Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2018 calendar year, or tax year beginning 2018, and ending Check if applicable: D Employer identification number Address change PROJECT DRAWDOWN 38-3705448 3450 SACRAMENTO STREET #506 Telephone number Name change SAN FRANCISCO, CA 94118 207-206-4634 Initial return Final return/terminated **G** Gross receipts \$ Amended return 708,685 H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. (see instructions) No SAME AS C ABOVE Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: ► WWW.DRAWDOWN.ORG H(c) Group exemption number ▶ Form of organization: L Year of formation: M State of legal domicile: CA X Corporation Other > 2005 Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box ► 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) 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 11 5 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... **b** Net unrelated business taxable income from Form 990-T, line 38. 0. **Prior Year Current Year** 1,505,447. Contributions and grants (Part VIII, line 1h)..... 1,065,907 Program service revenue (Part VIII, line 2g) 167,500. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... -7,478Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 102,500 35,738 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 160,929 12 708,685 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 502,142 695,026. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 634,591 661,674. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 1,136,733 1,356,700. Revenue less expenses, Subtract line 18 from line 12..... 24,196. 351,985. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 609,043. 252,950. 21 Total liabilities (Part X, line 26) 92,899. 88,791 Net assets or fund balances. Subtract line 21 from line 20...... 22 164,159. 516,144. 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here JONATHAN FOLEY EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature BUNNY CHUAH, CPA P00185436 **Paid** self-employed Preparer ► CHUAH PUENTES LLP Use Only Firm's address 6360 CLARK AVENUE Firm's EIN ► 27-1795561 DUBLIN, CA 94568-3036 (925) 803-2988 May the IRS discuss this return with the preparer shown above? (see instructions).... Yes

Par	t III	Statement of Program Service Acc	complishments		
1	Driefl	Check if Schedule O contains a response of y describe the organization's mission:	or note to any line in this Part III		<u> X</u>
'		COURDINE			
	2111	SCHEDOLE O			
2		e organization undertake any significant prograr			
		990 or 990-EZ?			Yes X No
		s," describe these new services on Schedule O.			
3		ne organization cease conducting, or make si	ignificant changes in how it conduc	cts, any program services?	Yes X No
,		s," describe these changes on Schedule O.			
4	Section and r	ribe the organization's program service accor on 501(c)(3) and 501(c)(4) organizations are evenue, if any, for each program service rep	required to report the amount of gorted.	grants and allocations to others,	the total expenses,
4 a	(Code	e:) (Expenses \$1,014,5	516. including grants of \$) (Revenue \$)
		SCHEDULE O			·
	(0			\ \(\frac{1}{2} \)	
4 b	(Code	e:) (Expenses \$	including grants of \$) (Revenue \$)
4 c	: (Code	e:) (Expenses \$	including grants of \$) (Revenue \$)
					·
					
					
4 d		program services (Describe in Schedule O.)			
			grants of \$) (Revenue \$)
40	Total	nrogram service expenses > 1	01/ 516		

Form 990 (2018) PROJECT DRAWDOWN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Part IV	Checklist of Required Schedules	(continued	١
raitiv	Checklist of Required Schedules	(continuea ₎	,

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	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		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If 'Yes,' complete Schedule M	30 31		X
		31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			· [
_	- Enter the number reported in Day 2 of Forms 1000. Enter 0. Hard and limited		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA			990	(2018)

Form 990 (2018) PROJECT DRAWDOWN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 7		V	
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
2.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	a bit dire organization have difficiated business gross meetine of \$1,000 of more during the year. If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	3 b		- 21
	a 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		Х
	o If 'Yes,' enter the name of the foreign country: ►	a		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		X
	o Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c		Λ
	-	30		
	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?	6 a		Х
	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
k	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	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?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
^	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	3.5		
	a Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
ā	a Gross income from members or shareholders			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	1/10		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a 14b		Λ
	the contract of the contract o	140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 11 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 . . . 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 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 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X 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?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

SAUSALITO CA 94965 510-557-4037

ANNE MARSHALL 27 GATE 5 ROAD

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title		thar	one both	box, an o	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) BRADLEY PALMER	0.5									
DIRECTOR	0	Χ						0.	0.	0.
(2) PAUL HAWKEN	<u> 25</u> _									
PRESIDENT	0	Χ		X				96,000.	0.	0.
(3) PETER BYCK	1							_		_
DIRECTOR	0	Χ						0.	0.	0.
(4) JOHN LANIER	1									
SEC/TREASURER	0	Χ		Χ				0.	0.	0.
(5) LAURA SEYDEL	0.5	.,						•	•	•
DIRECTOR	0	Χ						0.	0.	0.
	1								•	•
DIRECTOR	0	X						0.	0.	0.
	1	37						0	0	0
DIRECTOR	0	Х						0.	0.	0.
(8) PEDRO DINIZ	1	37						0	0.	0
DIRECTOR (9) LYN DAVIS LEAR	0.5	Χ						0.	0.	0.
DIRECTOR	0.5	Х						0.	0.	0.
(10) PEGGY LIU	1	Λ						0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(11) MARTIN O'MALLEY	1							0.	<u> </u>	<u> </u>
DIRECTOR	0	Χ						0.	0.	0.
(12) JONATHAN FOLEY	40									
EXECUTIVE DIR.	0			Χ				0.	0.	0.
(13)										
(14)										

Part VII Section A. Officers, Directors, 1rt	(B)	Ney		ipid (C		es, ₍	anc	i nigilest coll	ipensateu Emp	oyees	• (conu	inuea)
(A) Name and title	Average hours per	box	, unle	ss pe	erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) stimated unt of ot	ther
	week (list any hours for	Individual or director	Institut	Officer	Key er	Highes employ	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org	pensati om the anizatio d relate	: on
	related organiza - tions below	Individual trustee or director	nstitutional trustee	``	Key employee	t comp /ee	316				anizatio	
	dotted line)	stee	ustee			Highest compensated employee						
<u>(15)</u>												
(16)												
<u>(17)</u>												
<u>(18)</u>		-										
(19)												
(20)												
(21)												
(22)												
(23)		-										
(24)												
(25)												
1 b Sub-total							>	96,000.	0.			0.
c Total from continuation sheets to Part VII, Section							>	0.	0.			0.
d Total (add lines 1b and 1c)							► ved	96,000. more than \$100,00	0. O of reportable comp	ensatio	า	0.
from the organization • 0											T	T
3 Did the organization list any former officer, direc	tor, or tru	stee,	key	en en	nplo	yee,	or h	nighest compensat	ted employee	3	Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ition	and	oth	er compensation		. 3		X
the organization and related organizations greate such individual										. 4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Yes</i>	s,' comple	te So	ched	lule	J fo	r suc	tate ch p	erson		. 5		Χ
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A)								(C)			
Name and business address Description of services								of services	Compe	nsatio	nc ———	
2 Total number of independent contractors (including t	out not lim	ited to	o tho	se I	isted	d abo	ve) v	who received more	than			
\$100,000 of compensation from the organization							,					

Form 990 (2018) PROJECT DRAWDOWN Part VIII Statement of Revenue

	Check	if Schedule O	contains a res	ponse or note to any	y line in this Part VI	II		
					(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 Members c Fundrais d Related of e Governmen f All other cosimilar and g Noncash co		1 b 1 c 1 d ions) 1 e grants, and above 1 1 f d in lines 1a-1f: \$	1,505,447.	1,505,447.			
Program Service Revenue	b			Business Code	167,500.	167,500.		
gram Servic	d e		ice revenue					
P.					167,500.			
	other sim	nilar amounts).		ds, interest and t bond proceeds				
		nts	(i) Real	(ii) Personal	32,155.	32,155.		
	c Rental inco	ntal expenses me or (loss) al income or (l	OSS)					
	7 a Gross amou assets othe	unt from sales of r than inventory	(i) Securities	(ii) Other				
	c Gain or (xpenses [loss]						
enne/	8a Gross ind (not inclu	come from funuding \$	draising events					
Other Revenu	See Part b Less: dir	IV, line 18 ect expenses.		b				
δ	9 a Gross inc	come from gar	om fundraising ming activities.	events				
			om gaming acti	b vities				
	and allow b Less: cos	vances st of goods so	ry, less returns	b				
		me or (loss) from		entory				
	11a <u>OTHER</u> b		. — — — — — — — — — — — — — — — — — — —		3,583.	3,583.		
		revenue			2 502			
					3,583. 1,708,685.	203.238.	0.	0.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a re not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	96,000.	67,200.	9,600.	19,200.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	508,138.	372,607.	54,416.	81,115.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3007130.	3727007.	31/110.	01/110.
9	Other employee benefits	39,309.	30,912.	4,729.	3,668.
10	Payroll taxes	51,579.	35,922.	3,911.	11,746.
11	Fees for services (non-employees):	,	·	,	•
ā	Management	248,653.	237,933.	10,720.	
ŀ) Legal			·	
(Accounting	19,540.		19,540.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.SCH. O	254,788.	196,454.	29,167.	29,167.
12	Advertising and promotion	8,148.	8,148.	==,===	
13	Office expenses	5,344.	1,151.	4,193.	
14	Information technology	10,358.	10,358.	,	
15	Royalties	,	,		
16	Occupancy	37,199.		37,199.	
17	Travel	42,070.	38,775.	41.	3,254.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,865.	2,197.	418.	250.
20	Interest		_/		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,545.		3,545.	
23	Insurance	4,175.		4,175.	
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.)				
ā	DUES &, SUBSCRIPTIONS	7,432.	4,453.	2,683.	296.
	PREPAIRS AND MAINTENANCE	4,067.		4,067.	
	TELECOMMUNICATION & SERVERS _	3,950.	1,732.	2,013.	205.
	PUBLICATION MATERIALS	3,652.	3,652.		
'	All other expenses	5,888.	3,022.	2,866.	
25	Total functional expenses. Add lines 1 through 24e	1,356,700.	1,014,516.	193,283.	148,901.
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			229,341.	1	598,588.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			11,155.	4	52.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	nplovees	. Complete		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a: 3)(B), and (9) volunta Part II o	s defined under contributing ary employees' f Schedule L		6	
ts	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	ĺ	18,840.			
		Less: accumulated depreciation.		8,437.	12,454.	10 c	10,403.
	11	Investments – publicly traded securities			12,454.	11	10,403.
	12	Investments – other securities. See Part IV, line 11		<u> </u>		12	
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	<u> </u>		15		
	16	Total assets. Add lines 1 through 15 (must equal line			252,950.	16	609,043.
	17	Accounts payable and accrued expenses	34)		38,791.	17	92,899.
	18	Grants payable	30,731.	18	JZ, 0JJ.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability. Complete Part I'		<u> </u>		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direct Ldisqualit	ors, trustees,	50,000.	22	
	23	Secured mortgages and notes payable to unrelated th		<u> </u>	30,000.	23	
	24	Unsecured notes and loans payable to unrelated third		<u></u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			88,791.	26	92,899.
ses		Organizations that follow SFAS 117 (ASC 958), check hellines 27 through 29, and lines 33 and 34.	re ► ∑	and complete	·		·
ğ	27	Unrestricted net assets			164,159.	27	516,144.
3a	28	Temporarily restricted net assets				28	
౼	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here	· 🗆 [
Ö	30	Capital stock or trust principal, or current funds			30		
, i	31	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		31	
d.S.	32	Retained earnings, endowment, accumulated income,	<u> </u>		32		
et.	33	Total net assets or fund balances		 -	164,159.	33	516,144.
Ź	34	Total liabilities and net assets/fund balances		<u> </u>	252,950.	34	609,043.
				· .	202,000.		000,010.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.					. 🔲		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,70	08,6	85.		
2	Total expenses (must equal Part IX, column (A), line 25).	2			56,7			
3	Revenue less expenses. Subtract line 2 from line 1	3				85.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		51	16,1	44.		
Pa	rt XII Financial Statements and Reporting	· · · · · · · · · · · · · · · · · · ·						
	Check if Schedule O contains a response or note to any line in this Part XII					. П		
	,				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	· [
	b Were the organization's financial statements audited by an independent accountant?			2 b		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ite						
(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?			2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		[3 a		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b				
BAA	TEEA0112L 08/03/18		F	orm	990 ((2018)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PROJECT DRAWDOWN 38-3705448 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	80,295.	691,634.	1,158,862.	1,168,407.	1,505,447.	4,604,645.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	80,295.	691,634.	1,158,862.	1,168,407.	1,505,447.	4,604,645.			
6	Public support. Subtract line 5 from line 4						4,604,645.			
Sec	tion B. Total Support						1,001,010.			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
7	Amounts from line 4	80,295.	691,634.	1,158,862.	1,168,407.	1,505,447.	4,604,645.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249.					249.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI					35,738.	35,738.			
11	Total support. Add lines 7 through 10						4,640,632.			
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.			
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)				
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	44 1 (0)						
	Public support percentage for 20 Public support percentage from 2						99.22 %			
	33-1/3% support test—2018. If the and stop here. The organization	ne organization di	d not check the b	oox on line 13. an	d line 14 is 33-1/3	3% or more, chec	k this box			
b	33-1/3% support test—2017. If the and stop here. The organization	e organization did	I not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more,	check this box			
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance	s' test, check this	box and stop her	r e. Explain in Par	t VI how			
	b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	osts fisted selett,	prodes semprete :	u. (11.)			
Calend	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,					7
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						•
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul					, ,	
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0,0
18	Investment income percentage fi						%
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	EDID the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
С	: Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9с		
0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported organization(s)			
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations	_		
		e. Type ii Cupper unig C. guininatione		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ich of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar vear	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
			2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	all tin	e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
Saa		is regard. E. Type III Functionally Integrated Supporting Organizations	3		
Sec	lioii i	E. Type III Functionally integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	⊥∐ T	The organization satisfied the Activities Test. Complete line 2 below.			
b	·∐⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	: <u> </u>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the o	organization's supported organization(s) would have been engaged in ? If Yes, explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
,		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>	-17		
		the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
a	each	of the supported organizations? Provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2018 PROJECT DRAWDOWN		38-37	05448 H	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Ye (optional)	ear	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ear
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 7	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
(d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Yea	ar
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			_

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2018

Part V	Type III Non-Functionally	v Integrated 509(a)(3)	Supporting (Organizations ((continued)

	t I libbo milion i anionomany miogration cootanto, capporting enganization (commission)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2018		2017		2016		2015		2014
OTHER INCOME ROYALTY INCOME TOTAL	\$	3,583. 32,155. 35,738.	ج		<u>¢</u>		ج -	0	ج _	
TOTAL	<u>٧</u>	33,130.	٧	<u> </u>	Ą	<u> </u>	<u>ٻ</u>	0.	<u>۲</u>	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

PROJECT DRAWDOWN		38-3705448			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the Gener	al Rule or a Special Rule.				
Note: Only a section 501(c)(7), (8), or (10) org	ganization can check boxes for both the General Rule and a	Special Rule. See instructions.			
General Rule					
	Z, or 990-PF that received, during the year, contributions to ete Parts I and II. See instructions for determining a contrib				
Special Rules					
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000; or (90-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that			
For an organization described in section 5 during the year, total contributions of more purposes, or for the prevention of cruelty t contributor name and address), II, and III.	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, o children or animals. Complete Parts I (entering 'N/A' in co	from any one contributor, literary, or educational lumn (b) instead of the			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year • \$					
990-PF), but it must answer 'No' on Part IV. Ii	the General Rule and/or the Special Rules doesn't file Sche ne 2, of its Form 990; or check the box on line H of its Form s filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF.			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

Employer identification number

PROJECT DRAWDOWN

38-3705448

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RAY C ANDERSON FOUNDATION 1180 WEST PEACHTREE ST NW 1975	\$ 250,000.	Person X Payroll Noncash
	ATLANTA, GA 30309		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALDERA FOUNDATION		Person X Payroll
	235 MONTGOMERY ST #1230	\$50,000.	Noncash
	SAN FRANCISCO, CA 94104		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROCKEFELLER BROTHERS FUND		Person X Payroll
	475 RIVERSIDE DRIVE, SUITE 900	\$100,000.	Noncash
	NEW YORK, NY 10115		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SILICON VALLEY COMMUNITY FOUNDATION		Person X Payroll
	2440 WEST EL CAMINO REAL, #300	\$500,000.	Noncash
	MOUNTAIN VIEW, CA 94040		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	NATIONAL PHILANTHROPIC TRUST		Person X Payroll
	165 TOWNSHIP LINE ROAD, STE 12	\$124,000.	Noncash
	JENKINTOWN, PA 19046		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	HOPEWELL FUND		Person X Payroll
	1201 CONNECTICUT AVE. NW, #300	\$ <u>175,000.</u>	Noncash
	WASHINGTON, DC 20036		(Complete Part II for noncash contributions.)

Name of organization Employer identification number PROJECT DRAWDOWN 38-3705448

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRAILSEND FOUNDATION 6205-A PEACHTREE DUNWOODY RD ATLANTA, GA 30328	\$ <u>100,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ZIVA MEDITATION		Person X Payroll
	NEW YORK, NY 10012	\$45,000.	Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Schodula P (Farma CC)	Person Payroll Noncash Complete Part II for noncash contributions.)
BAA	TEEA0702L 09/20/18	Schedule B (Form 99)	0, 990-EZ, or 990-PF) (2018)

1

Employer identification number

PROJECT DRAWDOWN

Name of organization

BAA

38-3705448

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number PROJECT DRAWDOWN 38-3705448 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)...... ▶ \$ N/A

	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A 		
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
		(e)	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	PROJECT DRAWDOWN			38-3705448
Par	Organizations Maintaining Dono Complete if the organization answ	r Advised Funds or Oth vered 'Yes' on Form 990	er Similar Fun), Part IV, line	ds or Accounts. 6.
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the organization	or advisors in writing that the organization's exclusive legal	assets held in do control?	nor advised funds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writi of the donor or donor advisor	ng that grant fund r, or for any other	s can be used only purpose conferring Yes No
Par	<u> </u>			
ı aı	Complete if the organization answ	vered 'Yes' on Form 990) Part IV line	7
1	Purpose(s) of conservation easements held by			,
•	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·		f a historically important land area
	Protection of natural habitat	or outlon or outloan,		f a certified historic structure
	Preservation of open space			Ta doranoa motorio stradiaro
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation con	tribution in the form	of a conservation easement on the
_	last day of the tax year.	ela a qualifica conscivation con		Tota conscivation casement on the
				Held at the End of the Tax Year
á	Total number of conservation easements			2a
ı	Total acreage restricted by conservation easen	nents		2b
	: Number of conservation easements on a certifi	ed historic structure included	in (a)	2c
(Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, a	nd not on a histori	ic 2 d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished,	or terminated by th	e organization during the
4	Number of states where property subject to conser	vation easement is located >		
5	Does the organization have a written policy reg	garding the periodic monitorin	g, inspection, han	dling of violations,
	and enforcement of the conservation easemen	ts it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, handling of violations	s, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, handling of violations, and	d enforcing conserv	ation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the re	equirements of sec	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.			21 11 1 1 1 1 6
Par	Complete if the organization answ	ctions of Art, Historical vered 'Yes' on Form 990	Treasures, or), Part IV, line	Other Similar Assets. 8.
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finan-	d for public exhibition, education	n, or research in fu	ue statement and balance sheet works of rtherance of public service, provide,
ı	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	SFAS 116 (ASC 958), to reproper public exhibition, education, o	ort in its revenue s r research in further	statement and balance sheet works of art, rance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I	ine 1		▶\$
	(ii) Assets included in Form 990, Part X			·
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 1			· · · · · · · · · · · · · · · · · · ·
á	Revenue included on Form 990, Part VIII, line			
	Assets included in Form 990 Part X			▶\$

Schedule D (Form 990) 2018 PROJE Part III Organizations Maintai			orical Treasures o	38-370		ontinu	Page 2
3 Using the organization's acquisition,	<u>-</u>	·	· · · · · · · · · · · · · · · · · · ·		`		eu)
items (check all that apply):	, accession, and or	<u> </u>	,	re a significant ase of its	Conceilo		
a Public exhibition			or exchange programs				
b Scholarly research	ations	e Other					
c Preservation for future general Provide a description of the organization		and explain how they	further the organization	's exempt purpose in			
Part XIII.During the year, did the organizate to be sold to raise funds rather the	tion solicit or rece	eive donations of ar	t, historical treasures,	or other similar assets	□vas	Г	Пис
Part IV Escrow and Custodial						L_	No + I\/
line 9, or reported an a	amount on For	m 990, Part X,	line 21.	iswered res on ro	יפפ וווול	J, Fai	liv,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or	other intermediary	for contributions or oth	er assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement					☐ 163	L	
, ,		•	J.		Amoun	t	
c Beginning balance				1c			
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a				-		_	No
b If 'Yes,' explain the arrangement	in Part XIII. Chec	ck here if the explai	nation has been provide	ed on Part XIII		· · · · · L	
Part V Endowment Funds. Co	omplete if the	organization ar	swared 'Ves' on F	orm 990 Part IV/ li	ine 10		
Lindowine it ruids.	(a) Current year	(b) Prior yea				Four years	s hack
1 a Beginning of year balance	(a) current year	(b) The year	(c) Two yours but	(a) Three years back	(6)	our your	3 Buck
b Contributions							
• Not investment cornings, going					+		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current ye	ear end balance (lir	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowme		 %					
b Permanent endowment ►	 %						
c Temporarily restricted endowmen		%					
The percentages on lines 2a, 2b, ar	nd 2c should equal	100%.					
3 a Are there endowment funds not in the organization by:	ne possession of th	ne organization that a	are held and administered	d for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					``		
b If 'Yes' on line 3a(ii), are the rela	ted organizations	listed as required	on Schedule R?				
4 Describe in Part XIII the intended	uses of the orga	nization's endowme	ent funds.				
Part VI Land, Buildings, and I	Equipment.						
Complete if the organia	zation answer	ed 'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	90, Par	t X, lir	ne 10.
Description of property	(a) (Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) F	Book va	alue
1 a Land		•	,				
b Buildings							
c Leasehold improvements							
d Equipment			12,110.	5,184.		6	,926.
e Other			6,730.	3,253.			<u>,477.</u>
Total. Add lines 1a through 1e. (Colum	n (d) must equal	Form 990, Part X,	column (B), line 10c.)	▶		10	,403.

BAA Schedule D (Form 990) 2018

Part VII		- Other Securities.		N/A	
), Part IV, line 11b. See Form	
(a) Desc	ription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
(2) Closely	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					
(G) (H)					
(l)					
	nn (h) must agual Form (90, Part X, column (B) line 12.) ►			
		- Program Related.		N/A	
rait VIII	Complete if the	e organization answered	'Yes' on Form 990), Part IV, line 11c. See Form	990, Part X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	Other Assets.	90, Part X, column (B) line 13.) 🕨	NT / 7\		
Part IX	Complete if the	e organization answered	N/A 'Yes' on Form 990), Part IV, line 11d. See Form	990. Part X. line 15.
			scription	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1)					
(2)					
(3)					
<u>(4)</u> (5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co			3) line 15.)		>
Part X	Other Liabilitie	es.	000 B + W 1: 44	116 0 E 000 B 1 V I	·F
				le or 11f. See Form 990, Part X, line 2	5.
(1) Fede	ral income taxes	tion of liability	(b) Book value		
(2)	iai income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)		100 D+V			
		190, Part XI, column (B) line 25.)	•	pancial atatements that remarks the survey.	la liability for
				nancial statements that reports the organization	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	oturn N/A
	eturii. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Т - Т
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2 d	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	1
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Z Amounts included on line 1 but not on Form 990, Fart 1/2, line 25.	
a Donated services and use of facilities	
a Donated services and use of facilities	-
a Donated services and use of facilities 2 a b Prior year adjustments 2 b	- -
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c	- - -
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 2a 2b 2c 2c	
a Donated services and use of facilities2 ab Prior year adjustments2 bc Other losses2 c	2e 3
a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	
a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d.	
a Donated services and use of facilities b Prior year adjustments c Other losses c Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	3
a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	3 4c

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

BAA Schedule D (Form 990) 2018

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.

Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PROJECT DRAWDOWN

Employer identification number 38-3705448

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

PROJECT DRAWDOWN IS FACILITATING A BROAD COALITION OF RESEARCHERS, SCIENTISTS,

GRADUATE STUDENTS, PHDS, POST-DOCS, POLICY MAKERS, BUSINESS LEADERS AND ACTIVISTS TO

ASSEMBLE AND PRESENT THE BEST AVAILABLE INFORMATION ON CLIMATE SOLUTIONS IN ORDER TO

DESCRIBE THEIR BENEFICIAL FINANCIAL, SOCIAL AND ENVIRONMENTAL IMPACT OVER THE NEXT

THIRTY YEARS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

PROJECT DRAWDOWN IS FACILITATING A BROAD COALITION OF RESEARCHERS, SCIENTISTS,

GRADUATE STUDENTS, PHDS, POST-DOCS, POLICY MAKERS, BUSINESS LEADERS AND ACTIVISTS TO

ASSEMBLE AND PRESENT THE BEST AVAILABLE INFORMATION ON CLIMATE SOLUTIONS IN ORDER TO

DESCRIBE THEIR BENEFICIAL FINANCIAL, SOCIAL AND ENVIRONMENTAL IMPACT OVER THE NEXT

THIRTY YEARS.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH

OVER THE COURSE OF THE FIRST HALF OF 2018, THE DRAWDOWN RESEARCH TEAM UPDATED 88

TECHNICAL REPORTS AND ASSOCIATED MODELS WITH NEW DATA, IMPROVED METHODS, AND REVISED SCENARIOS. IN ADDITION, THE CORE DRAWDOWN REDUCTION AND REPLACEMENT (RRS) AND LAND USE MODELS WERE FURTHER DEVELOPED, AND ARE NOW IN VERSION 1.1D. THIS VERSION INCLUDES IMPROVED FUNCTIONALITY FOR REGIONALIZATION AND A NEW CARBON PRICING MODULE TO FURTHER OUR EFFORTS TOWARDS THE SECOND RESEARCH PHASE OF INITIATING CONTEXTUAL ANALYSES.

CURRENT VERSIONS OF ALL THE EXCEL-BASED MODELS WERE PREPARED FOR PUBLIC RELEASE UNDER A FREE AND OPEN SOURCE LICENSE WITH THE INTENTION OF A 2019 RELEASE DATE.

IN PARALLEL, SCOPING AND INITIAL BLUEPRINTING OF THE OPEN SOURCE DRAWDOWN MODEL

RESULTED IN THE FIRST DRAWDOWN HACKATHON IN SEPTEMBER 2018 THAT PRODUCED A KERNEL OF THE NEW MODEL SOFTWARE PROGRAM IN THE COMPUTING LANGUAGE PYTHON. THE PYTHON IMPLEMENTATION OF THE DRAWDOWN MODEL SOFTWARE CONTINUED WITH THE FIRST WEB-HOSTED STANDALONE MODEL SUCCESSFULLY RUN IN DECEMBER. CURRENTLY, ~25% OF THE FULL SOFTWARE PACKAGE IS COMPLETED AND IS ON TARGET TO BE BETA LAUNCHED BY END OF 2019.

THE 2018-2019 DRAWDOWN FELLOWSHIP PROGRAM WAS LAUNCHED IN OCTOBER WITH THE ADDITION OF 12 NEW RESEARCH FELLOWS FROM ACROSS THE GLOBE WORKING ON INCORPORATING THE LATEST DATA FOR 43 EXISTING SOLUTION MODELS, EVALUATING NEW SOLUTION SETS, AND BEGINNING WORK ON CREATING REGIONAL ELECTRICITY GENERATION MODELS FOR INDIA AND NIGERIA. THE LATTER ANALYSES ARE TEST CASES ON NEW REGIONAL METHODOLOGIES WITH THE INTENTION OF BEING KERNELS FOR FURTHER DEVELOPMENT FROM LOCAL CONTEXTS. THIS COHORT WILL COMPLETE WORK ON MAY 1, 2019.

IN 2018, THE DRAWDOWN OCEANS RESEARCH PROGRAM WAS INITIATED WITH TWO RESEARCH FELLOWS RECRUITED TO DEVELOP THE CORE DRAWDOWN OCEANS MODEL. THIS CORE MODEL TEMPLATE IS BEING DEVELOPED IN BOTH EXCEL AND PYTHON, AND WILL ALLOW THE EVALUATION OF MARINE-BASED TECHNOLOGIES AND PRACTICES WITHIN THE DRAWDOWN SYSTEM.

COMMUNICATIONS

PROJECT DRAWDOWN'S ACTIVITIES - INCLUDING EVENTS, PUBLIC SPEAKING, PARTNERSHIPS, ENGAGEMENT, AND PUBLISHED WRITING - RESULTED IN GREATLY INCREASED VISIBILITY AND REACH DURING 2018. WE ARE SEEING AN OVERALL TREND OF GROWTH AND EXPANSION IN OUR DIGITAL ECOSYSTEM, AS SHOWN BELOW. THIS GROWTH HAS HAPPENED WITHOUT THE USE OF PAID ADVERTISING, PAID MAILING LISTS OR PAID SEARCH OPTIMIZATION.

Name of the organization
PROJECT DRAWDOWN

8 mployer identification number
38-3705448

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

COPIES OF DRAWDOWN SOLD DURING 2018: APPROXIMATELY 25,000

DRAWDOWN NEWSLETTER:

NUMBER OF SUBSCRIBERS GREW FROM 11,800 TO 19,570

TWITTER:

147% GROWTH IN NUMBER OF FOLLOWERS FROM 5,107 FOLLOWERS TO 15,000

NUMBER OF IMPRESSIONS ON TWITTER:

DEC 1, 2018 - FEB. 28, 2019 2.5 MILLION IMPRESSIONS

SEPT. 2, 2018 - NOV. 30, 2018 1.3 MILLION IMPRESSIONS

JUNE 1, 2018 - AUG. 31, 2018 525,300 IMPRESSIONS

MARCH 1, 2018 - MAY 31, 2018 371,400 IMPRESSIONS

DEC. 1, 2017 - FEB. 28, 2018 137,200 IMPRESSIONS

FACEBOOK:

FACEBOOK PAGE FOLLOWERS GREW FROM 30,139 TO 36,603

VIDEO:

TWO OF OUR SENIOR STAFF, CHAD FRISCHMANN AND KATHARINE WILKINSON, EMERGED AS GLOBAL INFLUENCERS AS A RESULT OF TED TALKS THEY PRESENTED IN 2018.

TED TALK BY CHAD FRISCHMANN - "100 SOLUTIONS TO REVERSE GLOBAL WARMING" - MORE THAN 1 MILLION VIEWS.

TED WOMEN TALK BY KATHARINE WILKINSON - "HOW EMPOWERING WOMEN AND GIRLS CAN HELP STOP GLOBAL WARMING" - MORE THAN 1 MILLION VIEWS.

WEBSITE:

NUMBER OF VISITS - DRAWDOWN.ORG SAW A 142% INCREASE IN PAGE VIEWS AND A 155% INCREASE IN SESSIONS DURING 2018. IN JANUARY 2018, THE SITE HAD 2595 PAGE VIEWS PER DAY. BY JANUARY 2019, THE SITE HAD 6278 PAGE VIEWS PER DAY. A TOTAL OF 318,725 NEW VISITORS AND 72,138 RETURNING VISITORS CAME TO DRAWDOWN.ORG IN 2018.

NUMBER OF COUNTRIES: VISITORS TO THE SITE WERE FROM 22 COUNTRIES.

MEDIA MENTIONS:

OUR WORK WAS THE SUBJECT OF APPROXIMATELY 2000 MEDIA MENTIONS DURING 2018, WITH THE TOP 50 ARTICLES HAVING A REACH OF 664,994,757. REACH IS AN ESTIMATE OF THE POTENTIAL VIEWERSHIP OF ANY PARTICULAR ARTICLE BASED ON THE NUMBER OF VISITORS TO THE SPECIFIC SOURCE.

WHILE WE WILL CONTINUE TO CONTRIBUTE TO THOUGHT LEADERSHIP, WE WILL SHIFT OUR EFFORTS AWAY FROM PUBLISHING ADDITIONAL BOOKS TO AVENUES THAT HAVE THE POTENTIAL FOR BROADER REACH.

PARTNERSHIPS AND DRAWDOWN LEARN

TWELVE "DRAWDOWN COMMUNITIES" ARE CURRENTLY ACTIVE IN VARYING STAGES OF DEVELOPMENT.

THESE ARE COLLABORATIVE EFFORTS TO PROMOTE AND/OR IMPLEMENT CLIMATE SOLUTIONS IN

DIFFERENT REGIONS AND SECTORS ACROSS THE WORLD, USING DRAWDOWN AS A FRAMEWORK.

WE HAVE ENTERED A KEY PARTNERSHIP WITH PENNSYLVANIA STATE UNIVERSITY, ONE OF THE WORLD'S MOST RESPECTED UNIVERSITIES WITH REGARD TO CLIMATE CHANGE RESEARCH, TO WORK COLLABORATIVELY WITH US ON RESEARCH AND EDUCATION. THE FIRST JOINT PROGRAM TO EMERGE FROM THIS PARTNERSHIP IS THE DRAWDOWN SCHOLARS PROGRAM, A 6-WEEK RESEARCH EXPERIENCE FOR 40 UNDERGRADUATE STUDENTS DURING SUMMER 2019.

IN ADDITION, THE FIRST INTERNATIONAL DRAWDOWN CONFERENCE, TO BE HELD SEPTEMBER 16 - 18, 2019 AT PENN STATE, IS IN THE PLANNING STAGES. THE THREE-DAY CONFERENCE WILL BE A FORUM FOR DIVERSE PERSPECTIVES ON RESEARCH AND IMPLEMENTATION OF SCIENCE-BASED SOLUTIONS TO REVERSE GLOBAL WARMING, FROM DIAGNOSIS TO PROGNOSIS

DRAWDOWN WAS INCORPORATED INTO NEXT GENERATION SCIENCE STANDARDS (NGSS) ALIGNED CURRICULUM PROTOTYPES, TEACHER PROFESSIONAL DEVELOPMENT, AND ASSESSMENT TOOLS DEVELOPED BY A NETWORK OF EDUCATION LEADERS IN WASHINGTON STATE FOR THOUSANDS OF K-12 STUDENTS AND THEIR COMMUNITIES.

THE FIRST DRAWDOWN LEARN CONFERENCE WAS HELD AT OMEGA INSTITUTE IN RHINEBECK, NEW YORK IN OCTOBER 2018, WITH HUNDREDS OF STUDENTS, ACTIVISTS, EDUCATORS, CURRICULUM DEVELOPERS, ORGANIZATIONS, LIBRARIANS, PARENTS, AND LOCAL OFFICIALS IN ATTENDANCE, BOTH IN PERSON AND VIA LIVE STREAM.

SEVERAL INSPIRING CHALLENGES AND COMPETITIONS BASED ON PROJECT DRAWDOWN'S WORK EMERGED

AROUND THE WORLD, INCLUDING THE RODDENBERRY PRIZE, RICHARD BRANSON'S GLOBAL COOLING PRIZE, THE DRAWDOWN ECOCHALLENGE, RARE'S SOLUTION SEARCH, AND OTHERS.

OPERATIONS

PROJECT DRAWDOWN COMPLETED A 6-MONTH STRATEGIC PLANNING PROCESS TO CREATE A CLEAR PICTURE OF LONG-RANGE GOALS, IMMEDIATE NEXT STEPS, AND PRINCIPLES THAT WILL GOVERN FUTURE DECISION-MAKING AND ORGANIZATIONAL LEARNING FOR PROJECT DRAWDOWN OVER THE NEXT 3+ YEARS.

WE BROUGHT ON JONATHAN FOLEY AS OUR NEW EXECUTIVE DIRECTOR. JON IS ONE OF THE WORLD'S LEADING CLIMATE SCIENTISTS AND WAS SELECTED AND RECRUITED BY OUR FOUNDER, PAUL HAWKEN, AS UNIQUELY QUALIFIED TO CONTINUE AND AMPLIFY OUR WORK, WHILE BUILDING OUR LEGACY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS E-MAILED TO THE EXECUTIVE DIRECTOR BY THE CPA PRIOR TO FILING FOR REVIEW AND COMMENT. THE ELECTRONIC COPY IS THEN E-MAILED TO BOARD MEMBERS FOR THEIR REVIEW.

MAJORITY OF INPUT ON THE FORM 990 IS FROM THE EXECUTIVE DIRECTOR. COMMENTS ARE THEN FAXED TO THE CPA FOR INCORPORATION INTO THE FINAL FILING COPY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A CONFLICT OF INTEREST FORM IS COMPLETED AND SIGNED BY EACH BOARD MEMBER REGARDING

CONFLICT OF INTEREST ISSUES SUCH AS BUSINESS RELATIONSHIPS AND COMPENSATION

INCLUDING CERTAIN PAYMENTS MADE TO KEY EMPLOYEES AT THE END OF EACH BOARD MEETING IN

DECEMBER 2011.

Name of the organization
PROJECT DRAWDOWN

8 mployer identification number
38-3705448

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S TAX RETURNS AND ANY OTHER RELATED DOCUMENTS PERTINENT TO THE PUBLIC'S INTEREST IS MADE AVAILABLE TO THE PUBLIC ONLY UPON REQUEST. THE ORGANIZATION COMPLIES WITH ALL REASONABLE REQUEST FOR REVIEW OF ITS RECORDS.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
COMMUNICATIONS MARKETING OTHER CONTRACT SERVICES PUBLICATIONS		42,113. 28,305. 182,052. 2,318.	42,113. 28,305. 123,718. 2,318.	29,167.	29,167.
	TOTAL \$	254,788.	\$ 196,454.	\$ 29,167.	\$ 29,167.

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FEDERAL WORKSHEETS

PAGE 1

PROJECT DRAWDOWN

38-3705448

FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,014,516.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 24E OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	-	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES LICENSES & PERMITS PAYROLL PROCESSING FEES POSTAGE AND SHIPPING		1,169. 150. 1,547. 3,022.	3,022.	1,169. 150. 1,547.	
TOSTAGE AND SHITTING	TOTAL S	5,888.	\$ 3,022.	\$ 2,866.	\$ 0.

12/31/18

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

PROJECT DRAWDOWN

38-3705448

NO	DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	_METHOD	LIFE _RAT	CURRENT E DEPR.
FORM 99	00/990-PF														
FURNI	TURE AND FIXTURES														
6 ER	GO FURNITURE	7/19/16		6,730						_	6,730	1,907	S/L	5	1,340
TC	OTAL FURNITURE AND FIXTURE			6,730		0	0	() (0	6,730	1,907			1,34
MACH	INERY AND EQUIPMENT														
1 AP	PPLE LAPTOP-CHAD	8/09/15		1,579							1,579	764	S/L	5	31
2 CC	OMPUTER	9/03/15		719							719	336	S/L	5	14
3 OF	FICE LAPTOP	9/13/15		1,093							1,093	511	S/L	5	21
4 AP	PPLE COMPUTERS (2)	11/17/16		3,182							3,182	689	S/L	5	63
5 LE	NOVO LAPTOP	11/28/16		1,743							1,743	378	S/L	5	349
7 CC	OMPUTER	5/03/17		2,300							2,300	307	S/L	5	460
8 AP	PPLE COMPUTER	10/15/18		1,494							1,494		S/L	5	7!
TC	OTAL MACHINERY AND EQUIPME			12,110		0	0	() (0	12,110	2,985			2,199
TO	OTAL DEPRECIATION			18,840		0	0	() (0	18,840	4,892			3,545
GR	RAND TOTAL DEPRECIATION			18,840		0	0	(<u> </u>	0	18,840	4,892			3,545