

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
MDRC
% LORRAINE KARLEN DEPUTY CFO
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
16 E 34TH STREET 19TH FLR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100164326

D Employer identification number
23-7379473

E Telephone number
(212) 532-3200

G Gross receipts \$ 91,749,123

F Name and address of principal officer
GORDON BERLIN
16 EAST 34TH ST 19TH FL
NEW YORK, NY 100164326

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ www.mdrc.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1974

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
MDRC is dedicated to improving the well-being of low-income people Through our research, we seek to enhance the effectiveness of social policies & programs that affect the poor

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	375
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	-23,876
7b Net unrelated business taxable income from Form 990-T, line 34	-28,650

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	86,282,823	60,427,127
9 Program service revenue (Part VIII, line 2g)	1,901,156	2,116,510
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,462,516	1,476,560
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89,646,495	64,020,197

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,702,439	5,372,995
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,342,377	37,902,676
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶5,395		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	47,334,122	42,902,790
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	92,378,938	86,178,461
19 Revenue less expenses Subtract line 18 from line 12	-2,732,443	-22,158,264

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	121,599,657	102,856,766
21 Total liabilities (Part X, line 26)	15,520,028	17,622,705
22 Net assets or fund balances Subtract line 21 from line 20	106,079,629	85,234,061

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: *****
Date: 2017-11-08
LORRAINE KARLEN Deputy CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Scott Thompsett
Preparer's signature: Scott Thompsett
Date: 2017-11-08
Check if self-employed
PTIN: P00741490
Firm's name: GRANT THORNTON LLP
Firm's address: 757 THIRD AVENUE 3RD FLOOR
NEW YORK, NY 100172013
Firm's EIN:
Phone no: (212) 599-0100

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Founded in 1974, MDRC is a nonprofit, nonpartisan social policy and education research organization that is driven by its mission MDRC is dedicated to learning what works to improve the well-being of low-income people Through our research and the active communication of our findings, we seek to enhance the effectiveness of social policies and programs that affect the poor With a diverse staff of more than 350 and offices in New York City, Oakland, Los Angeles, and Washington, DC, MDRC carries out its mission by mounting large-scale evaluations of government and community programs targeted to low-income people, developing and field-testing promising new approaches, providing technical assistance, and working to ensure that our evidence informs the design and implementation of policies and programs We helped pioneer the use of random assignment - the same highly reliable methodology used to test new medicines - in social policy research Working in partnership with others, MDRC is bu

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 19,568,442 including grants of \$ 1,664,911) (Revenue \$ 706,789)
See Additional Data

4b (Code) (Expenses \$ 17,376,453 including grants of \$ 370,500) (Revenue \$ 619,168)
See Additional Data

4c (Code) (Expenses \$ 11,570,267 including grants of \$ 1,241,255) (Revenue \$ 390,199)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 25,642,358 including grants of \$ 2,096,329) (Revenue \$ 400,354)

4e Total program service expenses ▶ 74,157,520

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (LORRAINE KARLEN DEPUTY CFO 16 EAST 34TH ST NEW YORK, NY 100164326 (212) 532-3200)

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							3,151,026	0	537,876	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 84			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
matematica policy research inc, po box 2393 PRINCETON, NJ 08543	RESEARCH SUBCONTRACT	7,285,626
abt associates, 55 wheeler street CAMBRIDGE, MA 02138	RESEARCH SUBCONTRACT	1,985,633
Decision Information Resources inc, 2600 Southwest Freeway - Suite 900 HOUSTON, TX 77098	RESEARCH SUBCONTRACT	8,086,541
James Bell Associates inc, 3033 Wilson Blvd HOUSTON, TX 77098	RESEARCH SUBCONTRACT	1,571,478
Bank Street College of Education, 610 West 112 Street CAMBRIDGE, MA 02138	RESEARCH SUBCONTRACT	1,936,604

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 33	
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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	52,044,291				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,382,836				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		60,427,127				
Program Service Revenue			Business Code				
	2a MANAGEMENT FEES		900099	2,116,510		2,116,510	
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,116,510					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,417,747		-23,876	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	58,813				
		d Net gain or (loss)			58,813		58,813
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				0			
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			64,020,197		-23,876	3,616,946	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,372,995	5,372,995		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,365,283	1,070,260	1,295,023	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	25,501,310	20,546,892	4,951,958	2,460
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,469,617	1,232,272	237,173	172
9 Other employee benefits	6,605,601	5,105,005	1,499,956	640
10 Payroll taxes	1,960,865	1,515,415	445,260	190
11 Fees for services (non-employees)				
a Management	0			
b Legal	188,634	48,598	140,036	
c Accounting	168,000		168,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	118,132		118,132	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	210,282	169,147	41,114	21
14 Information technology	1,327,565	1,048,153	279,269	143
15 Royalties	0			
16 Occupancy	3,729,569	2,885,860	843,341	368
17 Travel	1,172,596	1,043,583	128,996	17
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	125,683	111,855	13,826	2
20 Interest	1,794		1,794	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	916,433	718,159	198,178	96
23 Insurance	235,892	186,303	49,568	21
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SURVEY/DATA COLLECTION	12,215,155	12,215,155		
b SUBCONTRACTORS	20,201,856	19,699,486	502,325	45
c PARTICIPANT INCENTIVES	246,084	246,084		
d FURNITURE & EQUIPMENT	201,653	159,211	42,420	22
e All other expenses	1,843,462	783,087	1,059,177	1,198
25 Total functional expenses. Add lines 1 through 24e	86,178,461	74,157,520	12,015,546	5,395
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	258,953	1	2,907,378
	2 Savings and temporary cash investments	11,286,762	2	4,261,056
	3 Pledges and grants receivable, net	37,079,032	3	24,106,885
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	517,743	9	534,488
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	14,573,998		
	b Less accumulated depreciation	13,162,841		
		1,389,725	10c	1,411,157
	11 Investments—publicly traded securities	47,126,827	11	58,139,076
	12 Investments—other securities See Part IV, line 11	7,093,958	12	9,291,274
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	16,846,657	15	2,205,452	
16 Total assets. Add lines 1 through 15 (must equal line 34)	121,599,657	16	102,856,766	
Liabilities	17 Accounts payable and accrued expenses	13,124,039	17	10,230,556
	18 Grants payable	54,107	18	5,162,947
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,341,882	25	2,229,202
	26 Total liabilities. Add lines 17 through 25	15,520,028	26	17,622,705
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	40,886,673	27	43,395,604
	28 Temporarily restricted net assets	56,242,956	28	32,888,457
	29 Permanently restricted net assets	8,950,000	29	8,950,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	106,079,629	33	85,234,061	
34 Total liabilities and net assets/fund balances	121,599,657	34	102,856,766	

Part 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	64,020,197
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,178,461
3	Revenue less expenses Subtract line 2 from line 1	3	-22,158,264
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106,079,629
5	Net unrealized gains (losses) on investments	5	1,312,696
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,234,061

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7379473

Name: MDRC

Form 990 (2016)

Form 990, Part III, Line 4a:

Health and barriers to Employment MDRC was originally established to study programs for the "hard-to-employ," Americans who face serious obstacles to finding and keeping steady work Our very first project, the National Supported Work Demonstration, tested the impact of paid work experience for long-term welfare recipients, ex-offenders, high school dropouts, and substance abusers, and it is still regarded as one of the most comprehensive sources of evidence on employment programs targeted to these groups Today we are testing tailored interventions for specific hard-to-employ groups - young people disconnected from the worlds of school and work, young people and adults at risk of entering the criminal justice system, ex-prisoners reentering their communities, long-term welfare recipients, and people with work-limiting disabilities The findings of our new studies as they emerge will expand the body of knowledge about how to address particular barriers to employment - and how to implement effective programs in the different public assistance, enforcement, and service delivery systems that interact with the hard-to-employ population Selected highlights from 2016 - Published Learning from Experience A Guide to Social Impact Bond Investing, by MDRC President Gordon Berlin It offers lessons from managing the nation's first Social Impact Bond, an innovative way to fund promising new programs at no cost to taxpayers, with the City of New York, Goldman Sachs, and Bloomberg Philanthropies - Released a report with interim findings from a major federal project testing enhanced models of transitional jobs programs for hard-to-employ populations, including former prisoners and noncustodial fathers - Published interim findings from a national evaluation of the prominent YouthBuild program for disconnected youth - Conducted and published a long-term analysis of data from the National Evaluation of Welfare-to-Work Strategies on whether offering job search or basic education first works better - Released a study on the replication of the successful Center for Employment Opportunities reentry program - Launched an evaluation of New York City's Supervised Release Program

Form 990, Part III, Line 4b:

Family Well-Being and Children's Development Children who grow up in poverty face much greater risks of academic failure, poor health, and emotional distress and, as adults, are more likely to be unemployed and poor MDRC's studies on children and families are providing a new generation of reliable evidence for policymakers about strategies that benefit the social, emotional, and cognitive development of low-income children - some by improving the life prospects of parents and others by working directly with children For more than two decades, MDRC has been a leader in an expanding field of research that examines how children are affected by welfare reform and other social policies that are primarily designed to affect the employment and income status of their parents MDRC is studying several initiatives that seek to benefit children by building healthier family relationships, including federal Responsible Fatherhood programs MDRC is the lead evaluator of the federal governments \$1.5 billion investment in home visiting programs, which provide preventive services to families with young children to prevent child maltreatment, improve maternal and child health outcomes, and increase school readiness Our child care and early education studies aim to deepen policymakers understanding of the effects of early care environments, including Head Start We have been a leader in developing and testing programs that bolster the emotional and behavioral development of preschoolers and the math skills of preschool children and kindergartners We're leading the Expanding Children's Early Learning (ExCEL) Network, a collaboration of local officials, preschool providers, and researchers as active partners in innovation and evidence-building Selected highlights in 2016 - Released interim findings from the Making Pre-K Count demonstration in New York City, a test of an innovative math-focused intervention for preschools serving low-income children, which has influenced preschool programming of the de Blasio administration - Published the third annual report from the companion Mother and Infant Home Visiting-Strong Start Evaluation - Launched the the Expanding Childrens Early Learning (ExCEL) Network, a collaboration led by MDRC that aims to engage local officials, preschool providers, and researchers as active partners in innovation and evidence-building, while also benefiting from ongoing input by other experts in the policymaking, practitioner, and advocacy communities - Released results from three sites in the Behavioral Interventions to Advance Self-Sufficiency (BIAS) Project, the first major opportunity to apply a behavioral research lens to programs that serve poor families in the United States - Launched the five-year Variations in Implementation of Quality Interventions study, which will test how different levels and features of child care and early education classroom quality relate to childrens developmental outcomes - Published a literature review on the effectiveness of various interventions to address childhood asthma, particularly among low-income populations

Form 990, Part III, Line 4c:

K-12 Education For more than 20 years, MDRC has been learning what works best to raise the academic achievement of young people who are at risk of failing. At a time of growing national and state interest in improving low-performing schools and better preparing students for college and work, our evaluations of comprehensive high school reform models and career and technical education programs have established MDRC as a respected voice in education research and policy and as a leader in designing rigorous education evaluations. At the elementary school level, we are studying a cluster of programs designed to raise literacy and math skills in elementary and middle schools and to improve teaching and learning by investing in the skills of teachers. Selected highlights in 2016 - Published positive findings from an evaluation funded by the U.S. Department of Education's Investing in Innovation (i3) framework - Diplomas Now, a high school reform model that is based on the Talent Development program that we studied in Philadelphia several years back, which won a \$30 million validation grant. The report received coverage in the Washington Post and Education Week - Released a primer for education researchers on how to use predictive analytics - Released results from a quick-turnaround randomized controlled trial that tested a text-messaging intervention with parents to help improve their children's school attendance - Published results from a study of ninth-grade academies in Broward County, Florida

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 10,362,756 including grants of \$ 1,613,470) (Revenue \$ 58,684)
Young adults and postsecondary education

(Code) (Expenses \$ 11,488,715 including grants of \$ 482,859) (Revenue \$ 341,670)
Low-wage workers and communities

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 3,790,887 including grants of \$) (Revenue \$)

Information dissemination, program development

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Jo Bane Chair	1 0 0 0	X						6,000	0	0
Ronald Haskins Director	1 0 0 0	X						3,000	0	0
James H Johnson Director	1 0 0 0	X						3,000	0	0
Lawrence Katz Director	1 0 0 0	X						4,194	0	0
Bridget Terry Long Director	1 0 0 0	X						2,500	0	0
Richard J Murnane Director	1 0 0 0	X						3,500	0	0
John S Reed Director	1 0 0 0	X						0	0	0
Michael Roster Director	1 0 0 0	X						0	0	0
Cecilia Rouse Director	1 0 0 0	X						2,500	0	0
Isabel Sawhill Director	1 0 0 0	X						3,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Robert Solow Chairman Emeritus	1 0 0 0	X						4,000	0	0	
Jan Nicholson Director	1 0 0 0	X						4,500	0	0	
Rudolph Penner Treasurer	1 0 0 0	X						4,500	0	0	
Josh B McGee Director	1 0 0 0	X						0	0	0	
Robert Denham Director	1 0 0 0	X						4,000	0	0	
Gordon Berlin President	40 0 0 0			X				564,531	0	58,949	
Jesus M Amadeo Sr Vice President	40 0 0 0			X				347,340	0	47,517	
Robert J Ivry Sr Vice President	40 0 0 0			X				347,758	0	56,742	
Barbara Goldman Vice President	40 0 0 0			X				209,450	0	28,839	
Frederick Doolittle Vice President	40 0 0 0			X				243,724	0	52,409	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sharon L Rowser Vice President	40 0 0 0			X				211,777	0	48,744
Louise A London Board Secretary	40 0 0 0			X				86,319	0	16,490
James A Riccio policy area director	40 0 0 0					X		209,839	0	48,413
Howard S Bloom chief social scientist	40 0 0 0					X		243,744	0	50,073
Charles Michalopoulos Senior Fellow	40 0 0 0					X		218,927	0	31,770
Virginia W Knox policy area director	40 0 0 0					X		213,264	0	48,951
Dan J Bloom Policy Area Director	40 0 0 0					X		209,659	0	48,979

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MDRC

Employer identification number

23-7379473

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	57,464,407	71,884,729	103,229,783	86,282,823	60,427,127	379,288,869
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	57,464,407	71,884,729	103,229,783	86,282,823	60,427,127	379,288,869
5	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)						20,098,921
6	Public support. Subtract line 5 from line 4						359,189,948

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	57,464,407	71,884,729	103,229,783	86,282,823	60,427,127	379,288,869
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	999,027	1,065,008	1,221,246	1,454,533	1,417,747	6,157,561
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						385,446,430
12	Gross receipts from related activities, etc. (see instructions)					12	9,290,924

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93.188 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	92.568 %

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	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) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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.</i>		
		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? <i>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.</i>		
		2	

Section 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)? <i>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).</i>		
		1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section 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 year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>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.</i>		
		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? <i>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.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current 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)	1	
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	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i 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			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MDRC

Employer identification number 23-7379473

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,905,254	32,931,824	31,993,284	30,199,707	29,049,334
b Contributions					
c Net investment earnings, gains, and losses	1,347,027	-696,744	1,175,914	2,937,143	2,249,733
d Grants or scholarships					
e Other expenditures for facilities and programs	372,244	329,826	237,374	1,143,566	1,099,360
f Administrative expenses					
g End of year balance	32,880,037	31,905,254	32,931,824	31,993,284	30,199,707

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 37 200 %
 - b** Permanent endowment ▶ 27 200 %
 - c** Temporarily restricted endowment ▶ 35 600 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,601,817	1,992,946	608,871
d Equipment		11,972,181	11,195,265	802,286
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,411,157

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED RENT	391,480
457(B) PLAN LIABILITIES	1,837,722
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,229,202

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	65,214,761
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,312,696
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,312,696
3	Subtract line 2e from line 1	3	63,902,065
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,132
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	118,132
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	64,020,197

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	86,060,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	86,060,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,132
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	118,132
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	86,178,461

Part XIII Supplemental Information

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7379473

Name: MDRC

Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part V	mdrc's board of directors created an endowment fund in 1999 the fund includes permanently restricted, temporarily restricted, and unrestricted contributions that have been designated to the fund for the purpose of matching a \$7 million, five year challenge grant given by the atlantic philanthropies spending from the endowment fund is intended to support program development, information dissemination activities, and corporate strategic initiatives spending from the endowment is approved by the board of directors based on the rules established under mdrc's endowment spending policy

Supplemental Information

Return Reference	Explanation
Form 990, Schedule D, Part X, Line 2	<p>MDRC follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This section provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. MDRC is exempt from income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. MDRC has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, to determine its filing and tax obligations in jurisdictions for which it was nexus, and to identify and evaluate other matters that may be considered tax positions. MDRC has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.</p>

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization MDRC

Employer identification number 23-7379473

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

See Additional Data Table

Table with 8 columns and 12 rows for data entry, corresponding to the columns in the header above.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 48
3 Enter total number of other organizations listed in the line 1 table 0

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I	MDRC MONITORS USE OF FUNDS AWARDED THROUGH A COMBINATION OF FINANCIAL REPORTING, PROGRAMMATIC REPORTING, SITE VISITS, AND AUDITS EACH RECIPIENT SIGNS AN AGREEMENT WITH MDRC WHICH SPECIFIES THE RESTRICTED PURPOSE AND PERIOD OF THE AWARD, A PAYMENT SCHEDULE, AND A REPORTING SCHEDULE FOR FINANCIAL AND PROGRAMMATIC REPORTS MDRC FINANCE AND PROGRAMMATIC STAFF PERFORM A COORDINATED REVIEW OF REPORTS SUBMITTED TO ENSURE COMPLIANCE WITH THE TERMS OF THE AWARD PROGRAMMATIC STAFF COMMUNICATE FREQUENTLY WITH RECIPIENTS REGARDING THE RESEARCH ACTIVITIES BEING FUNDED AND MAKE PERIODIC SITE VISITS TO THE RECIPIENT IN ADDITION, FINANCE STAFF AT MDRC REVIEW AUDIT REPORTS OF RECIPIENTS AND PERIODICALLY PERFORM ON-SITE FINANCIAL REVIEWS

Additional Data

Software ID:
Software Version:
EIN: 23-7379473
Name: MDRC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARRANT COUNTY COLLEGE 1500 HOISTON STREET FORT WORTH, TX 76102	75-1217163	501(c)(3)	12,000				RESTRICTED PURPOSE AWARD
MORENO VALLEY UNIFIED SCHOOL 25634 Alessandro Blvd Moreno Valley, CA 92553	52-1770792	501(c)(3)	13,500				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY AND COUNTY OF SFO Dept of Human Serv PO Box 7988 San Francisco, CA 94120	94-6000417	501(c)(3)	26,759				RESTRICTED PURPOSE AWARD
LORAIN COUNTY COMM COLLEGE 1005 Abbe Road North Elyria, OH 44035	34-0930167	501(c)(3)	375,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE COUNTY HOUSING 6401 York Road Baltimore, MD 21212	52-6008890	501(c)(3)	70,000				RESTRICTED PURPOSE AWARD
CINCINNATI STATE TECHNICAL 3520 Central Parkway Cincinnati, OH 45223	31-0784054	501(c)(3)	432,500				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUYAHOGA COMMUNITY 700 Carneie Avenue Cleveland, OH 44115	34-0896630	501(c)(3)	375,000				RESTRICTED PURPOSE AWARD
HOUSTON COMMUNITY COLLEGE 3100 Main Street Houston, TX 77057	74-1709152	501(c)(3)	12,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSTON HOUSING AUTHORITY 2640 Fountain View Drive Houston, TX 77057	74-6001238	501(c)(3)	75,000				RESTRICTED PURPOSE AWARD
ORANGE COUNTY PUBLIC 445 West Amelia Street Orlando, FL 32801	59-6000771	501(c)(3)	7,500				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JACINTO COMMUNITY 4624 Fairmont Parkway Pasadena, TX 77504	74-6028285	501(c)(3)	54,410				RESTRICTED PURPOSE AWARD
CHARLOTTE MECKENBURG 401 EAST 9TH STREET ROOM 107 CHARLOTTE, NC 28202	56-6001074	501(c)(3)	173,103				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISTRICT OF COLUMBIA 1133 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	52-1934645	501(c)(3)	64,125				RESTRICTED PURPOSE AWARD
EL RIO COMMUNITY HEALTH 839 W CONGRESS STREET TUCSON, AZ 85745	86-0285857	501(c)(3)	75,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERGREEN SCHOOL DISTRICT ATTN ACCOUNTING DEPT PO BOX 8910 VANCOUVER, WA 98668	91-6001600	501(c)(3)	162,778				RESTRICTED PURPOSE AWARD
GEORGIA DEPT OF HUMAN SERVICES 2 PEACHTREE STREET SUITE 27 ATLANTA, GA 30303	58-1130678	501(c)(3)	11,234				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA JOYA INDEPENDENT 201 EXPRESSWAY 83 LA JOYA, TX 78560	74-6001550	501(c)(3)	171,918				RESTRICTED PURPOSE AWARD
LEXINGTON-FAYETTE URBAN 300 WEST NEW CIRCLE ROAD LEXINGTON, KY 40505	61-6000346	501(c)(3)	59,367				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEBELLO UNIFIED SCHOOL 123 SOUTH MONTEBELLO BLVD MONTEBELLO, CA 90640	95-6002104	501(c)(3)	570,340				RESTRICTED PURPOSE AWARD
NORTHWEST WISCONSIN TECH 2740 WEST MASON STREET GREEN BAY, WI 54307	39-1087141	501(c)(3)	40,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENOBSCOT COMMUNITY HEALTH 103 MAINE AVENUE PENOBSCOT, ME 04401	01-0514750	501(c)(3)	75,000				RESTRICTED PURPOSE AWARD
PSJA ISD (PHARR-SANJUAN) 601 E KELLY ROAD PHARR, TX 78577	74-6001879	501(c)(3)	20,096				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF ILLINIOS 100 SOUTH GRAND AVENUE SPRINGFIELD, IL 62762	36-6005820	501(c)(3)	438,500				RESTRICTED PURPOSE AWARD
UNITED WAY OF GREATER ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501(c)(3)	329,707				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA BEACH CITY PO BOX 6038 VIRGINIA BEACH, VA 23456	54-0722075	501(c)(3)	51,033				RESTRICTED PURPOSE AWARD
BOSTON PUBLIC SCHOOL 26 Court Street Boston, MA 02229	91-6001088	501(c)(3)	10,500				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBA INC 1720 CHURCH AVENUE BROOKLYN, NY 11226	11-2480339	501(c)(3)	70,000				RESTRICTED PURPOSE AWARD
CENTER FOR EMPLOYMENT OPP OPPORTUNITIES 32 BROADWAY NEW YORK, NY 10004	23-7082323	501(c)(3)	38,301				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(c)(3)	168,703				RESTRICTED PURPOSE AWARD
COMMUNITY HEALTH CENTER 635 MAIN STREET MIDDLETON, CT 06457	06-0897105	501(c)(3)	75,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT REGIONAL CHAMBER ONE WOODWARD AVENUE SUITE 1900 DETROIT, MI 48226	38-2352462	501(c)(3)	100,000				RESTRICTED PURPOSE AWARD
DSHS PO Box 45204 Olympia, WA 98504	91-6001088	501(c)(3)	40,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORTUNE SOCIETY INC 29-76 Northern Blvd Long Island City, NY 11101	13-2645436	501(c)(3)	177,614				RESTRICTED PURPOSE AWARD
FOX VALLEY TECHNICAL PO BOX 2277 1825 N BLUEMOUND DRIVE APPLETON, WI 54912	39-1087276	501(c)(3)	15,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY Career Education Box 571086 Washington, DC 20057	53-0196603	501(c)(3)	11,234				RESTRICTED PURPOSE AWARD
HOUSING AUTHORITY OF LA CITY OF LOS ANGELES 2600 WILSHIRE BOULEVARD LOS ANGELES, CA 90057	95-6001623	501(c)(3)	10,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR FAMILY HEALTH 16 East 16th Street New York, NY 10003	13-3273402	501(c)(3)	135,000				RESTRICTED PURPOSE AWARD
KANAWHA INSTITUTE FOR SOC 131 Perkins Avenue Dunbar, WV 25064	55-0727345	501(c)(3)	97,176				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNESAW STATE UNIVERSITY 1000 CHASTAIN ROAD KENNESAW, GA 30144	95-6000925	501(c)(3)	142,560				RESTRICTED PURPOSE AWARD
LAKESHORE TECHNICAL 1290 NORTH AVENUE CLEVELAND, WI 53015	39-1086823	501(c)(3)	15,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADISON COLLEGE 1701 Wright Street Madison, WI 53704	39-1086718	501(c)(3)	15,000				RESTRICTED PURPOSE AWARD
MICHIGAN DEPT OF HEALTH 235 S GRAND AVENUE LANSING, MI 48909	38-6000134	501(c)(3)	40,000				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORAINÉ PARK TECHNICAL 235 NORTH NATIONAL ANENUE FOND DU LAC, WI 54935	39-1088212	501(c)(3)	15,000				RESTRICTED PURPOSE AWARD
PASSAGES CONNECTING FATHERS PO BOX 91831 CLEVELAND, OH 44114	51-0455278	501(c)(3)	84,691				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF CUNY 3721 FILLMORE AVENUE BROOKLYN, NY 11234	13-1988190	501(c)(3)	29,000				RESTRICTED PURPOSE AWARD
SEEDCO 22 CORLANDT STREET - 33RD FLOOR NEW YORK, NY 10007	13-2875743	501(c)(3)	106,994				RESTRICTED PURPOSE AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF COLORADA DEPT OF HEALTH Human Services 1575 Sherman Street Denver, CO 80203	84-0644739	501(c)(3)	40,000				RESTRICTED PURPOSE AWARD
WEST HILLS COMMUNITY 9800 CODY STREET COALINGA, CA 93210	77-0323447	501(c)(3)	35,000				RESTRICTED PURPOSE AWARD

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

Name of the organization MDRC	Employer identification number 23-7379473
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>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 organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 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 compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 7	The procedures used for determining bonus payouts to individuals listed in the Form 990, Part VII, are described in Schedule O, Part VI, Line 15 narrative

OMB No 1545-0047

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MDRC

Employer identification number

23-7379473

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI - Policies & Procedures	<p>990 review process THE FORM 990 REVIEW PROCESS AT MDRC INCLUDES AN INTERNAL REVIEW BY MDRC 'S SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND PRESIDENT, AS WELL AS EXTERNAL REVIEW BY GRANT THORNTON THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS THE FULL BOARD IS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO ITS BEING FILED WITH THE IRS THE FULL BOARD DISCUSSES THE FORM 990 POST-FILING AT ITS SCHEDULED ANNUAL MEETING IN DECEMBER PART VI, SECTION B LINE 12C Conflict of interest policy enforcement & monitoring Directors and officers are required to complete and sign an annual conflict of interest disclosure statement The statements are reviewed by the corporate secretary and the president for actual or possible conflicts of interest If any is disclosed, or inferred, these actual or possible conflicts of interest are brought to the attention of the chairman of the board In response, the chairman might convene a group of disinterested directors to discuss and address the conflict All employees, including officers who are also staff members and key employees, are required to read and sign a Code of Ethics, which includes information about conflicts of interest Annually, each employee must sign a statement disclosing the presence or absence of conflicts of interest on behalf of the employee and family members Failure to do so can result in disciplinary action up to and including termination These statements are reviewed by the human resources department and, as appropriate, by counsel for a determination regarding action that should follow the reporting of an actual or potential conflict In addition to the required annual report, all employees are instructed by the Code of Ethics that they have a responsibility to report a violation of the Code Employees can report any such violation to MDRC supervisory personnel, the human resources department, or to an independent organization, Lighthouse Services, which hosts an online site and toll-free number which employees can use to make complaints anonymously or in identifiable form PART VI, SECTION B LINE 15A process for determining compensation THE FINANCE AND COMPENSATION COMMITTEE ("THE COMMITTEE") OF MDRC'S BOARD OF DIRECTORS ESTABLISHES EACH YEAR THE COMPENSATION AND BONUS PAYMENTS, IF ANY, FOR THE TOP PAID AND NEXT TWO TOP PAID OFFICERS OF THE ORGANIZATION BASED ON SURVEY INFORMATION PROVIDED TO THEM FROM BOTH INTERNAL AND EXTERNAL SOURCES THE INDIVIDUALS ARE MESSRS BERLIN, AMADEO, AND IVRY EACH YEAR MDRC'S HUMAN RESOURCES FUNCTION CONDUCTS A review of form 990's and other documents of RESEARCH ORGANIZATIONS THAT PERFORM SIMILAR RESEARCH AS MDRC, TO ASCERTAIN THEIR PAY STRUCTURES FOR THE TOP AND SECOND TOP PAID OFFICERS - TYPICALLY THE CEO OR PRESIDENT AND THE COO/CFO INCLUDED IN THIS SURVEY IS THE BASE SALARY AND BONUS PAYMENTS MADE TO THE TOP AND SECOND TOP PAID EXECUTIVES OF THESE OTHER POLICY RESEARCH FIRMS, ALONG WITH SUCH COMPARABLE FACTORS AS SIZE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI - Policies & Procedures	<p>OF THE ORGANIZATION AS MEASURED BY HEADCOUNT AND OPERATING BUDGETS THIS SURVEY INFORMATION IS SUPPLEMENTED BY COMPARABLE INFORMATION PROVIDED FROM AN EXTERNAL, THIRD PARTY CONSULTING FIRM CALLED THE NATIONAL THINK TANK COMPENSATION SURVEY (NTTC) CONDUCTED BY AKRON INCORPORATED, A WASHINGTON DC BASED COMPENSATION CONSULTING FIRM THE NTTC COMPILES THE BASE SALARY AND ANY BONUS PAYMENT INFORMATION PROVIDED BY SURVEY PARTICIPANTS AND DISPLAYS THE INFORMATION ANONYMOUSLY BY QUARTILE, LOCATION, AND FIRM SIZE (STATED IN TERMS OF EMPLOYEES AND BUDGET) SURVEY PARTICIPANT INCLUDE COMPETING POLICY RESEARCH ORGANIZATIONS, AS WELL AS FOUNDATIONS, ENDOWMENTS, AND UNIVERSITIES IN 2015, MERCER CONSULTING WAS CONTRACTED TO CONDUCT A COMPARISON OF COMPENSATION FOR EXECUTIVES BASED ON AN ANALYSIS OF INFORMATION REPORTED ON FORMS 990 THE RESULTS OF BOTH THE IN-HOUSE AND EXTERNAL SURVEYS AND COMPARISON OF FORM 990'S FOR THOSE COMPARABLE NON-FOR-PROFIT ORGANIZATIONS ARE PRESENTED TO THE COMMITTEE, WHICH THEN DELIBERATES, AND BASED ON THE INFORMATION PROVIDED, ESTABLISHES THE PAY LEVEL FOR MDRC'S PRESIDENT, CHIEF FINANCIAL OFFICER, AND DEVELOPMENT & EXTERNAL AFFAIRS SENIOR VICE PRESIDENT The compensation of the President and the Chief Financial Officer is approved by the Board PART VI, SECTION B LINE 15B process for determining compensation THE COMMITTEE ESTABLISHES COMPENSATION LEVELS FOR THE CHIEF FINANCIAL OFFICER, AS REQUIRED BY THE CALIFORNIA NONPROFIT INTEGRITY ACT OF 2004, AND FOR ONE OTHER SENIOR OFFICER COMPENSATION FOR THE REST OF THE OFFICERS AND EMPLOYEES IS BASED ON A RECOMMENDATION BY THE PRESIDENT TO THE COMMITTEE HIS RECOMMENDATION ESTABLISHES A MERIT AND BONUS POOL FOR THE COMING YEAR, BASED ON THE ORGANIZATION'S STANDARD PAY PRACTICE (DESCRIBED BELOW) THE PRESIDENT SETS AND APPROVES THE SALARY LEVEL AND BONUS PAYMENTS FOR OFFICERS OTHER THAN THE CHIEF FINANCIAL OFFICER AND THE DEVELOPMENT AND EXTERNAL AFFAIRS SENIOR VICE PRESIDENT, AND FOR OTHER KEY EMPLOYEES EACH YEAR MDRC'S PRESIDENT RECOMMENDS TO THE BOARD A SALARY POOL FOR MERIT INCREASES AND DISCRETIONARY BONUSES TO BE PAID TO OTHER OFFICERS AND KEY EMPLOYEES IN THE ORGANIZATION THE MERIT INCREASE AND BONUS POOLS ARE GENERALLY COMPETITIVE WITHIN THE TWO MARKETPLACES IN WHICH THE ORGANIZATION COMPETES FOR HUMAN TALENT(NEW YORK AND CALIFORNIA) THE PRESIDENT BASES HIS RECOMMENDATIONS ON SURVEY INFORMATION PROVIDED BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT, WHICH IN TURN OBTAINS LOCAL LABOR MARKET PRACTICES FROM EXTERNAL THIRD PARTY CONSULTING FIRMS SUCH AS MERCER HUMAN RESOURCES CONSULTING AND TOWERS PERRIN COMPENSATION CONSULTING, AS WELL AS CONDUCTING A SURVEY OF PAY PRACTICES FROM OTHER POLICY RESEARCH ORGANIZATIONS TYPICAL MERIT INCREASE POOLS IN RECENT YEARS HAVE BEEN IN THE FOUR PERCENT (4%) TO FIVE PERCENT (5%) RANGE ONCE THE MERIT INCREASE POOL HAS BEEN ESTABLISHED AND APPROVED BY THE BOARD, MDRC ESTABLISHES EACH EMPLOYEE'S SALARY BASED ON TWO FACTORS PERFORMANCE</p>

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Return Reference	Explanation
Form 990, Part VI - Policies & Procedures	ON THE JOB DURING THE MOST RECENT CALENDAR YEAR (MDRC USES A FOUR TIER PERFORMANCE RATING SYSTEM), AND WHERE AN EMPLOYEES SALARY FALLS WITHIN THE SALARY RANGE ESTABLISHED FOR THEIR POSITION (CALLED A COMPA-RATIO) HOLDING PERFORMANCE CONSTANT, MDRC'S COMPENSATION SYSTEM PROVIDES A GREATER INCREASE IN SALARY TO THOSE EMPLOYEES WHO ARE LOW IN THEIR SALARY RANGES AND PROVIDES SMALLER INCREASES IN SALARY TO THOSE EMPLOYEES WHO ARE HIGH IN THEIR SALARY RANGES SALARY RANGES ARE DETERMINED BY AN INTERNAL JOB EVALUATION COMMITTEE BASED ON JOB DESCRIPTIONS OF WORK PERFORMED, COUPLED WITH LABOR MARKET SALARY INFORMATION FROM THIRD PARTY SOURCES THE SAME SALARY SYSTEM IS DEPLOYED FOR OTHER OFFICERS, KEY EMPLOYEES, AND THE GENERAL EMPLOYEE POPULATION OF THE ORGANIZATION PART VI, SECTION C LINE 19 availability of documents MDRC'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE MDRC WEBSITE AND A HARD COPY IS PROVIDED UPON REQUEST MDRC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE GENERALLY AVAILABLE TO THE PUBLIC UPON REQUEST