Other (Describe in Part XIII)	4b	ا ۔ ا	0
c	Add lines 4a and 4b		4c	0. 6,833,274.
Day	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XII Reconciliation of Expenses per Audited Financial Statem	ants With Expanses no	5_	
Fai			netu	III.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			F 222 470
1	Total expenses and losses per audited financial statements		1	5,220,478.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	-	
С	Other losses	2c	-	
d	Other (Describe in Part XIII)	2d	-	•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,220,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	5,220,478.
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		4, Part	X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information		
DAE	T X, LINE 2:			
TVI	I A, DINE Z.			
FOF	THE YEAR ENDED DECEMBER 31, 2016, THE FO	UNDATION HAS DO	CUME	NTED ITS
<u>CO1</u>	SIDERATION OF FASB ASC 740-10, INCOME TAX	ES, THAT PROVID	ES G	UIDANCE FOR
REI	ORTING UNCERTAINTY IN INCOME TAXES AND HA	S DETERMINED TH	ልጥ እ	O MATERIAL
	ORTING ORGERINARIT IN INCOME TIMES THE	DDIDICITIOD III	,	<u>O IMILERIIIE</u>
UNC	ERTAIN TAX POSITIONS QUALIFY FOR EITHER R	RECOGNITION OR D	ISCL	OSURE IN
THE	FINANCIAL STATEMENTS.			
				<u>,</u>
#220E	08-29-16		Scher	dule D (Form 990) 2016

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

Open to Public Inspection

AMEDICAN BRIDGE 21cm GENERIBY EQUINDAMION 21

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

Employer identification number

AMERICA	AN BRIDGE 21ST CEN	TURY	FΟ	UNDATION	127-5278	038
Part I Fundraising Activities required to complete this pa	Complete if the organization answrt	vered "Y	es" or	n Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rail Mail solicitations Mail solicitations There and email solicitation There is a solicitations	e Soliciti	ation of	non-g gover	overnment grants		
d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	Part VII) or entity in connection with ividuals or entities (fundraisers) pure	professi	onal f	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
SONNER GROUP - 455		Yes	No			
MASSACHUSETTS AVE NW SUITE	FUNDRAISING CONSULTANT		х	6,833,243.	794,529.	6,038,714.

· · · · · · · · · · · · · · · · · · ·						
		_				
				= 94.3		
				6 022 042	704 500	6.020.714
Total 3 List all states in which the organizati or licensing	on is registered or licensed to solici	t contrib	utions	6,833,243. s or has been notified	794,529. d it is exempt from re	6,038,714. egistration
CA,NY,FL,VA						
	A STATE OF THE STA					
	· · · · · · · · · · · · · · · · · · ·					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
						
						

SEE PART IV FOR CONTINUATIONS

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

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

Sch	edu art l	lle G (Form 990 or 990-EZ) 2016 AMERICA II Fundraising Events. Complete if the	N BRIDGE 21	ST CENTURY FO	UNDATION 27-	-5278038 Page 2
		of fundraising event contributions and gr				
		or landraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
ē			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)			·	
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct 6	7	Food and beverages				
	8	Entertainment		· · · · · · · · · · · · · · · · · · ·		
	9	Other direct expenses				
	!	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from I				
Pa	irt I	III Gaming. Complete if the organization		m 990, Part IV, line 19, or	reported more than	<u> 1</u>
		\$15,000 on Form 990-EZ, line 6a			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ —	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities _			
		he organization licensed to conduct gaming and No," explain		states?		Yes No
_						
		ere any of the organization's gaming licenses re	•	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

<u>Sch</u>	nedule G (Form 990 or 990 EZ) 2016 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-	<u>5278038</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
	Indicate the percentage of gaming activity conducted in		
а	a The organization's facility	13a	%
b	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
<u>SCI</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u>₹S:</u>	
<u>(I</u>) NAME OF FUNDRAISER: BONNER GROUP		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>45</u> !	5 MASSACHUSETTS AVE NW, SUITE 640, WASHINGTON, DC 20001		
63208	33 09-12-16 Schedule G (Forn	n 990 or 990)-EZ) 2016

Schedule C	G (Form 990 or 990-EZ) Supplemental Info	AMERICAN	BRIDGE	21ST	CENTURY	FOUNDATION	27-5278038	Page 4
Part IV	Supplemental into	ormation (continue	·d)					
						·		
						<u> </u>		
	-							
		 						
								
								 _
							· · · · · · · · · · · · · · · · · · ·	
								
								
								
	<u> </u>	·						
	· · · · · · · · · · · · · · · · · · ·						-	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Vame of the organization

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

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

Open to Public OMB No 1545-0047 2016

Employer identification number

Inspection

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

2 | PRAINING REGARDING PUBLIC 27-5278038 TO PROVIDE EDUCATION AND (h) Purpose of grant SENERAL OPERATIONS or assistance ENERAL OPERATIONS SENERAL OPERATIONS GENERAL OPERATIONS X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SPEAKING 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 0 ö ٥. ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed AMERICAN BRIDGE 21ST CENTURY FOUNDATION (d) Amount of cash grant 15,000, 41 000 65,000 350,000 250,000 (c) IRC section (if applicable) 501(C)(4) 501(C)(4) 501(C)(4) 501(C)(4) 501(C)(4) 46-3018149 51-0596352 13-1644147 85-0430800 46-4431052 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 6TH FL PLANNED PARENTHOOD ACTION FUND 455 MASSACHUSETTS AVE NW, or government 123 WILLIAM ST, 10TH FL 1250 EYE ST NW, STE 250 AMERICAN FAMILY VOICES VOTE VETS ACTION FUND WASHINGTON, DC 20005 WASHINGTON, DC 20005 WASHINGTON DC 20001 722 12TH ST, 3RD FL NEW YORK, NY 10038 PORTLAND OR 97296 THE FRANKLIN FORUM PO BOX 10031 IVOTE INC. Part Part II

Schedule I (Form 990) (2016)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE GRANTEES MUST PROVIDE FINANCIAL REPORTS DETAILING THE SPENDING OF GRANT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 37 (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 632102 11-01-16 FUNDS.

Page 2

27-5278038

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Schedule I (Form 990) (2016)

Part III

ŀ

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

orm990 Inspection
Employer identification number

27-5278038

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut			s
1	Art - Works of art	X	1	9,200.	FMV			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods						_	
6	Cars and other vehicles						-	
7	Boats and planes			<u></u>				
8	Intellectual property							
9	Securities - Publicly traded	X	1	249,348.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution ·							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate Other							
18	Collectibles			<u> </u>				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()		 					
26	Other ()		ļ.———	<u> </u>				
27	Other ()				 			
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	ation durin	a the tay year for a	l contributions	L			
29	for which the organization completed Form 828			1 1				
	To whom the organization completed Form oze	JO, raitiv, i	Donee Acknowled	<u> 25 </u>		$\neg \neg$	Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rei	oorted in Part I lines 1 throu	gh 28 that it		163	_140_
000	must hold for at least three years from the date				l			
	exempt purposes for the entire holding period?		ar contribution, are	, million to equilibrate to be c	100	30a	_	X
b	If "Yes," describe the arrangement in Part II					-		
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	X	<i>-</i>
32a	Does the organization hire or use third parties of	•	•	•	1			
	contributions?		J	,,		32a	x	
b	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,	- 1		
	describe in Part II				· 			L
, UA	For Panaryark Raduation Act Nation and	41		^	Cabadula M/		2001 /	2046)

Schedule M (Form 990) (2016) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page (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
SCHEDULE M, PART I, COLUMN (B):
THIS COLUMN INCLUDES THE NUMBER OF CONTRIBUTIONS RECEIVED.
SCHEDULE M, LINE 32B:
BONNER GROUP IS SOLELY RESPONSIBLE FOR SOLICITING ALL CASH AND NON-CASH
CONTRIBUTIONS
·
·
~

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public

Open to Public Inspection

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Employer identification number 27 – 5278038

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT AND LEGAL COUNSEL. THE RETURN WAS FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH OFFICER AND DIRECTOR. THE POLICY REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. IF SUCH DISCLOSURES ARE MADE, THE BOARD OF DIRECTORS INVESTIGATES TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM THESE PROCEEDINGS. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIAL WAS BASED ON COMPENSATION STUDIES USING COMPARATIVE DATA FROM OTHER ORGANIZATIONS. THE FINAL COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER EMPLOYEES WAS APPROVED BY THE PRESIDENT OF THE ORGANIZATION. ALL COMPENSATION PROCESSES ARE DELIBERATED AND DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN NOVEMBER 2015. FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND FORM 990 AVAILABLE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION	Employer identification numbe 27 - 5278038
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	2,604
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	2,604
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	5,026
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	5,026
NEW MEDIA STAFFING:	
PROGRAM SERVICE EXPENSES	50,874
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	50,874
VOICE TALENT:	
PROGRAM SERVICE EXPENSES	50
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	50
VIDEO EDITOR - FREELANCE:	
S32212 08-25-16 SC	hedule O (Form 990 or 990-E Z) (20 ⁻

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer identification number
AMERICAN BRIDGE 21ST CENTURY FOUNDATION	27-5278038
PROGRAM SERVICE EXPENSES	8,659.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,659.
MISCELLANEOUS CONSULTING:	
PROGRAM SERVICE EXPENSES	366,750.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	366,750.
PUBLIC AFFAIRS:	
PROGRAM SERVICE EXPENSES	94,778.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	79,800.
TOTAL EXPENSES	174,578.
COMMUNICATIONS CONSULTANTS:	
PROGRAM SERVICE EXPENSES	61,591.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,591.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	670,132.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DUE TO/FROM ADJUSTMENT FOR THE 2015 ACCOUNTING PERIOD	