Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

IIIICI	narricv	Shille del vice								
		e 2015 calendar year, or tax year beginning FEB 1, 2016	and ending		31,					
В	Check if applicab	c Name of organization		D	D Employer identification number					
	Addr	ess change								
	Name	e change THE MALALA FUND			81-1397590					
Σ	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	m/suite E	Telephone	number					
	Finai	return/ nated P.O. BOX 1224		(212)705-8749					
Г	_	City or town, state or province, country, and ZIP or foreign postal code	L	F	Group Exe					
F	\neg	ation pending NEW YORK, NY 10156			Number	•				
G		nting Method: Cash X Accrual Other (specify)		- 		if the organization is				
		te: WWW.MALALA.ORG		— I"		ed to attach Schedule B				
		tempt status (check only one) $= X 501(c)(3) = 501(c)$ (insert no.)	4947(a)(1) or	527	•), 990-EZ, or 990-PF).				
			Other		(1 01111 330	, 330 LZ, 01 330 1 1).				
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or		te (Part II						
						50,000.				
Ъ	art I	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Balances (see t	he instruct	tions for Pa	rt I)				
•	ui t i	Check if the organization used Schedule O to respond to any question in this Part I								
	1					50,000.				
	2	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts				30,000.				
	3									
	Ι.	Membership dues and assessments								
	4	Investment income	l I		4					
	5a	Gross amount from sale of assets other than inventory	5a 5b							
	b	Less: cost or other basis and sales expenses		_						
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	_					
	6	Gaming and fundraising events								
P	a	Gross income from gaming (attach Schedule G if greater than								
Revenue		\$15,000)								
è	b	Gross income from fundraising events (not including \$	of contributions							
_		from fundraising events reported on line 1) (attach Schedule G if the sum of such								
		gross income and contributions exceeds \$15,000)	6b							
	C	Less: direct expenses from gaming and fundraising events	6c							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract line 6c)		6d					
	7a	Gross sales of inventory, less returns and allowances	7a							
	b	Less: cost of goods sold	7b							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
	8	Other revenue (describe in Schedule 0)			8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		l	9	50,000.				
	10	Grants and similar amounts paid (list in Schedule 0)			10					
	11	Benefits paid to or for members			11					
es	12	Salaries, other compensation, and employee benefits			12					
Expenses	13	Professional fees and other payments to independent contractors			13					
хре	14	Occupancy, rent, utilities, and maintenance								
Ш	15	Printing, publications, postage, and shipping			15					
	16	Otherway and a control of the Contro								
	17	Total expenses. Add lines 10 through 16		17	0.					
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	50,000.				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))								
Ass	1	(must agree with end-of-year figure reported on prior year's return)			19	0.				
ē	20	Other changes in net assets or fund balances (explain in Schedule 0)			0.					
2	21				21	50,000.				
_			_							

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

Form **990-EZ** (2015)

Form **990-EZ** (2015)

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0 •			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization $lacksquare$			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NONE		^ - 4	
42 a	The organization's books are in care of ► MEIGHAN STONE Telephone no. ► (212) 7	05-	874	9
	Located at ► P.O. BOX 1224, NEW YORK, NY ZIP+4 ► 1	.015	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43		N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	II / A		
			Yes	No
44 0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		163	140
774	5 000 57	44a		х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	774		
U		44b		Х
r	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	770		
u	in Schedule O	44d		
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	70a		<u> </u>
J	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
_		Form 9	90-F7 ((2015)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

532173 12-02-15

Form 990-EZ (2015) THE MALALA FUND 81-1397590 Page 4

								Yes	No
	rganization engage, directly or indirectly, in p omplete Schedule C, Part I				·		46		Х
Part VI	Section 501(c)(3) organization	s only					70		
	All section 501(c)(3) organizations must	-	19b and 52, ar	nd comple	te the tables for line	es 50 and 51.			
	Check if the organization used Schedu	le O to respond to any	question in thi	s Part VI					\square
								Yes	
	rganization engage in lobbying activities or h						47		X
	anization a school as described in section 17						48 49a		X
			table related organization? ?						├^
	this table for the organization's five highest						49b	<u>l</u> ceived	more
-	0,000 of compensation from the organization		•	ors, un coto	o, tradicos ana koy or	iipioyoos) wiio c	aoniro	ocivou	111010
****	(a) Name and title of each employe	1	(b) Average	e hours	(C) Reportable	(d) Health benefit	s, (6	e) Estin	nated
	,,		per week de	voted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	t Jam		
	NO	NE	position	on	,	plans, and deferre compensation	cc cc	mpens	ation
							_		
							-		
							+		
51 Complete	nber of other employees paid over \$100,000 this table for the organization's five highest	compensated independen		no each rece	eived more than \$100,	,000 of compens	ation f	rom th	е
	ion. If there is none, enter "None." NO				\	1 ()			
(a) N	lame and business address of each independ	dent contractor		(D) Type of service	(c)	Comp	ensatio	<u>n</u>
	nber of other independent contractors each r rganization complete Schedule A? Note: All s		tions must atten		▶				
	d Schedule A	. , . , -					Х	۰. ۲	No
	s of perjury, I declare that I have examined th								
	nd complete. Declaration of preparer (other t				•		ago an		,
)	,			,	1			
Sign	Signature of officer					Date			
Here	MEIGHAN STONE, PRE	SIDENT							
	Type or print name and title	15		15.	Charle	T if I DTIN			
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid					self- emplo	yeu			
Preparer	Firm's name ▶ GELMAN, ROS	 	TEDMAN		Firmala FIA	<u> </u> ı▶52-13	920	ΠR	
Use Only				0 NI	Firm's EIN Phone no	(001)		<u>-90</u>	90
	Firm's address > 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930								
May the IRS di	scuss this return with the preparer shown ab						γ	es	No
,									(2015)

532174 12-02-15

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-1397590

Name of the organization

THE MALALA FUND

Public Charity Status (All organizations must complete this part.) See instruction

rai	LI	neason for Fublic (Charity Status (All organizations must co	ompiete tri	is part.) Se	e instructions.				
he c	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)					
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	oed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	ılly receives a substa	intial part of its support	rom a gov	ernmental	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 organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from			
		activities related to its exen									
		income and unrelated busin									
		See section 509(a)(2). (Con	mplete Part III.)								
10		An organization organized		ively to test for public sa	afety. See	section 50	9(a)(4).				
11 [An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ns of, or to carry out the	purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). C	Check the box in			
		lines 11a through 11d that	describes the type of	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.				
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by ha	ving			
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ente	r the number of supported o	organizations								
g	Prov	ride the following information	about the supporte	ed organization(s).							
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of			
		organization		above (see instructions))	governing	document?	support (see instructions)	other support (see instructions)			
				, , , , , ,	Yes	No	instructions)	instructions)			
ot al								i			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					50,000.	50,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					50,000.	50,000.
	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)						49,000.
6	Public support. Subtract line 5 from line 4.						1,000.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(,	(-7 = - : =	(-,	(-,	50,000.	50,000.
	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						50,000.
12	Gross receipts from related activities	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	•	,			<u> </u>	
		-			•		▶ X
Sec	organization, check this box and sto ction C. Computation of Pub	ic Support Pe	rcentage				<u>,</u>
	Public support percentage for 2015 (14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the						
	stop here. The organization qualifies	•		•		•	ightharpoons
b	33 1/3% support test - 2014. If the						s box
	and stop here. The organization qua						ightharpoons
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		*	-	•	ū	
b	10% -facts-and-circumstances tes	-					0% or
~	more, and if the organization meets t						
	organization meets the "facts-and-cir				-		
18	Private foundation. If the organization						. —
<u></u>		3.3 1.31 011001(0	227 311 1110 10, 10	a, 100, 114, 01 11	~, J. 10011 ti 110 DOX E	55556.456.0116	

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4								
-	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
·	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	a Amounts included on lines 1, 2, and							
, ,	3 received from disqualified persons							
ŀ	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							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Tatal	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6 Gross income from interest,							
10	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
"	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
40	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,	
_	check this box and stop here						<u></u>	
	ction C. Computation of Publ							
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>	
	Public support percentage from 2014					16	%	
Se	ction D. Computation of Inve	stment Incom	e Percentage					
17	7 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))							
18	8 Investment income percentage from 2014 Schedule A, Part III, line 17							
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□	
ŀ	33 1/3% support tests - 2014. If the						and	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ฮม		
9с		
10a		
46.		
10b		

Pa	rt IV Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) helow.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
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? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V │ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970. See instr i	uctions. All					
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.						
Sect	ion 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							
Sect	ion 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):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	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							
Sect	ion 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									
5									
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions)								
7	Check here if the current year is the organization's first as a non-functionally	/-integr	ated Type III supporting org	ganization (see					
	instructions)		5	•					

Par	ιV	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organi	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	is		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ed 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	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2015			
	(reaso	nable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From				
е	From				
f	Total				
g	Applie				
h	Applie	d to 2015 distributable amount			
i	Carry	over from 2010 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2015 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2015 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2015, if			
	any. S	subtract lines 3g and 4a from line 2 (if amount			
		r than zero, see instructions).			
6	Rema	ning underdistributions for 2015. Subtract lines 3h			
	and 4	o from line 1 (if amount greater than zero, see			
	instru	ctions).			
7	Exces	s distributions carryover to 2016. Add lines 3j			
	and 4	Э.			
8	Break				
а					
b					
С	Exces	s from 2013			
		s from 2014			
е	Exces	s from 2015			

Part		Part IV, line 1; F Section	, Section A Part IV, Se	A, lines 1, 2 ction D, lin 5, 6, and 8;	2, 3b, 3c, ies 2 and	4b, 4d 3; Pa	c, 5a, 6, rt IV, Se	9a, 9b, 9c ction E, lir	s, 11a, 11b, ies 1c, 2a, 2	and 11c; 2b, 3a an	; Part IV, d 3b; Pa	Section rt V, line	B, lines 1 a 1; Part V, S	7b; Part III, line 12; nd 2; Part IV, Section (ection B, line 1e; Part I information.	C, V,
PAR	r I	I:													
THE	IN	FORM	ATION	REPO:	RTED	IN	THE	2015	COLUM	N IS	FOR	THE	SHORT	PERIOD	
2/1	/20	16 -	3/31	/2016	•										

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

THE MALALA FUND 81-1397590

Organization type (check one):								
Filers of	:	Section:						
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigs\$\bigs\text{\$\bigs\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\								

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

THE MALALA FUND

81-1397590

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
		Oakadula D /Farrar /	000 000 E7 000 DE\ (004E)

Name of organization Employer identification number 81-1397590 THE MALALA FUND Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MALALA FUND

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 81-1397590

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MALALA FUND PROMOTES GIRLS' EDUCATION AND EMPOWERMENT WORLDWIDE BY WORKING TO ENSURE THAT GIRLS EVERYWHERE HAVE ACCESS TO TWELVE YEARS OF FREE, SAFE, AND HIGH-QUALITY EDUCATION; PROVIDING AND SUPPORTING THE PROVISION OF EDUCATION FOR REFUGEES AND OTHER SCHOOL-AGED PERSONS AFFECTED BY WAR AND CONFLICT; AND CONDUCTING AND SUPPORTING CHARITABLE AND EDUCATIONAL PROJECTS AND ACTIVITIES CONSISTENT WITH THE FOREGOING.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: IN PAKISTAN, NIGERIA, JORDAN, LEBANON, AFGHANISTAN, KENYA AND INDIA, THE MALALA FUND SUPPORTS ORGANIZATIONS WORKING TO ENSURE GIRLS CAN ACCESS FREE, SAFE, QUALITY SECONDARY EDUCATION.

THROUGH PROGRAMMATIC ACTIVITIES, THE MALALA FUND SEEKS TO INCREASE THE CAPACITY OF SCHOOLS TO ENROLL MORE GIRLS IN SECONDARY SCHOOL, PARTICULARLY THE MOST VULNERABLE GIRLS LIVING IN RURAL AREAS AND REFUGEE CAMPS. GRANTS FROM THE MALALA FUND HELP GIRLS TO STAY IN SCHOOL AND SUPPORT ACCESS TO EDUCATIONAL TECHNOLOGY, MENTORSHIP PROGRAMS AND CONSTRUCTION OF NEW SCHOOLS, INCLUDING SCHOOLS IN REFUGEE CAMPS. THE MALALA FUND ALSO WORKS TO CREATE NETWORKS OF FEMALE STUDENTS, EDUCATORS AND EDUCATION ADVOCATES TO RAISE GLOBAL AWARENESS ON THE IMPORTANCE OF GIRLS' EDUCATION AND TO ENSURE IT IS PROTECTED AND PROMOTED AS A HUMAN RIGHT.

FISCAL SPONSORSHIP TRANSITION:

THE MALALA FUND WAS FIRST ESTABLISHED IN OCTOBER 2012 UNDER THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE MALALA FUND

Employer identification number 81-1397590

AUSPICES OF VITAL VOICES GLOBAL PARTNERSHIP, AND ON BEHALF OF MALALA YOUSAFZAI AND HER FAMILY, WITH A MISSION TO MAKE EDUCATION POSSIBLE FOR ALL GIRLS.

IN JULY 2013, THE MALALA FUND BECAME A FISCALLY SPONSORED PROJECT OF THE NEW VENTURE FUND (NVF), A 501(C)(3) PUBLIC CHARITY THAT SUPPORTS INNOVATIVE AND EFFECTIVE PUBLIC INTEREST PROJECTS. UNDER NVF, MALALA FUND ESTABLISHED ITS OWN ADVISORY BOARD. NVF PROVIDED THE MALALA FUND WITH FIDUCIARY AND FINANCIAL OVERSIGHT, INCREASING ORGANIZATIONAL CAPACITY AND ENABLING RAPID PROGRAMMATIC SCALE UP.

BETWEEN JULY 2013 AND FEBRUARY 2016, THE MALALA FUND UNDER NVF AWARDED NEARLY \$5.0 MILLION TO PROJECTS PROMOTING GIRLS' ACCESS TO EDUCATION IN PAKISTAN, NIGERIA, JORDAN, LEBANON, KENYA, INDIA, AFGHANISTAN AND SIERRA LEONE.

ON FEBRUARY 8, 2016, THE MALALA FUND INCORPORATED AS AN INDEPENDENT ORGANIZATION WITH A BOARD OF DIRECTORS AND WAS DETERMINED TO BE A 501(C)(3) ORGANIZATION BY THE IRS. ON JUNE 2, 2016, THE MALALA FUND SIGNED A SEPARATION AGREEMENT WITH NVF, BY WHICH 100% OF ALL NVF MALALA FUND RELATED STAFF, GRANTS AND OTHER PROGRAMMATIC ACTIVITIES WERE TRANSFERRED TO THE MALALA FUND'S INDEPENDENT ENTITY.

THE MALALA FUND OPERATES UNDER A FISCAL YEAR BUDGET (APRIL - MARCH).

THE CURRENT FORM 990 REFLECTS THE PERIOD OF FEBRUARY 2016 - MARCH 2016,

DURING WHICH TIME THE MALALA FUND WAS INCORPORATED AND APPROVED AS A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE 0

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

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.

dditional information.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

81-1397590 THE MALALA FUND 501(C)(3) CHARITY, BUT BEFORE STAFF AND PROGRAMMATIC ACTIVITIES HAD BEEN TRANSFERRED FROM NVF TO THE MALALA FUND. THE MALALA FUND'S UPCOMING FY2017 990 WILL REFLECT THE FIRST FULL YEAR OF ACTIVITY AS AN INDEPENDENT CHARITY.