	nnn	
	MMI	
Form		

## \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



Department of the Treasury Internal Revenue Service

Α	For th	2016 calendar year, or tax year beginning and	ending	•								
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number							
	Addre	50CAN, INC.										
	Name	Doing business as         27-3069592										
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	Final returr	1625 K STREET NW 400 301-761-4385										
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	10,127,796.							
	Amer returr	WASHINGTON, DC 20006		H(a) Is this a group re								
	Appli tion	F Name and address of principal officer: FIARCE FIAGEE		for subordinates	? <b>Yes</b> X No							
	pend	SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No							
		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) (	or 🛄 527	If "No," attach a	list. (see instructions)							
		te: WWW.50CAN.ORG		H(c) Group exemptio								
		organization: 🔀 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Year	of formation: 2010	State of legal domicile: CT							
Pa	art I											
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{SEE}$	SCHEDU	LE O								
Activities & Governance												
ērn	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1 1								
2 0 0	3				8							
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		7								
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		82								
ivit	6	Total number of volunteers (estimate if necessary)		7								
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.								
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.							
				Prior Year	Current Year							
ne	8	Contributions and grants (Part VIII, line 1h)		6,689,398.	10,121,237.							
/en	9	Program service revenue (Part VIII, line 2g)	8,135.	2,375.								
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		419.	16.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	4,168.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,697,952.	10,127,796.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		902,792.	146,610.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.									
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,480,280.	5,622,507. 0.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.							
Ä	b			1 906 405	2,471,897.							
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,806,495. 7,189,567.	8,241,014.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)										
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-491,615.	1,886,782.							
ts o				ginning of Current Year 2,686,081.	End of Year 4,629,629.							
Bala	20	Total assets (Part X, line 16)		130,700.	187,466.							
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		2,555,381.	4,442,163.							
_	art II	Net assets or fund balances. Subtract line 21 from line 20		4,JJJ,JUI.	4,444,103.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatom	ente and to the heet of m	v knowledge and belief, it is							
	•	it, and complete. Declaration of preparer (other than officer) is based on all information of wh			y KITOWIEUYE ATTU DEITET, IL IS							
	, cone	n, and complete. Declaration of preparer (other trial officer) is based on an information of Wi	non preparer	nas any knowledge.								

Sign Here	Signature of officer MARC MAGEE, CEO & BOAF Type or print name and title	D MEMBER	Date	
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	John Chipioyeu	P00543209
Preparer	Firm's name <b>PKF O'CONNOR DAV</b>		Firm's EIN 🕨 2	7-1728945
Use Only	Firm's address 3001 SUMMER STRE STAMFORD, CT 069		Phone no. 203 –	323-2400
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
				- 000 (*** ***

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	rt III   Statement of Program Service Accomplishments	27-3069		Pag
	Check if Schedule O contains a response or note to any line in this Part III			[
1	Briefly describe the organization's mission:			
•	SEE SCHEDULE O			
2	Did the organization undertake any significant program services during the year which were not listed on the	ſ	37	
	prior Form 990 or 990-EZ?	I	X Yes	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🛛	7
3	If "Yes," describe these changes on Schedule O.	····· ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	•	-	b
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$2,916,437.       including grants of \$) (Revention 1,000.)	ue \$	2,31	7 !
	COMMUNICATIONS & MOBILIZATION			
	FAGAN HELDG LOGAL LEADERG GREAME & MOUTHING OF THEODNER	0707070	10	
	50CAN HELPS LOCAL LEADERS CREATE A MOVEMENT OF INFORMED THROUGH MEDIA WORK, E-ADVOCACY, PUBLICATIONS, GRAPHIC D		15	
	PARTNERSHIPS WITH LIKE-MINDED CIVIC AND COMMUNITY GROUP		BANK	7
	PETITIONS AND RALLIES.	<i>b</i> / 1110111		_
	1 (12 240			
4b	(Code:         ) (Expenses \$ 1,613,348.         including grants of \$) (Reven           TRAINING	ue \$		
	50CAN OFFERS A SUITE OF TRAINING PROGRAMS, INCLUDING A	LEADERSI	ITP	
	DEVELOPMENT PROGRAM AND YOUCAN (A PROGRAM TO TRAIN LOCA			
	ACTIVISTS). THIS AREA ALSO INCLUDES RECURRING GATHERING	S OF 500	CAN	
	STAFFERS AND OTHER EDUCATION REFORMS PARTNERS TO PROVID	E ADDITI	ONAL	
	PROFESSIONAL DEVELOPMENT OPPORTUNITIES.			
4c	(Code: ) (Expenses \$ 930,778 · including grants of \$ 145,610 · ) (Reven			
-0	ADVOCATE FOR POLICY CHANGE	ue		
	50CAN'S EXPERT STAFF TEAMS UP WITH OUR LOCAL LEADERS TO	DEVELO	P AND	
	ENACT CONCRETE, MEANINGFUL EDUCATION REFORMS.			
				_
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ 744,623. including grants of \$ ) (Revenue \$		)	
4e	Total program service expenses ►6,205,186.			
			Form <b>990</b>	(2
3200	2 11-11-16 <b>2</b>			

Form	990	(2016)	
	330	120101	

Form 990 (2016) 50 CAN, INC.
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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		x
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	140		
10	foreign organization ? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>_</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
		13		

Form **990** (2016)

632003 11-11-16

Form	990	(2016)
	000	

 Form 990 (2016)
 50CAN, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	05h		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- 23
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>л</u>
34		34	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) 50CAN, INC. 27-3069	592	P	age <b>5</b>
Par	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 69			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2016)

Form **990** (2016)

632005 11-11-16

5 13480908 756359 1441204.000 2016.04013 50CAN, INC.

<ul> <li>to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI</li> <li>ction A. Governing Body and Management</li> <li>a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.</li> <li>b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?</li> <li>a Did the organization have members, stockholders, or other persons who had the power to elect or members of the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision m 990 was filed?	8 7 2 3	Yes
<ul> <li>a Enter the number of voting members of the governing body at the end of the tax year</li></ul>	the direct supervision m 990 was filed?	8 7 2 3	
<ul> <li>a Enter the number of voting members of the governing body at the end of the tax year</li></ul>	the direct supervision m 990 was filed?	7 2 3	Yes
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 0. <b>b</b> Enter the number of voting members included in line 1a, above, who are independent	the direct supervision m 990 was filed?	7 2 3	Yes
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 0. <b>b</b> Enter the number of voting members included in line 1a, above, who are independent	the direct supervision m 990 was filed?	7 2 3	
<ul> <li>body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.</li> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision n 990 was filed? assets?	3	
<ul> <li>b Enter the number of voting members included in line 1a, above, who are independent</li> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?</li> <li>a Did the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision n 990 was filed? assets?	3	
<ul> <li>Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?</li> <li>a Did the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision n 990 was filed? assets?	3	
<ul> <li>officer, director, trustee, or key employee?</li> <li>Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?</li> <li>a Did the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision m 990 was filed? assets?	3	
<ul> <li>Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?</li> <li>a Did the organization have members, stockholders, or other persons who had the power to elect or</li> </ul>	the direct supervision n 990 was filed? assets?	3	
of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or	n 990 was filed? assets?		
Did the organization make any significant changes to its governing documents since the prior Forr Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders? <b>a</b> Did the organization have members, stockholders, or other persons who had the power to elect or	n 990 was filed? assets?		
Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or	assets?		
Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or			
a Did the organization have members, stockholders, or other persons who had the power to elect or		5	
	connaint and ar	6	
more members of the governing body?		7a	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members			
persons other than the governing body?		7b	
Did the organization contemporaneously document the meetings held or written actions undertaken during the			
a The governing body?		8a	Х
b Each committee with authority to act on behalf of the governing body?		8b	<u> </u>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r			
organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	
ction B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		
			Yes
a Did the organization have local chapters, branches, or affiliates?		10a	Х
b If "Yes," did the organization have written policies and procedures governing the activities of such	n chapters, affiliates,		
and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х
a Has the organization provided a complete copy of this Form 990 to all members of its governing b	ody before filing the form?	11a	Х
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
a Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	ise to conflicts?	12b	Х
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe		
in Schedule O how this was done		12c	Х
Did the organization have a written whistleblower policy?		13	Х
Did the organization have a written document retention and destruction policy?		14	Х
Did the process for determining compensation of the following persons include a review and appro	oval by independent		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?		
a The organization's CEO, Executive Director, or top management official		15a	Х
b Other officers or key employees of the organization		15b	Х
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gement with a		
taxable entity during the year?	-	16a	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to eval			
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's		
exempt status with respect to such arrangements?	•	16b	
ction C. Disclosure			
List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	ΕO		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99		) availab	le
for public inspection. Indicate how you made these available. Check all that apply.		, 	
	ain in Schedule O)		
Describe in Schedule O whether (and if so, how) the organization made its governing documents,	,	nd finan	cial
statements available to the public during the tax year.			
State the name, address, and telephone number of the person who possesses the organization's	books and records:		
CHRIS TESSONE $-301-761-4385$			
1625 K STREET NW, NO. 400, WASHINGTON, DC 20006			
D06 11-11-16		Form	990
6			
0908 756359 1441204.000 2016.04013 50CAN, INC.		144	1120

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

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

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	a a a	Irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	d ual t	itiona	_	nploy	st coi	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			
(1) SANDY VARGAS	2.00			_			_			
BOARD CHAIR		X		Х				0.	0.	0.
(2) MARC MAGEE	45.00									
CEO & BOARD MEMBER	5.00	X		Х				259,705.	0.	26,172.
(3) ANN BOROWIEC	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) ROLAND MARTIN	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) MICHAEL PHILLIPS	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) JONATHAN SACKLER	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) DACIA TOLL	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) DAVID WICK	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) VALLAY-LATH VARRO	45.00									
PRESIDENT	5.00			Х				217,428.	0.	31,911.
(10) INGRID REYNOSO	50.00									
COO (THRU 01/2016)				Х				15,000.	0.	141.
(11) CHRIS TESSONE	45.00									
CFO AND SECRETARY	5.00			Х				113,135.	0.	6,062.
(12) JONATHAN CETEL	50.00									
ED PENNCAN						Х		138,591.	0.	11,464.
(13) REBECCA GREENBERG-ELLIS	50.00									
SVP OF GROWTH						Х		108,200.	0.	25,040.
(14) JANELLEN DUFFY	50.00									
ED JERSEYCAN						Х		142,675.	0.	42,243.
(15) DERRELL BRADFORD	50.00									
EXECUTIVE VICE PRESIDENT						х		156,300.	0.	11,588.
(16) JASON BOTEL	50.00	l							_	<b></b>
ED MARYLAND CAN						Х		158,760.	0.	27,550.

632007 11-11-16

13480908 756359 1441204.000

7

	990 (2016) 50CAN, IN									27-3	069	592	Р	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>tees, Key Em</b> ( <b>B</b> ) Average			(C Pos	<b>C)</b> ition	า		Compensated Employe (D) Reportable	es (continued) (E) Reportable		Es	(F) timate	ed
		hours per week (list any hours for related organizations below	box	, unle	ss pe id a d	rson lirecto	Highest compensated Highest compensated	h an tee)	compensation from the organization (W-2/1099-MISC)	compensatic from related organization (W-2/1099-MIS	on d Is	com fr org and	nount other pensa om th anizat d relat	ation e ion ied
		line)	Indi	Insti	Officer	Key	High	Former						
1b	Sub-total								1,309,794.		0.	18	2,1	71.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					· · · · · · ·		0. 1,309,794.		0.	18	2,1	0. 71.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	סר no r	eceived more than \$100	),000 of reportab	le		Yes	12 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				-	•			highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any page a list of an line 1a yearing are	0,000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot e J i	her compensation from for such individual	the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> <b>tion B. Independent Contractors</b>	-				-			-			5		х
1	Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		npens			
HOU	(A) Name and business JSE9DESIGN, 4-4525 RUE		ON'	<b>F</b> RE	EAI	<u>.</u> ,			<b>(B)</b> Description of s	ervices	С	(C ompe		n
QUI GII	EBEC, CANADA H2TIT7 SSON, DUNN & CRUTCHER,	LLP				_			GRAPHIC DESI					68.
P.O. BOX 840723, LOS ANGELES, CA 90084 LEGAL SERVICES THE MANAGEMENT ACTION CENTER, INC., 1710 LEADERSHIP RHODE ISLAND AVENUE NW, SUITE 1100, DEVELOPMENT CONSULTI									20. 27.					
	· · · ·			-									-	
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	•					3					Form	<b>990</b> (	2016)

632008 11-11-16

8 13480908 756359 1441204.000 2016.04013 50CAN, INC.

				N, INC.				27-3069	592 Page <b>9</b>
Pa	rt V	111							
			Check if Schedule O cont	tains a response	or note to any lin		(B)		
						<b>(A)</b> Total revenue	(D) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
ts, An			Fundraising events						
Gif			Related organizations						
Sin',			Government grants (contribut						
utic		f	All other contributions, gifts, gran		10 101 007				
otb		~	similar amounts not included abo		10,121,237.				
Con		-	Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	-	,	10,121,237.			
<u> </u>					Business Code				
e,	2	а	EDU. REFORM ASSESSMENT	1	900099	2,375.	2,375.		
e rvic	_	b				,	,		
Se		с							
am eve		d							
Program Service Revenue		е							
ē		f	All other program service reve						
		g	Total. Add lines 2a-2f			2,375.			
	3		Investment income (including			10			1.0
			other similar amounts)			16.			16.
	4 5		Income from investment of ta						
	5		Royalties	(i) Real	(ii) Personal				
	6	а	Gross rents	(i) Real					
			Less: rental expenses						
			Rental income or (loss)						
					►				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss) Gross income from fundraisin						
Other Revenue	0	d	including \$	0 (					
evel			contributions reported on line						
r Re			Part IV, line 18						
the		b	Less: direct expenses						
0			Net income or (loss) from fund		►				
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gan		····· ►				
	10	а	Gross sales of inventory, less						
		h	and allowances Less: cost of goods sold						
			Net income or (loss) from sale						
		-	Miscellaneous Revenu		Business Code				
	11	а	MISC. REVENUE		900099	4,168.			4,168.
		b				·			
		с							
			All other revenue						
		е	Total. Add lines 11a-11d		►	4,168.			
	12		Total revenue. See instructions.		▶	10,127,796.	2,375.	0.	4,184.
63200	9 11-	11	- 16						Form <b>990</b> (2016)

632009 11-11-16

50CAN, INC.

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). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 145,610. 145,610. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 1,000. 1,000. Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 669,554. 511,383. 74,855. 83,316. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,870,376. 2,956,065. 432,700. 481,611. Other salaries and wages 7 Pension plan accruals and contributions (include 8 121,542. 92,830. 13,588. 15,124. section 401(k) and 403(b) employer contributions) 71,371. 573,558. 438,064. 64,123. Other employee benefits 9 387,477. 295,942. 43,319. 48,216. Payroll taxes 10 Fees for services (non-employees): 11 a Management 228,012. 135,359. 92,653. b Legal 93,719. 38,083. 55,636. Accounting С 19,040. 19,040. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 489,896. 31,497. 39,499. 560,892. column (A) amount, list line 11g expenses on Sch 0.) 200,002. 200,002. Advertising and promotion 12 2,260. 65,311. 103,380. 35,809. 13 Office expenses 289,095. 170,366. 113,291. 5,438. 14 Information technology 15 Royalties 190,514. 184,051. 6,463. 16 Occupancy 431,726. 404,799. 4,137. 22,790. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 294,714. 277,679. 14,834. 2,201. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 27,374. 27,374. Depreciation, depletion, and amortization 22 33,429. 33,429. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 8,241,014. 6,205,186. 1,264,002. 771,826. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

632010 11-11-16

13480908 756359 1441204.000

Net Assets or Fund Balances

632011 11-11-16

#### 11 13480908 756359 1441204.000 2016.04013 50CAN, INC.

## 14412001

				Beginning of year		End of year
1	Cash - non-interest-bearing			2,035,431.	1	1,508,325.
2	Savings and temporary cash investments			10,000.	2	51,155.
3	Pledges and grants receivable, net			491,849.	3	2,882,525.
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensation	ated en	nployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 50 <sup>-</sup>	(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comp	ete Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	=
9	Prepaid expenses and deferred charges			22,295.	9	72,499.
10a	Land, buildings, and equipment: cost or other		101.076			
	basis. Complete Part VI of Schedule D		184,076. 94,025.	44 000		0.0 0.51
b	Less: accumulated depreciation			44,237.	10c	90,051. 1,990.
11	Investments - publicly traded securities				11	1,990.
12	Investments - other securities. See Part IV, line 1		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets	00.000	14	22 004		
15	Other assets. See Part IV, line 11	82,269.	15	23,084.		
16	Total assets. Add lines 1 through 15 (must equa	2,686,081. 126,450.	16	4,629,629. 177,466.		
17	Accounts payable and accrued expenses			4,250.		10,000.
18	Grants payable			4,230.	18	10,000.
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete R				21	
22	Loans and other payables to current and former key employees, highest compensated employee					
					22	
23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				22	
23	Unsecured notes and loans payable to unrelated				23	
25	Other liabilities (including federal income tax, pa				27	
20	parties, and other liabilities not included on lines					
	Schedule D	,			25	
26	Total liabilities. Add lines 17 through 25		F	130,700.	26	187,466.
	Organizations that follow SFAS 117 (ASC 958					
	complete lines 27 through 29, and lines 33 an					
27	Unrestricted net assets			33,373.	27	2,262,059.
28	Temporarily restricted net assets			2,522,008.	28	2,180,104.
29	<b>B 11 11 1 1 1 1</b>				29	
	Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or eq		31			
32	Retained earnings, endowment, accumulated in	×	32			
33	Total net assets or fund balances		·····	2,555,381.	33	4,442,163.
34	Total liabilities and net assets/fund balances			2,686,081.	34	4,629,629.
						Form <b>990</b> (2016)

50CAN, INC. Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

**(B)** End of year

**(A)** Beginning of year

Assets

Liabilities

Form	990 (2016) 50CAN, INC.	27-3	069592	Pag	ge <b>12</b>
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	10,12		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,243		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,880		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,55	5,3	81.
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	4,442	2,1	63.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
2a	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 reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2016)

SCHEDULE A	
------------	--

(Form	990	or	990	-EZ
-------	-----	----	-----	-----

# 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.

	2016
990.	Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

Nam	e of t	he organization		· · · ·					identification number	
			N, INC.						7-3069592	
Pa	rt I	Reason for Public	Charity Status (	All organizations must c	omplete th	iis part.) S	ee instructions			
The	organ	ization is not a private found		<b>.</b> .						
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-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). (0								
6		A federal, state, or local go								
7	X	An organization that norma		initial part of its support	from a gov	rernmenta	l unit or from th	ne general	public described in	
•		section 170(b)(1)(A)(vi). (C								
8		A community trust describe				a al iva a a va iv				
9		An agricultural research org	-			-		-	-	
		or university or a non-land- university:	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state of	the colleg	le Or	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	oport from	contributi	ions mombors	hin foos	and gross receipts from	
10		activities related to its exer								
		income and unrelated busi		-					-	
		See section 509(a)(2). (Co				0000 0090		gainzation		
11		An organization organized	,	ively to test for public sa	afetv. See	section 5	09(a)(4).			
12		An organization organized	-	•	•			rry out the	e purposes of one or	
		more publicly supported or		-				•		
		lines 12a through 12d that	describes the type of	of supporting organizatio	on and con	nplete line	s 12e, 12f, and	l 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	y giving	
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	iving	
		control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		☐ Type III functionally interest.						y integrat	ed with,	
		its supported organizatio	. , .	<i>·</i> · ·			-			
d		Type III non-functionally						•		
		that is not functionally inf			•		-	l an attent	iveness	
	_	requirement (see instruct								
е		Check this box if the orga					a Type I, Type	II, Type III		
£	Ento	functionally integrated, o er the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0					
g		vide the following information	•	d organization(s)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ins	structions)	support (see instructions)	
							L			
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

## Schedule A (Form 990 or 990 EZ) 2016 50CAN, INC.

27-3069592 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6213276.	5563288.	5379020.	6689398.	10121237.	33966219.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6213276.	5563288.	5379020.	6689398.	10121237.	33966219.
	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)						14959185.
6	Public support. Subtract line 5 from line 4.						19007034.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	6213276.	5563288.	5379020.	6689398.	10121237.	33966219.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,118.	336.	863.	419.	16.	2,752.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					4,128.	4,128.
11	Total support. Add lines 7 through 10						33973099.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	63,078.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	55.95 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	46.46 %
16a	33 1/3% support test - 2016. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies						
b	33 1/3% support test - 2015. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	sts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	Is 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2016

14 13480908 756359 1441204.000 2016.04013 50CAN, INC.

14412001

(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.)

Section A. Public Support		·	. <u> </u>			
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> 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.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) orga	anization,
check this box and <b>stop here</b>						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage	•			
17 Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the					33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2015. If the						%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
632023 09-21-16						990 or 990-EZ) 2016
			15			,

13480908 756359 1441204.000 2016.04013 50CAN, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

## 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.
- **c** 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.
- **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.*
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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).*
- **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.**
- **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.*
- c 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**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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.)

632024 09-21-16

16 13480908 756359 1441204.000 2016.04013 50CAN, INC. Schedule A (Form 990 or 990-EZ) 2016

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	110		
<u></u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization'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 reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016 (
	17			

13480908 756359 1441204.000 2016.04013 50CAN, INC.

Schedule A (Form 990 or 990-EZ) 2016 50CAN, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	IS						
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	he organization is responsive	9					
	(provide details in Part VI). See instructions							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
Sacti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016				
			FIE-2010	Amount for 2010				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reason-							
	able cause required- explain in Part VI). See instructions							
3	Excess distributions carryover, if any, to 2016:							
a								
b								
c	From 2013							
d	From 2014							
e	From 2015							
f	<b>Total</b> of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
<u>i</u>	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
-	Applied to 2016 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2017. Add lines 3j and 4c							
8	Breakdown of line 7:							
<u> </u>								
-	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

13480908 756359 1441204.000

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

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## MISC. REVENUE

2016 AMOUNT: \$ 4,128.

632028 09-21-16

13480908 756359 1441204.000

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

# 2016

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

5	0	CAN	,	INC.	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2016)

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the event wetter eventual IIVee	II am Earma 000 Dart IV		New VIII and AC (Delition)	Commentary Activities 1 these
If the organization answered "Yes	." ON FORM 990, Part IV	. line 3. or Form 990-FZ. P	art V. line 46 (Political	Campaign Activities), then

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	ne of organization 50 CAN ,	TNC		E	Employ	yer identification 27-306959	
Pa		anization is exempt unde	er section 501(c) o	or is a section 52	27 or		/ 2
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ration's direct and indirect politica ures	l campaign activities in	ı Part IV.	▶\$_	-	
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(3	3).			
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio Was a correction made?	incurred by the organization unde incurred by organization manager n 4955 tax, did it file Form 4720 fo	er section 4955 s under section 4955 or this year?	· · · · · · · · · · · · · · · · · · ·	▶\$_	Yes	No
_	If "Yes," describe in Part IV.	anization is exempt unde	r section 501(c).	except section 5	501(c	)(3).	
<ul> <li>Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).</li> <li>1 Enter the amount directly expended by the filing organization for section 527 exempt function activities</li> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing or made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated or contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated</li> </ul>							al
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	i's (	(e) Amount of po contributions receipromptly and di delivered to a se political organiz If none, enter	ived and rectly parate ation.

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

13480908 756359 1441204.000

Schedule C (Form 990 or 990-EZ) 2016	50CAN, INC.			27-3	069592 Page 2
Part II-A Complete if the org	ganization is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organiza	ation belongs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	expenditures).			
B Check 🕨 🛄 if the filing organiza	ation checked box A ar	nd "limited control" pro	ovisions apply.		r
	its on Lobbying Expe ditures" means amou		)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (	arass roots lobbvina)		6,361.	
<b>b</b> Total lobbying expenditures to infl				200,021.	
c Total lobbying expenditures (add l				206,382.	
d Other exempt purpose expenditur				7,281,593.	
e Total exempt purpose expenditure	es (add lines 1c and 1c	l)		7,487,975.	
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bot	h columns.	524,399.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			131,100.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720		•
reporting section 4911 tax for this	year?	-			Yes No
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for lin	have to complete all	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount	421,029.	403,239.	476,145.	524,399.	1,824,812.

263,571.

100,810.

26,042.

334,712.

119,036.

41,177.

6,361. 149,914. Schedule C (Form 990 or 990-EZ) 2016

206,382.

131,100.

2,737,218.

1,221,574.

456,203.

684,305.

632042 11-10-16

**b** Lobbying ceiling amount

(150% of line 2a, column(e))

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

27 13480908 756359 1441204.000 2016.04013 50CAN, INC.

416,909.

105,257.

76,334.

## Schedule C (Form 990 or 990-EZ) 2016 50CAN, INC.

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5). or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OR	(b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		<b>2</b> b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

13480908 756359 1441204.000

SCHEDULE	D
----------	---

Department of the Treasury Internal Revenue Service

(Form	990)	
-------	------	--

632051 08-29-16

13480908 756359 1441204.000

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



of the nization ...

loy	er	id	en	tifi	са	ıti	on	n	um	b	e
	~	_	-	· ~	~	~	_	~	~		

Name	of the organization 50CAN, INC •			Employer identification number $27 - 3069592$
Par		ed Funds or Other Similar Fund	s or Ac	
i ui	organization answered "Yes" on Form 990, Part IV, li			
		(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)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in		ised fund	S
-	are the organization's property, subject to the organization'	-		
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor			
		· · · · ·		
Par				ine 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically i	mportant land area
	Protection of natural habitat	Preservation of a cer	tified his	toric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	n of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		Г	2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic si			2c
	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, r		ne organiz	zation during the tax
	year 🕨			-
4	Number of states where property subject to conservation e	asement is located		
	Does the organization have a written policy regarding the policy			
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	ation eas	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	0(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			YesNo
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expens	e statem	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organize	ation's financial statements that describes	s the orga	anization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other S	imilar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and	d balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furthera	ance of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.		
b	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, o	education, or research in furtherance of pu	ublic serv	rice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	<b>AND A A A A A A A A A A</b>			► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financia	al gain, p	rovide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2016

29

2016.04013 50CAN, INC.

-	dule D (Form 990) 2016 50CAN ,	INC.						27-30	6959	2 <sub>Pa</sub>	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Oth	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								7		٦
Da	to be sold to raise funds rather than to be matter that to be matt								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the	organizatio	n answered	Yes or	i Form 990	, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custod		hiany for	contribution	s or other as	sets not	included				
Ia	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII							······			110
~			lotting						Amoun	ŀ	
с	Beginning balance						1c		,	-	
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Parl	t IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance		- /line 1								
2	Provide the estimated percentage of the cur			g, column (a	a)) neid as:						
	Board designated or quasi-endowment ►	%	_%								
	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	-	ation the	at are held a	nd administe	ered for t	he organiz	ration			
	by:								Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 990	), Part X	, line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)	• • •	ccumulate preciation	d	( <b>d)</b> Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment			18	4,076.		94,02	25.	9	0,0	51.
	Other									<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)	<u></u>			9	0,0	51.

Schedule D (Form 990) 2016

632052 08-29-16

(a) Description of security or category (including name of security)		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	an analysis
	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1) Financial derivatives			
Closely-held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			•
(2)			
(3)			
(4)			
(5)		_	
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lir	ne 11d. See Form 990. Part X. line 15	
Complete if the organization answered "Yes" (		ne 11d. See Form 990, Part X, line 15	
(a) [	on Form 990, Part IV, lir Description	ne 11d. See Form 990, Part X, line 15	. (b) Book value
(a) [ (1)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5) (6) (7)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5) (6) (7) (8)		ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	ne 11d. See Form 990, Part X, line 15	
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (A) Description of liability	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description		(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (8) (9) Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Dotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (4) (5) (6) (7) (4) (5) (6) (7) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	ne 11e or 11f. See Form 990, Part X,	(b) Book value
(a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	2escription	ne 11e or 11f. See Form 990, Part X,	(b) Book value

632053 08-29-16

13480908 756359 1441204.000

Sche	edule D (Form 990) 2016 50 CAN , INC .			27-	3069592 Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With I			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,129,998.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	2,202.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,202.
3	Subtract line <b>2e</b> from line <b>1</b>			3	10,127,796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_	Tatal variables Add lines 2 and 4 (This must say of Form 000 Port 1 line 12)			5	10,127,796.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With		-	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With 12a.	Expenses per	Retu	irn.
	Reconciliation of Expenses per Audited Financial Sta           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	tements With 12a.	Expenses per	-	
Pa	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With 12a.	Expenses per	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial Sta           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	tements With 12a.	Expenses per	Retu	irn.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	12a.	Expenses per	Retu	irn.
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	12a.           2a           2b	Expenses per	Retu	irn.
Pa 1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c	Expenses per	Retu	ırn. 8,243,216.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per	1 2e	rn. 8,243,216. 2,202.
Pa 1 2 a b c d	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per	1	ırn. 8,243,216.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per	1 2e	rn. 8,243,216. 2,202.
Pa 1 2 a b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per	1 2e	rn. 8,243,216. 2,202.
Pa 1 2 a b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per	1 2e	rn. 8,243,216. 2,202.
Pa 1 2 a b c d 3 4 a	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           2b           2c           2d           4a           4b	Expenses per 2,202.	Retu 1 2e 3 4c	rn. 8,243,216. 2,202. 8,241,014. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	Expenses per 2,202.	1 2e 3	rn. 8,243,216. 2,202.

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

PART X, LINE 2:

50C2	AN I	RECOG	NIZE	S THE	EFFE	CT OF	INCO	ME T	'AΧ	POSI	TIOI	NS (	ONLY	WHEN	THE	Y AF	RΕ
MORI	5 Г.	IKELY	THA	N NOT	то в	E SUS	TAINE	D. M	IANA	GEME	NT I	HAS	DETE	ERMINE	ED T	HAT	50CAN
HAD	NO	UNCE	RTAI	N TAX	POSI	TIONS	THAT	พดบ	ILD	REQU	IRE	FI	NANCI	IAL ST	<b>FATE</b>	MENT	2
RECO	)GN	ITION	OR	DISCLO	SURE	<b>.</b> 50C	AN IS	NO	LON	GER	SUB	JEC	г то	EXAM	INAT	IONS	S BY
THE	AP	PLICA	BLE	TAXINO	JUR	ISDIC'	TIONS	FOR	PE	RIOD	S PI	RIO	R TO	2013			

632054 08-29-16

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		<b>Go</b> Compl	irants and Oth vernments, ar ete if the organizatio	nd Individual n answered "Yes" Attach to For	<b>ls in the Ŭni</b> ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.			2016 2016 Deen to Public
Name of the organizati	ion	Information	ion about Schedule I	(Form 990) and its	s instructions is a	t www.irs.gov/form99	<u>0.</u>	Employer iden	Inspection tification number
Name of the organizati	50CAN, IN	۲C <b>.</b>							7-3069592
Part I General Ir	nformation on Grants a	and Assistance							
criteria used to a	zation maintain records award the grants or assis IV the organization's pro	stance?	-						Yes 🗌 No
	d Other Assistance to	-				anization answered	es" on Form 990, Par	t IV, line 21, for a	any
1 (a) Name and ac	hat received more than ddress of organization vernment	\$5,000. Part II can <b>(b)</b> EIN	be duplicated if addit (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		ose of grant sistance
50CAN ACTION FUNE 1625 K STREET NW, WASHINGTON, DC 20	SUITE 400	45-4698768	501(C)4	145,610.	0.			LOBBYING EXI PURSUANT TO	
	per of section 501(c)(3) a per of other organization	•	•	ne line 1 table				······· <b>È</b>	0
	Reduction Act Notice							Schedule I	(Form 990) (2016

Schedule I (Form 990) (2016)

50CAN, INC.

27-3069592 Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information	tion required in Part I, lin	ne 2; Part III, columr	ı (b); and any other a	dditional information.	
ART I, LINE 2:					
ROM TIME TO TIME WE WILL PART		ፑፑ ሮጥልጥፑ ፣		ATTS WHEN	
COM TIME TO TIME WE WILL PART	NTIL WITH OIH	EK SIAIE I			

OPPORTUNITIES ARISE. IN CERTAIN CASES, 50CAN ACTS AS FISCAL AGENT FOR SUCH

GRANTS AND WILL ENTER INTO SEPARATE GRANT AGREEMENTS WITH SUB-GRANTEES

BEFORE DISTRIBUTING FUNDS. WE REQUIRE REPORTING ON THE USE OF FUNDS AND AN

UPDATE ON PROGRAMMING FROM ANY AND ALL SUB-GRANTEES. 50CAN, INC. HAS NOT

HISTORICALLY MADE INDEPENDENT GRANTS TO OTHER ORGANIZATIONS UNLESS 50CAN IS

PART OF THE SAME PROJECT.

Schedule I	(Form 990)	50 50 CAN,	INC.
Part IV	Supple	emental Information	

50CAN ALSO MAINTAINS SEVERAL ONGOING GRANT AGREEMENTS WITH 50CAN ACTION

FUND, INC., WHICH STIPULATE THAT 50CAN WILL REIMBURSE 50CAN ACTION FUND,

INC. FOR CERTAIN CONTRACTS THAT BENEFIT 50CAN'S NETWORK.

Schedule I (Form 990)

632291 04-01-16

SC	Chedule J Compensation Information		OMB No.	1545-00	)47
(Fo	Drm 990) For certain Officers, Directors, Trustees, Key Employees, and Hig	hest	20	16	<u> </u>
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 23	20		,
Depa	artment of the Treasury Attach to Form 990.	ine 20.	Open to		
-	rnal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs		-	ection	
Nan	me of the organization		er identificati		mber
De	50CAN, INC. art I Questions Regarding Compensation	21-	-306959	2	
Fd				N <sub>2</sub>	
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed	on Form 000		Yes	No
Id	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	011 F0111 990,			
	First-class or charter travel	or poreonal uso			
	Travel for companions     Payments for business use of per	•			
	Tax indemnification and gross-up payments				
	Discretionary spending account				
		chauneur, cherj			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymer	nt or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2					
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
			······		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related of	-			
	establish compensation of the CEO/Executive Director, but explain in Part III.	- <u>g</u> a <u>_</u> a			
	Compensation committee Written employment contract				
	Independent compensation consultant				
	X     Form 990 of other organizations       X     Approval by the board or compendation	sation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		Х
b					Х
с					Х
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part II				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any com	pensation			
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any com	pensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed p				
	not described on lines 5 and 6? If "Yes," describe in Part III		7	X	
8	, , , , , , , , , , , , , , , , , , , ,	-			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	<u></u>			
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Sch	edule J (Fori	m 990	) 2016

632111 09-09-16

36 13480908 756359 1441204.000 2016.04013 50CAN, INC.

## 27-3069592

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	on prior Form 990
(1) MARC MAGEE	(i)	239,705.	20,000.	0.	13,020.	13,152.	285,877.	0.
CEO & BOARD MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VALLAY-LATH VARRO	(i)	200,428.	17,000.	0.	11,150.	20,761.	249,339.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN CETEL	(i)	136,591.	2,000.	0.	0.	11,464.	150,055.	0.
ED PENNCAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANELLEN DUFFY	(i)	140,675.	2,000.	0.	12,841.	29,402.	184,918.	0.
ED JERSEYCAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DERRELL BRADFORD	(i)	152,300.	4,000.	0.	0.	11,588.	167,888.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JASON BOTEL	(i)	156,760.	2,000.	0.	8,242.	19,308.	186,310.	0.
ED MARYLAND CAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

### Part III Supplemental Information

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

## PART I, LINE 7:

## 50CAN PROVIDES BONUS COMPENSATION BASED ON VARIOUS PERFORMANCE RELATED

CRITERIA AND THE JUDGEMENT OF MANAGEMENT. BONUSES ARE APPROVED BY THE BOARD

## OF DIRECTORS ON AN ANNUAL BASIS.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

50CAN, INC.

Employer identification number 27 - 3069592

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

50CAN, INC. IS A NOT-FOR-PROFIT ORGANIZATION COMMITTED TO CLOSING

AMERICA'S ACHIEVEMENT GAP BY BUILDING PUBLIC SUPPORT FOR PROVEN MODELS

OF EFFECTIVE PUBLIC EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 50CAN IS ORGANIZED FOR THE PURPOSE OF IMPROVING THE QUALITY OF PUBLIC EDUCATION IN THE 50 STATES OF THE UNITED STATES OF AMERICA. IT DOES SO THROUGH THE CREATION AND MANAGEMENT OF STATE-BASED EDUCATIONAL REFORM PROGRAMS IN SUPPORT OF GREATER CHOICES, TRANSPARENCY, ACCOUNTABILITY AND FLEXIBILITY IN PUBLIC EDUCATION. ELEMENTS OF THESE PROGRAMS INCLUDE: RESEARCH ON AND DEVELOPMENT OF EFFECTIVE EDUCATIONAL REFORM POLICIES; DEVELOPMENT AND USE OF INFORMATION TECHNOLOGY, DATA GATHERING AND OUTCOME MEASUREMENTS DESIGNED TO INFORM, EVALUATE AND STRENGTHEN PUBLIC EDUCATION; PRODUCTION OF COMMUNICATIONS MATERIALS AND THE USE OF OUTREACH STRATEGIES TO EDUCATE THE GENERAL PUBLIC, ELECTED OFFICIALS, SCHOOL ADMINISTRATORS AND TEACHERS, CIVIC AND COMMUNITY GROUPS AND OTHER INTERESTED PARTIES ABOUT THE STATE OF PUBLIC EDUCATION AND THE POTENTIAL OF EDUCATION REFORM POLICIES AND PROGRAMS; AND EDUCATIONAL AND FELLOWSHIP PROGRAMS TO TRAIN INDIVIDUALS AS EFFECTIVE EDUCATIONAL **REFORM LEADERS.** 

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING 2016, 50CAN, INC. BEGAN A NEW PROGRAM AREA, TRAINING, WHICH

INCLUDES A SUITE OF TRAINING AND LEADERSHIP AND PROFESSIONAL

DEVELOPMENT PROGRAMS AND OPPORTUNITIES.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16
 3 9

13480908 756359 1441204.000 2016.04013 50CAN, INC.

Name of the organization

50CAN, INC.

Employer identification number 27 – 3069592

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH & POLICY

50CAN'S RESEARCH MARRIES IN-DEPTH ANALYSIS OF STATE-LEVEL PUBLIC

EDUCATION DATA IN EACH STATE WITH THE LATEST NATIONAL EDUCATION POLICY RESEARCH.

FISCAL SPONSORSHIPS

FROM TIME TO TIME 50CAN WILL OFFER FISCAL AGENCY SERVICES TO PARTNER ORGANIZATIONS WITH SIMILAR MISSIONS. TO DATE THESE RELATIONSHIPS HAVE BEEN OFFERED TO NEW ORGANIZATIONS AWAITING INDEPENDENT 501(C)3 STATUS OR TO THOSE THAT WANT TO TAKE ADVANTAGE OF 50CAN'S FINANCIAL PROCESSES. EXPENSES \$ 744,623. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

50CAN DOES NOT HAVE BOARD COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

 THE FORM 990 WILL BE COMPLETED ANNUALLY AND COPIES WILL BE PROVIDED TO THE

 ENTIRE BOARD OF DIRECTORS AS WELL AS THE PRESIDENT OF THE ORGANIZATION. AT

 THAT TIME THE PRESIDENT WILL REVIEW THE FORM 990 WITH THE BOARD'S

 AUDIT/FINANCE COMMITTEE. ANY NECESSARY CHANGES WILL THEN BE UPDATED ON THE

 FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE PRESIDENT IS IN AGREEMENT

 WITH THE AUDIT COMMITTEE ON THE FINISHED FORM 990, IT WILL BE SIGNED BY THE

 PRESIDENT, DATED AND SUBMITTED BY THE FILING DEADLINE. A COPY OF THE

 600212 08-25-16
 40

 13480908 756359 1441204.000
 2016.04013 50CAN, INC.

Name of the organization		Employer identification number
<b>50CAN</b> ,	INC.	27-3069592

APPROVED FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON.

A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY: (A) AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, (B) A COMPENSATION ARRANGEMENT WITH THE ORGANIZATION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, OR (C) A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. COMPENSATION INCLUDES DIRECT AND INDIRECT REMUNERATION AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL. A FINANCIAL INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST. A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE A CONFLICT OF INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMITTEE DECIDES THAT A CONFLICT OF INTEREST EXISTS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND 632212 08-25-16 41 13480908 756359 1441204.000 2016.04013 50CAN, INC. 14412001

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization 50CAN, INC.	Employer identification number 27-3069592
JUCAN, INC.	27-3009392
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE S	HALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINAT	TON OF & CONFITCH
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINAT	ION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

A.AN INTERESTED PARTY MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR

COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE

MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR

ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

B.THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

C.AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL

DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

D.IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 42 13480908 756359 1441204.000 2016.04013 50CAN, INC. 14412001

Schedule O (Form 990 or 990-EZ) (2016)       Page 3         Name of the organization       Employer identification number 27-3069592         AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER         HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS         WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES         THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF
50CAN, INC.       27-3069592         AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER         HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS         WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES
HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES
WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES
THE MEMBER HAS FATLED TO DISCLOSE AN ACTIVAL OF DOSSIBLE CONFLICT OF
THE MEMBER HAD FAILED TO DISCLOSE AN ACTUAL OR TODDIBLE CONFLICT OF
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH
PERSON
A.HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY,
B.HAS READ AND UNDERSTANDS THE POLICY,
C.HAS AGREED TO COMPLY WITH THE POLICY, AND
D.UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.
FORM 990, PART VI, SECTION B, LINE 15:
FOR ALL POSITIONS, 50CAN LOOKS AT NON-PROFIT COMPENSATION ACROSS ITS

VARIOUS STATES TO ENSURE THAT ITS COMPENSATION IS COMPETITIVE TO RETAIN THE BEST TALENT.

WHEN SETTING COMPENSATION FOR POSITIONS, 50CAN REVIEWS COMPENSATION SURVEYS FOR NON-PROFITS AND CONSIDERS OTHER EDUCATION REFORM GROUPS AND HOW THEY COMPENSATE THEIR EMPLOYEES. RAISES AND PROMOTIONS ARE USUALLY BASED ON 50 CAN'S PERFORMANCE REVIEW SYSTEMS. ONCE COMPENSATION HAS BEEN DETERMINED, A CHART IS SUBMITTED TO THE BOARD OF DIRECTORS WITH EXPLANATIONS OF ANY PROPOSED CHANGES AND THE BOARD THEN VOTES ON THESE FIGURES DURING AN EXECUTIVE SESSION. 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 43

14412001

Name of the organization

50CAN, INC.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CT, FL, GA, HI, MD, MN, NC, NJ, NM, NY, PA, RI, SC, TN, VA

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC BY

PROVIDING COPIES UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF

AUDITED FINANCIAL STATEMENTS; THE BOARD COLLECTIVELY REVIEWS AND

APPROVES THE AUDITED FINANCIAL STATEMENTS.

44 13480908 756359 1441204.000 2016.04013 50CAN, INC. Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         > Attach to Form 990.         Department of the Treasury Internal Revenue Service         > Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.											
Name of the organization 50CAN, INC. Employer ide 27-30											
Part I Identificatio	on of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.							
	(a) ess, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	or Tota	<b>(d)</b> I income	<b>(e)</b> End-of-year	assets	Dire	<b>(f)</b> ct controlling entity	g	
		-									
		-									
		-									
	ns during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	J, Part IV, line	e 34 becaus	se it had one	or more	related tax-	exempt		
<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	· · ·		(e) blic charity us (if section 501(c)(3))	Direo	<b>(f)</b> ct controlling entity	cont	g) 512(b)(13) trolled tity?	
1625 K STREET NW,	, INC 45-4698768 SUITE 400 0006	TO CLOSE AMERICA'S EDUCATIONAL ACHIEVEMENT GAP	CONNECTICUT	501(C)(4)			50CAN,	INC.	x		
		-									
		-									
		-									

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

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percenta <sup>jing</sup> ownersh er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	1										
	1										
	1										
										+	
	1										
	1										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Primary activity Legal domicile Cistate or foreign Direct controlling Type of entity (C corp, S corp, income or trust)					<b>(h)</b> Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		assets		Yes	No
									$\square$
	1								

## Schedule R (Form 990) 2016 50CAN, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es M
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	[]
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)			
Loans or loan guarantees by related organization(s)			-
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		-	_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	-
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	4
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) 50CAN ACTION FUND, INC.	В	145,610.	Cost
(2) 50CAN ACTION FUND, INC.	Q	504,082.	соят
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>	/7		Cale dula D (Farma 000) 0010

## Schedule R (Form 990) 2016 50CAN, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	)      (3) ? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tion alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2016

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

13480908 756359 1441204.000

49 2016.04013 50CAN, INC.