

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SIXTEEN THIRTY FUND</b>		<b>D</b> Employer identification number <b>26-4486735</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 971-1337</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>442,458,523.</b>
	<b>1828 L STREET, NW</b>	<b>300-B</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>AMY KURTZ</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.SIXTEENTHIRTYFUND.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2009</b>	<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14827</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>137,151,711.</b>	<b>Current Year</b> <b>388,206,178.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>216,373.</b>	<b>90,546.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>583,065.</b>	<b>464,037.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>420,535.</b>	<b>924,105.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>138,371,684.</b>	<b>389,684,866.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>64,973,649.</b>	<b>324,931,044.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>4,951,411.</b>	<b>8,975,343.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>108,380.</b>	<b>229,713.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>229,713.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>28,608,427.</b>	<b>75,902,147.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>98,641,867.</b>	<b>410,038,247.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>39,729,817.</b>	<b>-20,353,381.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>92,236,003.</b>	<b>End of Year</b> <b>85,994,861.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>9,877,939.</b>	<b>24,090,178.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>82,358,064.</b>	<b>61,904,683.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>AMY KURTZ, PRESIDENT</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL LUMSDEN</b>	Preparer's signature <b>MICHAEL LUMSDEN</b>	Date <b>10/29/21</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01262236</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>		Phone no. <b>415-956-1500</b>
	Firm's address ▶ <b>101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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 \$ 320,288,562. including grants of \$ 273,643,376. ) (Revenue \$ 87,242. )

FUND SEEKING TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY. SIXTEEN THIRTY FUND'S WORK TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY SUPPORTS A BROAD ARRAY OF PROJECTS AND GRANTEES, INCLUDING THOSE WORKING TO ENSURE VOTING ACCESS AND CIVIC PARTICIPATION BY SUPPORTING ELECTION INFRASTRUCTURE; GROUPS ADVOCATING FOR PAY EQUITY, PAID FAMILY LEAVE, AND FAIR TAX POLICY; FIGHTING FOR ACCESS TO HEALTH CARE FOR ALL AMERICANS; AND ADVOCATING FOR COMMON SENSE GUN REFORM.

4b (Code: ) (Expenses \$ 45,394,468. including grants of \$ 29,281,668. ) (Revenue \$ 3,304. )

FUND FOR CAPACITY BUILDING. SIXTEEN THIRTY FUND'S CAPACITY BUILDING PROJECTS SUPPORT THE CAPACITY DEVELOPMENT OF GRANTEES ON ISSUES RELATED CIVIC PARTICIPATION, EQUITY, EQUAL REPRESENTATION, AND OTHER ADVOCACY ISSUES.

4c (Code: ) (Expenses \$ 24,298,540. including grants of \$ 20,941,000. ) (Revenue \$ )

FUND FOR ENVIRONMENTAL PROGRAMS. SIXTEEN THIRTY FUND'S ENVIRONMENTAL PROGRAMS ARE WORKING TO REVERSE THE CURRENT PACE OF CLIMATE CHANGE AND FIND POLICY SOLUTIONS TO REDUCE GLOBAL EMISSIONS AND PROMOTE ENVIRONMENTAL EQUITY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 10,124,067. including grants of \$ 1,065,000. ) (Revenue \$ )

4e Total program service expenses 400,105,637.

**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>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>	X	
4 <b>Section 501(c)(3) organizations.</b> 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>		
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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	X	
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>		X
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>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....		X
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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 ARABELLA ADVISORS, LLC - (202) 595-1020 1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036

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

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

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

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

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

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 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			
(1) RYAN JOHNSON PROJECT DIRECTOR	40.00					X	187,500.	0.	26,070.	
(2) AMY KURTZ PRESIDENT	40.00			X			181,800.	0.	14,316.	
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	40.00					X	150,900.	0.	11,634.	
(4) ARKADI GERNEY PROJECT DIRECTOR	16.00					X	136,291.	0.	12,030.	
(5) PATRICIA KUPFER CAMPAIGNS DIRECTOR	40.00					X	125,900.	0.	19,414.	
(6) CARL J. WALZ CAMPAIGNS DIRECTOR	40.00					X	125,900.	0.	17,655.	
(7) ERIC KESSLER CHAIR (RESIGNED AS CHAIR 6/2021)	1.00	X		X			0.	0.	0.	
(8) DARA FREED TREASURER	1.00	X		X			0.	0.	0.	
(9) DOUGLAS HATTAWAY SECRETARY	1.00	X		X			0.	0.	0.	
(10) JEFF CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(11) LATOIA JONES DIRECTOR	1.00	X					0.	0.	0.	
(12) RAUL ALVILLAR DIRECTOR (CHAIR AS OF 6/2021)	1.00	X					0.	0.	0.	

**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 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			
<b>1b Subtotal</b> .....							908,291.	0.	101,119.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							908,291.	0.	101,119.	

**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 **6**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....	X	
<b>5</b> 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> .....		X

**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
ARABELLA ADVISORS, LLC, 1828 L STREET NW, SUITE 300, WASHINGTON, DC 20036	ADMIN., OPERATIONS & MANAGEMENT SERVICES	9,066,157.
GLOBAL STRATEGY GROUP LLC, 215 PARK AVENUE SOUTH 15TH FLOOR, NEW YORK, NY 10003	CONSULTING SERVICES	2,290,856.
MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA AVE NW, BUILDING C, WASHINGTON, DC 20009	CONSULTING SERVICES	1,755,000.
PRECISION STRATEGIES, 901 NEW YORK AVE NW, SUITE 530, WASHINGTON, DC 20001	CONSULTING SERVICES	1,445,121.
GREENBERG QUINLAN ROSNER RESEARCH INC 1101 15TH ST. NW #900, WASHINGTON, DC 20005	CONSULTING SERVICES	1,342,300.

**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 **45**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	388,206,178.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 52,773,657.				
	<b>h Total.</b> Add lines 1a-1f .....			388,206,178.			
Program Service Revenue	<b>2 a</b> CONSULTING REVENUE	<b>Business Code</b>					
		541900	90,546.	90,546.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			90,546.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		424,581.			424,581.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	52,813,113.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	52,773,657.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	39,456.				
<b>d</b> Net gain or (loss) .....			39,456.		39,456.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> GENERAL ADMIN RETAINER	<b>Business Code</b>					
		541900	824,429.			824,429.	
	<b>b</b> OTHER INCOME						
		900099	99,676.			99,676.	
	<b>c</b> _____						
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			924,105.				
<b>12 Total revenue.</b> See instructions .....			389,684,866.	90,546.	0.	1,388,142.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	324,931,044.	324,931,044.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	196,116.	9,806.	186,310.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,290,089.	7,278,978.	11,111.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	157,543.	157,112.	431.	
<b>9</b> Other employee benefits	786,362.	773,564.	12,798.	
<b>10</b> Payroll taxes	545,233.	533,328.	11,905.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	8,991,538.		8,991,538.	
<b>b</b> Legal	937,914.	890,840.	47,074.	
<b>c</b> Accounting	161,270.	110,995.	50,275.	
<b>d</b> Lobbying	5,801,558.	5,801,558.		
<b>e</b> Professional fundraising services. See Part IV, line 17	229,713.			229,713.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,725,942.	17,523,573.	202,369.	
<b>12</b> Advertising and promotion	23,686,448.	23,686,448.		
<b>13</b> Office expenses	93,992.	91,707.	2,285.	
<b>14</b> Information technology	1,808,163.	1,786,425.	21,738.	
<b>15</b> Royalties				
<b>16</b> Occupancy	386,620.	386,150.	470.	
<b>17</b> Travel	213,767.	211,761.	2,006.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	373,151.	372,680.	471.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	82,229.	82,229.		
<b>23</b> Insurance	29,611.	32.	29,579.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a TAXES</b>	15,581,986.	15,451,977.	130,009.	
<b>b OTHER EXPENSES</b>	27,958.	25,430.	2,528.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	410,038,247.	400,105,637.	9,702,897.	229,713.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	10,182,429.	<b>1</b>	24,951,277.
	<b>2</b> Savings and temporary cash investments .....	54,343,778.	<b>2</b>	45,737,994.
	<b>3</b> Pledges and grants receivable, net .....	26,752,500.	<b>3</b>	14,675,000.
	<b>4</b> Accounts receivable, net .....	667,290.	<b>4</b>	160,669.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	2,670.	<b>5</b>	100,943.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	26,791.	<b>9</b>	45,891.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 787,615.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 471,784.	259,941.	<b>10c</b> 315,831.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	604.	<b>15</b>	7,256.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	92,236,003.	<b>16</b>	85,994,861.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,867,369.	<b>17</b>	20,799,953.
	<b>18</b> Grants payable .....	3,909,274.	<b>18</b>	2,455,319.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	1,086,296.	<b>22</b>	834,906.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	15,000.	<b>24</b>	0.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	9,877,939.	<b>26</b>	24,090,178.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,578,830.	<b>27</b>	1,989,070.
	<b>28</b> Net assets with donor restrictions .....	80,779,234.	<b>28</b>	59,915,613.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	82,358,064.	<b>32</b>	61,904,683.
<b>33</b> Total liabilities and net assets/fund balances .....	92,236,003.	<b>33</b>	85,994,861.	

**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	389,684,866.
2	Total expenses (must equal Part IX, column (A), line 25)	2	410,038,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,353,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82,358,064.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-100,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	61,904,683.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2020)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 4 ) (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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>86,234,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>52,721,924.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>45,723,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>45,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>20,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>17,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
7	 <hr/> <hr/> <hr/>	\$ <u>16,955,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>11,749,985.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
13	<hr/> <hr/> <hr/>	\$ <u>4,632,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>4,424,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>4,112,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>3,827,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>3,550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>3,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
--	---

**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
19	<hr/> <hr/> <hr/>	\$ <u>3,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>2,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>2,812,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>2,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>2,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
25	 <hr/> <hr/> <hr/>	\$ <u>1,892,634.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	 <hr/> <hr/> <hr/>	\$ <u>1,730,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	 <hr/> <hr/> <hr/>	\$ <u>1,570,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	 <hr/> <hr/> <hr/>	\$ <u>1,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	 <hr/> <hr/> <hr/>	\$ <u>1,340,967.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
31	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
37	_____ _____ _____	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>532,371.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
43	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
49	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	 <hr/> <hr/> <hr/>	\$ <u>369,431.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	 <hr/> <hr/> <hr/>	\$ <u>345,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	 <hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	 <hr/> <hr/> <hr/>	\$ <u>272,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
55	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
61		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>190,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>160,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
67	 <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	 <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	 <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	 <hr/> <hr/> <hr/>	\$ 149,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	 <hr/> <hr/> <hr/>	\$ 145,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	 <hr/> <hr/> <hr/>	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
73	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
79	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
85	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
91	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	 <hr/> <hr/> <hr/>	\$ <u>74,615.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	 <hr/> <hr/> <hr/>	\$ <u>53,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	 <hr/> <hr/> <hr/>	\$ <u>51,733.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
97	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
103	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
109	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
115	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
121	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
127	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
133	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ <u>20,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
139	<hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
145	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	 <hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	 <hr/> <hr/> <hr/>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
151	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
157	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	 <hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
163	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
169	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**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
175	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 52,721,924.	08/11/20
96	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 51,733.	07/13/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>SIXTEEN THIRTY FUND</b>	Employer identification number <b>26-4486735</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 167,053,525.
- 3 Volunteer hours for political campaign activities ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ 3,227,842.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ 163,825,683.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ 167,053,525.
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
AMERICA PROMISE PAC	CHATTANOOGA, TN 37402	85-1059531	4,750,000.	0.
BETTER COLORADO ALLIANCE	PO BOX 100033 DENVER, CO 80250	83-2505764	400,000.	0.
BETTER FUTURE FOR NEW MEXICO	PO BOX 20851 ALBUQUERQUE, NM 8	82-4939302	50,000.	0.
BIG SKY VOTERS PAC	PO BOX 8853 MISSOULA, MT 5980	85-0843384	25,000.	0.
BLACKPAC	WASHINGTON, DC 20005	81-1460820	2,250,000.	0.
CASA IN ACTION PAC	HYATTSVILLE, MD 20783	83-1625942	150,000.	0.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

SEE PART IV FOR CONTINUATION

032041 12-02-20

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

**FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.**

**PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFORMATION:**

**AMERICA PROMISE PAC**

**1100 MARKET STREET S400 CHATTANOOGA, TN 37402**

**Part IV** Supplemental Information (continued)

## BLACKPAC

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

## CASA IN ACTION PAC

8151 15TH AVE HYATTSVILLE, MD 20783

## PART I-C CONTINUATION:

## CHANGE NOW INC

2021 L ST NW SUITE 101-326 WASHINGTON, DC 20036

EIN: 83-1307183 COL (D) AMOUNT: 5930000. COL (E) AMOUNT: 0.

## DEFEAT BY TWEET PAC

107 GRAND STREET FLOOR 7 NEW YORK, NY 10013

EIN: 85-1506518 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

## DEFEND ALASKA

PO BOX 91053 ANCHORAGE, AK 99509

EIN: 84-2340229 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

## FAMILY FRIENDLY ACTION PAC

700 13TH STREET NW WASHINGTON, DC 20005

EIN: 85-0792961 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

## FORWARD MAJORITY ACTION

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 83-0611104 COL (D) AMOUNT: 2680000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

## FUTURE FORWARD USA PAC

611 PENNSYLVANIA AVE SE SUITE 143 WASHINGTON, DC 20003

EIN: 83-0791921 COL (D) AMOUNT: 7500000. COL (E) AMOUNT: 0.

## FUTURE NOW FUND

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

EIN: 82-2384417 COL (D) AMOUNT: 10000. COL (E) AMOUNT: 0.

## JUSTICE FORWARD VIRGINIA

2611 FRANKLIN ROAD ARLINGTON, VA 22201

EIN: 85-1651223 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

## LEADING COLORADO FORWARD

1567 S UNIVERSITY BLVD DENVER, CO 80210

EIN: 83-2522034 COL (D) AMOUNT: 1500000. COL (E) AMOUNT: 0.

## MILLIONS OF MICHIGANIANS

614 SEYMOUR AVE LANSING, MI 48933

EIN: 84-3645849 COL (D) AMOUNT: 175000. COL (E) AMOUNT: 0.

## MONTANA HUNTERS &amp; ANGLERS LEADERSHIP FUND

550 PARK LANE BILLINGS, MT 59102

EIN: 81-2706051 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

## MORE TREATMENT FOR A BETTER OREGON YES ON 110

PO BOX 42307 PORTLAND, OR 97242

EIN: 85-2944188 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)**MOVEON.ORG POLITICAL ACTION**

1442 WALNUT STREET UNIT 358 BERKELEY, CA 94709

EIN: 94-3324022 COL (D) AMOUNT: 235000. COL (E) AMOUNT: 0.

**NEXTGEN CLIMATE ACTION COMMITTEE**

700 13TH STREET NW SUITE 800 WASHINGTON, DC 20005

EIN: 46-3201383 COL (D) AMOUNT: 3700000. COL (E) AMOUNT: 0.

**ONE FOR ALL COMMITTEE**

PO BOX 15320 WASHINGTON, DC 20003

EIN: 85-2130918 COL (D) AMOUNT: 550000. COL (E) AMOUNT: 0.

**PAC FOR JUSTICE**

PO BOX 850885 NEW ORLEANS, LA 70130

EIN: 85-2603613 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

**PACRONYM**

1100 15TH STREET NW 4TH FLOOR WASHINGTON, DC 20005

EIN: 82-1784228 COL (D) AMOUNT: 3000000. COL (E) AMOUNT: 0.

**PENNSYLVANIA FUND FOR CHANGE**

2034 S COLORADO ST PHILADELPHIA, PA 19145

EIN: 82-4466214 COL (D) AMOUNT: 200000. COL (E) AMOUNT: 0.

**PEOPLES ACTION POWER**

1285 STRATFORD AVENUE #239 DIXON, CA 95620

EIN: 84-4643312 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

## PRIORITIES USA ACTION

1030 15TH NW SUITE 950 WEST WASHINGTON, DC 20005

EIN: 37-1635320 COL (D) AMOUNT: 4500000. COL (E) AMOUNT: 0.

## PURPLE PAC

814 KING GEORGE COURT MANCHESTER, MO 63021

EIN: 84-3165869 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## RURALVOTE.ORG

545 EAST TOWN STREET COLUMBUS, OH 43215

EIN: 85-2524981 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

## SENATE MAJORITY PAC

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

EIN: 27-2896127 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

## SUNRISE PAC

50 F STREET NW SUITE 700 WASHINGTON, DC 20001

EIN: 48-4880810 COL (D) AMOUNT: 500000. COL (E) AMOUNT: 0.

## SWPA MOVING FORWARD

BOX 1556 WASHINGTON, PA 15301

EIN: 85-2895324 COL (D) AMOUNT: 11500. COL (E) AMOUNT: 0.

## TAKE BACK 2020

275 7TH AVENUE 16TH FLOOR NEW YORK, NY 10001

EIN: 85-2403579 COL (D) AMOUNT: 5150000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

TEXAS ORGANIZING PROJECT POLITICAL ACTION COMMITTEE

PO BOX 120296 SAN ANTONIO, TX 78212

EIN: 85-2788868 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

THE LINCOLN PROJECT

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 84-3583045 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

UNITE THE COUNTRY INC

1200 PENNSYLVANIA AVE NW UNIT 4383 WASHINGTON, DC 20044

EIN: 83-4388608 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

VICTORY 2020

611 PENNSYLVANIA AVENUE SE NUM 143 WASHINGTON, DC 20003

EIN: 85-1209929 COL (D) AMOUNT: 7700000. COL (E) AMOUNT: 0.

WOMEN VOTE!

1800 M STREET NW STE 375N WASHINGTON, DC 20036

EIN: 52-1391360 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

WORKING FAMILIES PARTY NATIONAL INDEPENDENT EXPENDITURE COMMITTEE

81 PROSPECT STREET BROOKLYN, NY 11201

EIN: 81-2160494 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SIXTEEN THIRTY FUND Employer identification number 26-4486735

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation contributions (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures (1a, 1b) and amounts required to be reported (2a, 2b).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

**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 make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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				
d Equipment		298,040.	295,987.	2,053.
e Other		489,575.	175,797.	313,778.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				315,831.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	389,753,352.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	168,486.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-100,000.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	68,486.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	389,684,866.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	389,684,866.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	410,206,733.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	168,486.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	168,486.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	410,038,247.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	410,038,247.

**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.

**PART X, LINE 2:**

THE FUND DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE FUND FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL AND STATE JURISDICTIONS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RETURN OF PRIOR YEAR CONTRIBUTION REVENUE -100,000.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **SIXTEEN THIRTY FUND** Employer identification number: **26-4486735**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BETH GRUPP ASSOCIATES - BOX 60185, CAPITOL SUITES,	FUNDRAISING PLANNING		X	5,000,000.	40,000.	4,960,000.
STEVEN BIEL STRATEGIES - 31 CUSHMAN STREET, UNIT 2,	FUNDRAISING PLANNING AND WRITING		X	600,000.	78,000.	522,000.
MERREN TECHNOLOGY LLC - 3005 S. LAMAR BLVD #D109-347,	PROGRAM MANAGEMENT, GOAL SETTING, AND OUTREACH		X	0.	17,000.	-17,000.
ANN MCGUINNESS CONSULTING - 135 WILDWOOD LANE, SELKIRK,	PRODUCTION OF DONOR MATERIALS		X	0.	12,000.	-12,000.
TRACY NEWMAN - 712 35TH AVE, SEATTLE, WA 98122	FUNDRAISING PLANNING		X	0.	37,500.	-37,500.
KG CONSULTING - 5009 BELT RD NW, WASHINGTON, DC 20016	FUNDRAISING COUNSEL		X	0.	36,000.	-36,000.
<b>Total</b>				5,600,000.	220,500.	5,379,500.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, GU, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: BETH GRUPP ASSOCIATES

(I) ADDRESS OF FUNDRAISER: BOX 60185, CAPITOL SUITES, WASHINGTON, DC 20039

(I) NAME OF FUNDRAISER: STEVEN BIEL STRATEGIES

(I) ADDRESS OF FUNDRAISER: 31 CUSHMAN STREET, UNIT 2, PORTLAND, ME 04102

(I) NAME OF FUNDRAISER: MERREN TECHNOLOGY LLC

**Part IV** Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 3005 S. LAMAR BLVD #D109-347, AUSTIN, TX 78704

(I) NAME OF FUNDRAISER: ANN MCGUINESS CONSULTING

(I) ADDRESS OF FUNDRAISER: 135 WILDWOOD LANE, SELKIRK, NY 12158

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **SIXTEEN THIRTY FUND** Employer identification number **26-4486735**

**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?  **Yes**  **No**
- 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A BETTER BIG SKY PO BOX 7134 MISSOULA, MT 59807	82-5313159	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ABORTION ACCESS FOR ALL 1315 S CLAYTON STREET SUITE 300 DENVER, CO 80210	84-3366418	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCOUNTABLE JUSTICE ACTION FUND 394 PACIFIC AVE FLOOR 2 SAN FRANCISCO, CA 94111	82-3247136	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACRONYM 1400 L ST NW UNIT 34728 WASHINGTON, DC 20005	82-1630469	501(C)(4)	51,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	291,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCING AZ 3058 E DERRINGER WAY GILBERT, AZ 85297	83-4665335	501(C)(4)	2,477,000.	0.			CAPACITY BUILDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **31.**
- 3** Enter total number of other organizations listed in the line 1 table **215.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ALASKA AFL-CIO 3333 DENALI STREET SUITE 125 ANCHORAGE, AK 99503	92-0010498	501(C)(5)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKA PROGRESSIVE DONOR TABLE 1120 HUFFMAN RD UNIT 502 ANCHORAGE, AK 99515	84-2728053	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKANS FOR POSTERITY 9360 GLACIER HWY STE 202 JUNEAU, AK 99801	85-2279710	501(C)(4)	155,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR A BETTER MINNESOTA 1600 UNIVERSITY AVE W SUITE 309 ST. PAUL, MN 55104	26-0317208	501(C)(4)	142,000.	0.			ENVIRONMENTAL PROGRAMS
ALLIANCE FOR YOUTH ACTION 915 5TH ST NW WASHINGTON, DC 20001	46-2914731	501(C)(4)	1,450,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIED MEDIA ACTION FUND 4126 3RD AVE DETROIT, MI 48201	85-0895977	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA PROMISE PAC 1100 MARKET S400 CHATTANOOGA, TN 37402	85-1059531	527	4,750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA VOTES 1155 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	128976147	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN BRIDGE 21ST CENTURY FOUNDATION - 800 MAINE AVE SW STE 400 - WASHINGTON, DC 20024	27-5278038	501(C)(4)	2,130,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AMERICA'S PROMISE ACTION FUND 1100 MARKET ST S400 CHATTANOOGA, TN 37402	85-0953078	501(C)(4)	200,000.	0.			CAPACITY BUILDING
ANNIE'S LIST TRAINING AND ENGAGEMENT FUND - PO BOX 303277 - AUSTIN, TX 78703	84-3909459	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA ADVOCACY NETWORK 221 E INDIANOLA AVE PHOENIX, AZ 85012	01-0637750	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN AMERICAN ADVOCACY FUND INC 5680 OAKBROOK PKWY STE 148 NORCROSS, GA 30093	83-1198242	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
BALLOT INITIATIVE STRATEGY CENTER INC - 1660 L ST NW SUITE 605 - WASHINGTON, DC 20036	04-3411708	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER COLORADO ALLIANCE 1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2505764	527	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER FUTURE FOR NEW MEXICO 4480 SNOW HEIGHTS CIR SE RIO RANCHO, NM 87124	82-4939302	527	50,000.	0.			ENVIRONMENTAL PROGRAMS
BETTER PENNSYLVANIA 1740 MAIN STREET MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	922,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BIG SKY VOTERS PAC PO BOX 8853 MISSOULA, MT 59807	85-0843384	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BIPARTISAN POLICY CENTER 1225 EYE ST NW SUITE 1000 WASHINGTON, DC 20005	73-1628382	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW BUILDING 100 ATLANTA, GA 30313	84-3530186	501(C)(4)	300,000.	0.			ENVIRONMENTAL PROGRAMS
BLACK VOTERS MATTER FUND 4751 BEST ROAD SUITE 490 ATLANTA, GA 30337	81-3625061	501(C)(4)	225,000.	0.			ENVIRONMENTAL PROGRAMS
BLACKPAC 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005	81-1460820	527	2,250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BORN TO RUN COLORADO PO BOX 102 LAFAYETTE, CO 80026	82-4159102	501(C)(4)	35,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BUSINESS ACTION FUND 1875 CONNECTICUT AVE NW 11TH FLOOR, SUITE 242 - WASHINGTON, DC 20009	83-2618697	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CAFE ACCION 420 W GRIGGS LAS CRUCES, NM 88005	85-2340038	501(C)(4)	10,000.	0.			ENVIRONMENTAL PROGRAMS
CARE IN ACTION, INC 243 5TH AVE., MAILBOX 257 NEW YORK, NY 10016	46-4605470	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	300,000.	0.			ENVIRONMENTAL PROGRAMS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CASA IN ACTION PAC 8151 15TH AVE HYATTSVILLE, MD 20783	83-1625942	527	150,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW FLOOR 10 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	3,240,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR CHANGE A NORTHERN MICHIGAN ADVOCACY GROUP - 214 S BAILEY ST - CHEBOYGAN, MI 49721	84-2534225	501(C)(4)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CIVIC ACTION 625 SILVER AVE SW STE 320 ALBUQUERQUE, NM 87102	02-0779812	501(C)(4)	195,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR POPULAR DEMOCRACY ACTION FUND - 449 TROUTMAN ST. - BROOKLYN, NY 11237	45-3860271	501(C)(4)	508,799.	0.			CAPACITY BUILDING
CENTRAL ARIZONANS FOR A SUSTAINABLE ECONOMY - 801 N 2ND AVE - PHOENIX, AZ 85003	26-1689914	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHANGE NOW INC 2021 L ST NW SUITE 101-326 WASHINGTON, DC 20036	83-1307183	527	5,930,000.	0.			CAPACITY BUILDING
CHILDRENS ACTION ALLIANCE INC 3030 N 3RD ST SUITE 650 PHOENIX, AZ 85012	86-0594785	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS CREATING OPPORTUNITIES PO BOX 100292 DENVER, CO 80250	47-2607588	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COLORADO CONSUMER HEALTH INITIATIVE - 1420 N OGDEN STREET STE A1 - DENVER, CO 80218	84-1145452	501(C)(3)	27,600.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO FAMILIES FIRST 1315 S CLAYTON STREET SUITE 300 DENVER, CO 80210	61-1954894	501(C)(4)	2,642,272.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLOROFCHANGE.ORG 1714 FRANKLIN ST STE 100-136 OAKLAND, CA 94612	20-4496889	501(C)(4)	23,986.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMITTEE TO PROTECT MEDICARE AND THE ACA INC - 3317 W FULLERTON AVENUE - CHICAGO, IL 60647	82-0596008	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON CAUSE 805 FIFTEENTH STREET NW STE 800 WASHINGTON, DC 20005	52-6078441	501(C)(4)	635,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONGRESSIONAL INTEGRITY PROJECT 2020 CONNECTICUT AVE NW SUITE 269 WASHINGTON, DC 20006	85-1339862	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONNECTICUT CITIZEN ACTION GROUP INC - 30 ARBOR ST, STE 6N - HARTFORD, CT 06106	06-0872695	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONSUMERS FOR AFFORDABLE HEALTH CARE FOUNDATION - 12 CHURCH STREET - AUGUSTA, ME 04330	04-3366975	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC - 151 ELLIS ST NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COUNT MI VOTE PO BOX 16180 LANSING, MI 48910	82-1389940	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CULTIVATE TEAM LLC 661 STERLING PL. APT. 2 BROOKLYN, NY 11216	83-4057957		260,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEFEAT BY TWEET PAC 107 GRAND STREET FLOOR 7 NEW YORK, NY 10013	85-1506518	527	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEFEND ALASKA PO BOX 91053 ANCHORAGE, AK 99509	84-2340229	527	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEFENDING DEMOCRACY TOGETHER 925 15TH ST NW 5TH FLOOR WASHINGTON, DC 20005	82-3877328	501(C)(4)	10,050,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ELECTION SECURITY CENTER 1101 L STREET NW APT 601 WASHINGTON, DC 20001	84-4331010	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EMERGING AMERICAN MAJORITIES 1225 EYE STREET NW SUITE 1250 WASHINGTON, DC 20005	81-4100201	501(C)(4)	850,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ENVIRONMENTAL DEFENSE ACTION FUND 1875 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20009	90-0080500	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER - 2309 EUCLID AVENUE - DES MOINES, IA 50310	46-1017191	501(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAIR FIGHT ACTION INC 1270 CAROLINE STREET NE SUITE D120 ATLANTA, GA 30307	47-1427359	501(C)(4)	2,229,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FUTURE NC 8 ST MARYS STREET #4 RALEIGH, NC 27605	84-3038674	501(C)(4)	1,050,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR LINES COLORADO PO BOX 101482 DENVER, CO 80250	85-0836874	501(C)(4)	63,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH 2020 7935 N SEWARD AVE PORTLAND, OR 97217	85-1602627	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN ACTION FUND 999 NORTH CAPITOL STREET NE SUITE 2 WASHINGTON, DC 20002	45-4434103	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN MINNESOTA 2356 UNIVERSITY AVE W STE 405 ST.PAUL, MN 55114	82-2771968	501(C)(4)	450,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN PUBLIC LIFE ACTION FUND 1990 M ST NW SUITE 740 WASHINGTON, DC 20036	26-3827419	501(C)(4)	238,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILIES AGAINST MANDATORY MINIMUMS - 1100 H STREET NW, SUITE 1000 - WASHINGTON, DC 20005	52-1750248	501(C)(4)	62,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FARM ACTION 5 TERRACE CIRCLE MEXICO, MO 65265	82-1722527	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FAMILY FRIENDLY ACTION FUND 114 N MAIN ST SUITE 203 CONCORD, NH 03301	83-1806898	501(C)(4)	1,178,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION PAC 700 13TH STREET NW WASHINGTON, DC 20005	85-0792961	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIGHT FOR THE BASE 134 BOWERY ST SUITE 3N NEW YORK, NY 10013	84-4536320	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIRST DRAFT NEWS INC 219 W 40TH STREET 14TH FLOOR NEW YORK, NY 10018	83-3554102	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLIC VOTES INC 2800 BISCAYNE BLVD SUITE 200 MIAMI, FL 33137	81-2185907	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA VOICES FOR HEALTH INC 12978 SW 44TH STREET MIRAMAR, FL 33027	82-0921929	501(C)(3)	16,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA WATCH INC 542 NE 72 ST MIAMI, FL 33138	27-1856471	501(C)(4)	737,000.	0.			ENVIRONMENTAL PROGRAMS
FOR OUR FUTURE ACTION FUND 1411 K STREET NW STE 900 WASHINGTON, DC 20005	81-2638345	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MAJORITY ACTION 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	83-0611104	527	2,680,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FREEDOM ACTION NOW INC 2110 LUANN LN MADISON, WI 53713	84-3944949	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREEDOM VIRGINIA INC 103 DUNDEE AVE RICHMOND, VA 23225	85-1257540		118,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE FORWARD USA ACTION 611 PENNSYLVANIA AVE SE SUITE 143 WASHINGTON, DC 20003	82-4170762	501(C)(4)	15,232,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE FORWARD USA PAC 611 PENNSYLVANIA AVE SE SUITE 143 WASHINGTON, DC 20003	83-0791921	527	7,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE NOW ACTION 700 13TH STREET NW SUITE 600 WASHINGTON, DC 20005	82-2390410	501(C)(4)	734,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE NOW FUND 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005	82-2384417	527	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND INC PO BOX 170515 ATLANTA, GA 30317	47-4777204	501(C)(4)	600,000.	0.			ENVIRONMENTAL PROGRAMS
GIFFORDS PO BOX 51196 WASHINGTON, DC 20091	46-5592432	501(C)(4)	120,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GROUNDSWELL ACTION FUND 548 MARKET STREET 49734 SAN FRANCISCO, CA 94104	82-1172119	501(C)(4)	16,433.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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HERO ACTION FUND 1328 1348 FLORIDA AVE NW WASHINGTON, DC 20009	84-3091866	501(C)(4)	30,000.	0.			CAPACITY BUILDING
HIGHER GROUND LABS MANAGEMENT LLC 1440 W. TAYLOR ST UNIT 1440 CHICAGO, IL 60607	83-3433019		415,930.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HOUSE MAJORITY FORWARD 700 13TH ST NW SUITE 300 WASHINGTON, DC 20005	83-4185105	501(C)(4)	750,000.	0.			ENVIRONMENTAL PROGRAMS
IF NOT NOW MOVEMENT PO BOX 26425 WASHINGTON, DC 20001	83-4664015	501(C)(4)	12,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IOWA CITIZEN ACTION NETWORK 941 25TH AVE, #335 CORALVILLE, IA 52241	42-1172128	501(C)(4)	130,000.	0.			CAPACITY BUILDING
IOWA FORWARD 570 JUNIPER AVE KELLOGG, IA 50135	83-4467448	501(C)(4)	1,205,000.	0.			CAPACITY BUILDING
ISSUE ONE 1401 K STREET NW SUITE 350 WASHINGTON, DC 20005	32-0384285	501(C)(3)	3,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JUSTICE FORWARD VIRGINIA 2611 FRANKLIN ROAD ARLINGTON, VA 22201	85-1651223	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KANSAS VALUES INSTITUTE PO BOX 97 LAWRENCE, KS 66044	45-2621342	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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KEEP OUR REPUBLIC PO BOX 155 THE PLAINS, VA 20198	85-2227511	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAND STEWARDSHIP ACTION FUND 821 E 35TH ST STE 200 MINNEAPOLIS, MN 55407	82-4347114	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LATINO VICTORY PROJECT 700 14TH STREET NW SUITE 200 WASHINGTON, DC 20005	46-4651149	501(C)(4)	14,650.	0.			CAPACITY BUILDING
LEAD NC PO BOX 1323 RALEIGH, NC 27602	81-3459495	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAD PA 100 S BROAD ST SUITE 3022588 PHILADELPHIA, PA 19111	83-3208722	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEADING COLORADO FORWARD 1567 S UNIVERSITY BLVD DENVER, CO 80210	83-2522034	527	1,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	3,515,500.	0.			ENVIRONMENTAL PROGRAMS
LEAGUE OF WOMEN VOTERS OF NEW JERSEY - 204 WEST STATE ST - TRENTON, NJ 08608	22-1153223	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF WOMEN VOTERS OF THE UNITED STATES - 1730 M ST NW SUITE 1000 - WASHINGTON, DC 20036	53-0115655	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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(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
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N 19TH AVE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	76,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE CENTER FOR ECONOMIC POLICY ONE WESTON COURT SUITE 103 PO BOX 4 AUGUSTA, ME 04332	22-3317572	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE MOMENTUM 12 MADISON STREET PORTLAND, ME 04101	83-4606676	501(C)(4)	1,936,000.	0.			CAPACITY BUILDING
MAINE PEOPLE'S ALLIANCE 565 CONGRESS ST STE 200 PORTLAND, ME 04101	01-0383493	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE PEOPLE'S RESOURCES CENTER 565 CONGRESS ST #200 PORTLAND, ME 04101	22-2586108	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAJORITY FORWARD 700 13TH STREET NW WASHINGTON, DC 20005	47-4368320	501(C)(4)	3,000,000.	0.			ENVIRONMENTAL PROGRAMS
MAKE NORTH CAROLINA FIRST PO BOX 648 RALEIGH, NC 27602	46-3981642	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
MAKE THE ROAD ACTION IN PA 347 N 8TH ST 1ST FLOOR ALLENTOWN, PA 18102	27-1408443	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLAND CENTER ON ECONOMIC POLICY 1800 N CHARLES ST STE 406 BALTIMORE, MD 21201	90-0999151	501(C)(3)	24,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MECEP ACTION ONE WESTON COURT SUITE 103 PO BOX 4 AUGUSTA, ME 04332	85-1999247	501(C)(4)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN CIVIC ACTION FUND 28342 DARTMOUTH STREET MADISON HEIGHTS, MI 48071	82-3995979	501(C)(4)	105,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN PEOPLES CAMPAIGN 2227 MEDFORD RD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MIJENTE 734 W POLK ST PHOENIX, AZ 85007	82-1711382	501(C)(3)	170,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MILLIONS OF MICHIGANIANS 614 SEYMOUR AVE LANSING, MI 48933	84-3645849	527	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI JOBS WITH JUSTICE VOTER ACTION - 2725 CLIFTON - ST LOUIS, MO 63139	46-3985290	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI WIN 347 HAZEL AVE WEBSTER GROVES, MO 63119	82-4375006	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MN350 ACTION 4407 EAST LAKE ST MINNEAPOLIS, MN 55406	82-3247267	501(C)(4)	110,000.	0.			ENVIRONMENTAL PROGRAMS
MOMENTUM ACTION INC 222 BROADWAY NEW YORK, NY 10038		501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MOMSRISING TOGETHER 12011 BEL-RED RD. STE 100A BELLEVUE, WA 98005	20-4448446	501(C)(4)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA HUNTERS & ANGLERS LEADERSHIP FUND - PO BOX 1934 - BILLINGS, MT 59103	81-2706051	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA NATIVE VOTE PO BOX 2433 BILLINGS, MT 59103	45-5363321	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MORE TREATMENT FOR A BETTER OREGON YES ON 110 - PO BOX 42307 - PORTLAND, OR 97242	85-2944188	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND 777 LIVERNOIS FERNDALE, MI 48220	82-2828323	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVEON.ORG POLITICAL ACTION 1442 WALNUT STREET UNIT 358 BERKELEY, CA 94709	94-3324022	527	235,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVING NC FORWARD, INC. 434 FAYETTEVILLE ST. STE 2020 RALEIGH, NC 27601	81-4767705	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MSP AREA NOW PO BOX 582862 MINNEAPOLIS, MN 55458	26-4402416	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NARAL PRO-CHOICE MA INC 15 COURT SQUARE SUITE 900 BOSTON, MA 02108	23-7227508	501(C)(4)	9,489.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NARAL PRO-CHOICE MINNESOTA 2300 MYRTLE AVE SUITE 120 SAINT PAUL, MN 55114	41-1267956	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NARAL PRO-CHOICE VIRGINIA 901 N. WASHINGTON ST. SUITE 603 ALEXANDRIA, VA 22314	41-2051991	501(C)(4)	22,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEBRASKANS FOR RESPONSIBLE LENDING 66455 PONDEROSA ROAD HYANNIS, NE 69350	84-2988349	501(C)(3)	1,085,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NETWORK EDUCATION PROGRAM 820 FIRST ST NE SUITE 350 WASHINGTON, DC 20002	52-1307764	501(C)(3)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW AMERICA FOUNDATION 740 15TH STREET NW SUITE 900 WASHINGTON, DC 20005	52-2096845	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW DAY NEVADA INC 7991 HACKBERRY DRIVE LAS VEGAS, NV 89123	84-3203462	501(C)(4)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW ERA COLORADO FOUNDATION PO BOX 4274 BOULDER, CO 80306	26-1389272	501(C)(3)	24,067.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW FLORIDA MAJORITY 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	27-0167620	501(C)(4)	420,000.	0.			ENVIRONMENTAL PROGRAMS
NEW GEORGIA PROJECT ACTION FUND INC - 830 GLENWOOD AVE SE SUITE 510-221 - ATLANTA, GA 30316	82-0934131	501(C)(4)	265,000.	0.			ENVIRONMENTAL PROGRAMS

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NEW VENTURE FUND 1828 L STREET, NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	8,232,242.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEXTGEN CLIMATE ACTION COMMITTEE 986 MISSION STREET FL 1 SAN FRANCISCO, CA 94103	46-3201383	527	3,700,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH CAROLINA CITIZENS FOR PROTECTING OUR SCHOOLS - PO BOX 1093 - RALEIGH, NC 27602	45-2294710	501(C)(4)	575,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH FUND 1101 CONNECTICUT AVE NW SUITE 450 WASHINGTON, DC 20036	83-4011547	501(C)(4)	19,390,584.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO AFL-CIO 500 S FRONT STREET SUITE #700 COLUMBUS, OH 43215	31-4425064	501(C)(5)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN ST SUITE 230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FAIR WAGE ACTION 30 BOW ST CAMBRIDGE, MA 02138	84-3605857	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FAIR WAGE INC 7510 HILLMONT DRIVE OAKLAND, CA 94605	85-0692228	501(C)(3)	25,000.	0.			CAPACITY BUILDING
ONE FOR ALL COMMITTEE 80 M ST SE SUITE 100 WASHINGTON, DC 20003	85-2130918	527	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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OPPORTUNITY ARIZONA 3821 N 15TH DRIVE PHOENIX, AZ 85015	84-3103154	501(C)(4)	716,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORGANIZE FLORIDA 134 E COLONIAL DRIVE ORLANDO, FL 32801	27-1869914	501(C)(4)	365,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZE FOR JUSTICE PO BOX 454 KNOXVILLE, TN 37901	83-2616937	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORGANIZE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	400,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW - ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
PAC FOR JUSTICE PO BOX 850885 NEW ORLEANS, LA 70130	85-2603613	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PACRONYM 1100 15TH STREET NW 4TH FLOOR WASHINGTON, DC 20005	82-1784228	527	3,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA ALLIANCE ACTION 2034 S COLORADO ST PHILADELPHIA, PA 19145	82-3537729	501(C)(4)	175,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA FUND FOR CHANGE 2034 S COLORADO ST PHILADELPHIA, PA 19145	82-4466214	527	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PENNSYLVANIA STANDS UP 15 N LIME ST LANCASTER, PA 17602	83-2880678	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA UNITED 841 CALIFORNIA AVE 3RD FLOOR PITTSBURGH, PA 15212	82-3674888	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PEOPLE'S ACTION 2125 W NORTH AVE 3RD FLOOR CHICAGO, IL 60647	26-2613701	501(C)(4)	326,000.	0.			ENVIRONMENTAL PROGRAMS
PEOPLES ACTION POWER 1285 STRATFORD AVENUE #239 DIXON, CA 95620	84-4643312	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PIEDMONT RISING INC 1401 SPRUCE STREET UNIT 1511 PHILADELPHIA, PA 19102	84-2378026	501(C)(4)	7,005,000.	0.			CAPACITY BUILDING
PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038	13-3539048	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PODER NC ACTION 1101 HAYNES ST SUITE 205 RALEIGH, NC 27604	84-2828142	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
POLICYLINK EQUITY ACTION NETWORK 1438 WEBSTER STREET SUITE 303 OAKLAND, CA 94612	47-3469925	501(C)(4)	12,580.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PRIORITIES USA 1030 15TH ST NW SUITE 950 WEST WASHINGTON, DC 20005	47-4596232	501(C)(4)	1,500,000.	0.			ENVIRONMENTAL PROGRAMS

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PRIORITIES USA ACTION 1030 15TH NW SUITE 950 WEST WASHINGTON, DC 20005	37-1635320	527	4,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS MICHIGAN 614 SEYMOUR AVE LANSING, MI 48933	26-0900990	501(C)(4)	545,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS NORTH CAROLINA ACTION 3739 NATIONAL DRIVE # 105 RALEIGH, NC 27612	45-2862217	501(C)(4)	325,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSIVE CHANGE INSTITUTE 1629 K ST NW SUITE 300 WASHINGTON, DC 20006	46-1193049	501(C)(3)	12,500.	0.			CAPACITY BUILDING
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA ACTION FUND - 203 S. ARLINGTON AVE - RENO, NV 89501	45-2606048	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSIVE STATE LEADERS COMMITTEE - 1401 H STREET NW SUITE 750 - WASHINGTON, DC 20005	05-0623909	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW 614 N SEYMOUR AVE LANSING, MI 48933	20-8720230	501(C)(4)	160,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSNOW ARIZONA 530 E MCDOWELL ROAD SUITE 107-410 PHOENIX, AZ 85004	83-3393572	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW COLORADO 1714 HUMBOLDT STREET DENVER, CO 80218	65-1244918	501(C)(4)	114,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PROGRESSNOW COLORADO EDUCATION 1536 WYNKOOP STREET SUITE 300 DENVER, CO 80202	73-1674017	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW EDUCATION 614 SEYMOUR AVE LANSING, MI 48933	20-8720291	501(C)(3)	5,211,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW NEW MEXICO 625 SILVER AVE SW SUITE 320 ALBUQUERQUE, NM 87102	45-4130072	501(C)(4)	90,000.	0.			ENVIRONMENTAL PROGRAMS
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	818,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROTECT COLORADO'S RECOVERY 656 ROCK RIDGE DRIVE LAFAYETTE, CO 80026	85-2837011	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROTECT MINNESOTA ADVOCACY FUND 285 DALE ST N ST PAUL, MN 55103	41-1685834	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PURPLE PAC 814 KING GEORGE COURT MANCHESTER, MO 63021	84-3165869	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PUSHBLACK NOW 625 MONROE STREET NE APT 109 WASHINGTON, DC 20017	81-3839071	501(C)(4)	700,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REAL FACTS NC 3125 POPLARWOOD CT. SUITE 300 RALEIGH, NC 27604	27-3337837	501(C)(4)	43,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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RESULTS EDUCATIONAL FUND INC 1101 15TH ST NW SUITE 1200 WASHINGTON, DC 20005	95-3747267	501(C)(3)	31,335.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROCKY MOUNTAIN VALUES 635 HILL AVENUE GRANT JUNCTION, CO 81501	84-1860320	501(C)(4)	1,590,000.	0.			CAPACITY BUILDING
RURAL ARIZONA ACTION 345 W CENTRAL AVE STE 4 COOLIDGE, AZ 85128	83-4660479	501(C)(4)	190,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL ECONOMIC DEVELOPMENT CENTER INC - 4021 CARYA DRIVE - RALEIGH, NC 27610	56-1552375	501(C)(3)	13,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALORGANIZING.ORG 191 CLINTON ST COLUMBUS, OH 43202	82-5040665	501(C)(4)	565,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALVOTE.ORG 545 EAST TOWN STREET COLUMBUS, OH 43215	85-2524981	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAVE MY COUNTRY ACTION FUND 80 M STREET SE WASHINGTON, DC 20003	84-1785352	501(C)(4)	85,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY 611 PENNSYLVANIA AVE SE #143 WASHINGTON, DC 20003	82-3846342	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE ELECTIONS PROJECT 130 NEILL AVE SUITE H HELENA, MT 59601	83-3296530	501(C)(4)	1,040,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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SENATE MAJORITY PAC 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005	27-2896127	527	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SOMOS ACCION 1804 ESPINACITAS ST SANTA FE, NM 87505	83-1487234	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
STAND UP AMERICA INC 51 EAST 12TH STREET 2ND FLOOR NEW YORK, NY 10003	32-0512546	501(C)(4)	29,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE ENGAGEMENT FUND 1101 HAYNES ST STE 205 RALEIGH, NC 27604	81-0865943	501(C)(4)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STORY NETWORK FOUNDATION 2300 18TH ST NW LOWER LOBBY, PO BOX WASHINGTON, DC 20009	84-2907396	501(C)(4)	965,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SUNRISE 50 F STREET NW SUITE 700 WASHINGTON, DC 20001	82-1232167	501(C)(4)	950,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SUNRISE PAC 50 F STREET NW SUITE 700 WASHINGTON, DC 20001	48-4880810	527	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SWPA MOVING FORWARD BOX 1556 WASHINGTON, PA 15301	85-2895324	527	11,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TAKE BACK 2020 275 7TH AVENUE 16TH FLOOR NEW YORK, NY 10001	85-2403579	527	5,150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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TAKEACTION MINNESOTA 705 RAYMOND AVE SUITE 100 ST PAUL, MN 55114	20-3338691	501(C)(4)	615,000.	0.			ENVIRONMENTAL PROGRAMS
TASKFORCE LLC 4313 MENTONE AVE CULVER CITY, CA 90232	80-0491029		400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS ORGANIZING PROJECT POLITICAL ACTION COMMITTEE - PO BOX 120296 - SAN ANTONIO, TX 78212	85-2788868	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE 5TH FL SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	120,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE CENTER FOR MEDIA JUSTICE 436 14TH STREET STE 500 OAKLAND, CA 94612	30-0520981	501(C)(3)	120,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COALITION TO STOP GUN VIOLENCE 805 15TH ST NW SUITE 410 WASHINGTON, DC 20005	52-1106316	501(C)(4)	78,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COMMON GROUND PROJECT 2578 FLORIDIANE DRIVE MELBOURNE, FL 32935	83-4375307	501(C)(4)	29,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E CARY ST UNIT 200 - RICHMOND, VA 23219	27-1598303	501(C)(3)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COOPERATIVE IMPACT LAB 315 FLATBUSH AVENUE #304 BROOKLYN, NY 11217	83-1002641	501(C)(4)	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
THE FAIRNESS PROJECT 1342 FLORIDA AVE NW WASHINGTON, DC 20009	37-1779557	501(C)(4)	226,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPEWELL FUND 1828 L STREET, NW, SUITE 300-D WASHINGTON, DC 20036	47-3681860	501(C)(3)	215,331.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS - 1620 L STREET NW STE 1100 - WASHINGTON, DC 20036	52-0789800	501(C)(4)	1,250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE LINCOLN PROJECT 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	84-3583045	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE MOVEMENT COOPERATIVE 200 SCHERMERHORN ST SUITE 326 BROOKLYN, NY 11201	82-2905563	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ORGANIZING ALLIANCE 2450 REVERE STREET NORTH LAS VEGAS, NV 89030	82-2756297	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
THE PEOPLE OVER PROFITS FLORIDA INC - 1106 N FRANKLIN ST - TAMPA, FL 33602	83-3581892	501(C)(4)	7,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE UCLA FOUNDATION 10920 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90024-6506	95-2250801	501(C)(3)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE VOTER PROJECT 121 S BROAD ST SUITE 400 PHILADELPHIA, PA 19107	85-0556933	501(C)(4)	393,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	1,895,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES FOUNDATION 1014 TORNEY AVE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TOGETHER WISCONSIN ACTS INC 4230 N OAKLAND AVE #136 MILWAUKEE, WI 53211	47-5656409	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ULTRAVIOLET ACTION PO BOX 92592 WASHINGTON, DC 20090	47-5180376	501(C)(4)	215,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNIDOSUS ACTION FUND 1126 16TH ST NW SUITE 600 WASHINGTON, DC 20036	45-5341145	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITE THE COUNTRY INC 1200 PENNSYLVANIA AVE NW UNIT 4383 WASHINGTON, DC 20044	83-4388608	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITED FOR RESPECT 81 PROSPECT STREET BROOKLYN, NY 11201	83-4485353	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITED WE DREAM ACTION 1900 L STREET NW SUITE 900 WASHINGTON, DC 20036	46-5216666	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VICTORY 2020 611 PENNSYLVANIA AVENUE SE NUM 143 WASHINGTON, DC 20003	85-1209929	527	7,700,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 NEW MAJORITY 3801 MT VERNON AVE ALEXANDRIA, VA 22304	26-1377619	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
VIRGINIA21 ACTION 1108 E MAIN ST SUITE 1100 RICHMOND, VA 23219	82-3747298	501(C)(4)	5,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTE COMMON GOOD 6301 PEACEDALE AVENUE EDINA, MN 55424	83-0906939	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTER PROTECTION CORPS EDUCATION AND ADVOCACY FUND - 683 BOSTON POST RD - WESTON, MA 02493	84-3341582	501(C)(4)	341,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTERS ORGANIZED TO EDUCATE - VOTE ACTION FUND - 2022 ST BERNARD AVE STE 307 - NEW ORLEANS, LA 70116	27-1370327	501(C)(4)	650,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTO LATINO 1300 L ST NW SUITE 975 WASHINGTON, DC 20005	45-5477218	501(C)(4)	170,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE THE PEOPLE PENNSYLVANIA ACTION 412 NORTH THIRD STREET HARRISBURG, PA 17101	83-1155241	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S 27TH STREET SUITE B - BILLINGS, MT 59101	45-0356819	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WIN MINNESOTA 1600 UNIVERSITY AVE W SUITE 309 ST PAUL, MN 55104	74-3238362	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WISCONSIN FARMERS UNION 117 WEST SPRING STREET CHIPPEWA FALLS, WI 54729	39-0808571	501(C)(5)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN VOTE! 1800 M STREET NW STE 375N WASHINGTON, DC 20036	52-1391360	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S MARCH, INC 26 BROADWAY, 8TH FLOOR NEW YORK, NY 10004	81-4571869	501(C)(4)	32,015.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING FAMILIES ORGANIZATION 81 PROSPECT STREET BROOKLYN, NY 11201	20-4994004	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING FAMILIES PARTY NATIONAL INDEPENDENT EXPENDITURE - 81 PROSPECT STREET - BROOKLYN, NY 11201	81-2160494	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKMONEY INC 790 N MILWAUKEE ST STE 300 MILWAUKEE, WI 53202	85-0604101	501(C)(4)	4,678,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

**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 noncash assistance

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

PART I, LINE 2:

SIXTEEN THIRTY FUND GENERALLY REQUIRES A WRITTEN GRANT APPLICATION STATING THE PURPOSE FOR THE USE OF FUNDS. GRANTS ARE ISSUED IF, AFTER THE REVIEW AND EVALUATION OF THE APPLICATION, THE USE MEETS THE NECESSARY REQUIREMENTS. INTERIM AND FINAL REPORTING IS REQUIRED TO CONFIRM FUNDS WERE USED FOR THE SPECIFIED PURPOSE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SIXTEEN THIRTY FUND**

Employer identification number

**26-4486735**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <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 checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |  |  |
|--|--|
| <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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		<b>X</b>
<b>2</b>		<b>X</b>
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(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				
(1) RYAN JOHNSON PROJECT DIRECTOR	(i)	187,500.	0.	0.	5,625.	20,445.	213,570.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY KURTZ PRESIDENT	(i)	151,800.	30,000.	0.	5,454.	8,862.	196,116.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	(i)	100,000.	50,000.	900.	3,228.	8,406.	162,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

THE ORGANIZATION MAY PROVIDE \$75 PER MONTH FOR FITNESS RELATED COSTS, WHICH MAY INCLUDE CLUB FEES. THE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO THE EMPLOYEES.

**PART I, LINE 7:**

THE ORGANIZATION PROVIDED BONUSES TO CERTAIN EMPLOYEES, WHICH WOULD BE CONSIDERED A "NON-FIXED PAYMENT". BONUSES PAID BY THE ORGANIZATION ARE (IN GENERAL) NOT SPECIFIED BY A FIXED FORMULA IN EMPLOYMENT CONTRACTS AND DETERMINED (IN PART) WITH DISCRETION IN DETERMINING THE AMOUNT OF BONUS OR WHETHER TO MAKE A BONUS PAYMENT.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ARABELLA ADVISO	35% CONT	CREDITS		X	100,943.	100,943.		X	X		X	
ARABELLA ADVISO	35% CONT	SERVICES	X		834,906.	834,906.		X	X		X	
<b>Total</b> .....						▶ \$ 935,849.						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARABELLA ADVISORS, LLC	35% CONTROLLED ENTI	9,066,157.	ARABELLA IS		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF BOARD CHAIR  
ERIC KESSLER

(C) PURPOSE OF LOAN: CREDITS - FEES FOR MANAGEMENT AND OPERATION SERVICES  
PROVIDED

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP WITH ORGANIZATION: 35% CONTROLLED ENTITY OF BOARD CHAIR  
ERIC KESSLER

(C) PURPOSE OF LOAN: SERVICES - FEES FOR MANAGEMENT AND OPERATION SERVICES  
PROVIDED

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
35% CONTROLLED ENTITY OF BOARD CHAIR ERIC KESSLER

(D) DESCRIPTION OF TRANSACTION: ARABELLA IS A VENDOR THAT PROVIDES HR,  
FINANCIAL, LEGAL, PAYROLL, AND OTHER ADMINISTRATIVE SERVICES TO SIXTEEN  
THIRTY FUND.

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II:

THE AMOUNTS LISTED IN SCHEDULE L, PART II ARE NOT FORMAL LOANS BUT RATHER RECEIVABLES AND PAYABLES THAT ARISE IN THE ORDINARY COURSE OF BUSINESS FOR SERVICES PROVIDED BY AND CREDITS DUE FROM ARABELLA TO SIXTEEN THIRTY FUND UNDER THE ADMINISTRATIVE SERVICES AGREEMENT THAT WAS NEGOTIATED AT ARM'S LENGTH AND APPROVED BY THE INDEPENDENT DIRECTORS OF SIXTEEN THIRTY FUND'S BOARD.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SIXTEEN THIRTY FUND** Employer identification number **26-4486735**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	52,773,657.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED (DEFINED AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) IN SCHEDULE M, PART I, COLUMN (B).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

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

PROVIDING OPERATIONAL SUPPORT TO CHANGEMAKERS COMMITTED TO TACKLING  
SOCIETY'S BIGGEST SOCIAL CHALLENGES.

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

THE SIXTEEN THIRTY FUND BELIEVES IN THE POWER OF NEW IDEAS, CREATIVE  
PARTNERSHIPS, AND EMERGING LEADERS TO ACHIEVE MEANINGFUL AND LASTING  
SOLUTIONS TO THE MOST PRESSING CHALLENGES OF OUR TIME - FROM ADVANCING  
EQUITY AND RACIAL JUSTICE, TO PROMOTING ACCESS TO AFFORDABLE HEALTH  
CARE, TO CONFRONTING CLIMATE CHANGE, TO STRENGTHENING OUR DEMOCRACY. WE  
HELP CHANGEMAKERS MAXIMIZE THEIR IMPACT BY PROVIDING OPERATIONAL  
SUPPORT WHILE ALLOWING THEM TO FOCUS ON ADVANCING THEIR CORE MISSIONS.

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

OTHER PROGRAMS.

EXPENSES \$ 10,124,067. INCLUDING GRANTS OF \$ 1,065,000. REVENUE \$ 0.

FORM 990, PART V, LINE 2A:

NEW VENTURE FUND IS THE PAYROLL REPORTING AGENT FOR SIXTEEN THIRTY FUND  
UNDER THE IRS COMMON PAYMASTER RULES. UNDER THE ARRANGEMENT, SIXTEEN  
THIRTY FUND REIMBURSES NEW VENTURE FUND FOR ITS ALLOCATED SHARE OF  
SALARIES AND BENEFITS, WHICH IS REPORTED ON FORM 990, PART VII.

FORM 990, PART VI, SECTION A, LINE 3:

SIXTEEN THIRTY FUND CONTRACTED WITH ARABELLA ADVISORS, A PROFESSIONAL

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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SERVICES FIRM THAT SUPPORTS PHILANTHROPISTS, IMPACT INVESTORS, AND NONPROFIT ORGANIZATIONS, TO PROVIDE BUSINESS AND ADMINISTRATIVE SERVICES UNDER AN ADMINISTRATIVE AGREEMENT. IN THAT CAPACITY, ARABELLA SUPPLIES THE SYSTEMS AND SERVICES TO ENSURE COMPLIANCE WITH FEDERAL, STATE, AND LOCAL REGULATIONS RELATED TO CHARITABLE SOLICITATION AND PROVIDES HR, LEGAL, PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR SIXTEEN THIRTY FUND, THEREBY ENABLING SIXTEEN THIRTY FUND TO BETTER FURTHER ITS MISSION AND ACHIEVE IMPACT.

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

UPON RECEIPT OF THE COMPLETED FORM 990 FROM SIXTEEN THIRTY FUND'S INDEPENDENT TAX ACCOUNTANT, THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEWS A DRAFT OF THE FORM; ADJUSTMENTS ARE MADE, AS NECESSARY. THE ORGANIZATION THEN SENDS THE COMPLETED FORM 990 TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT AND, UPON ADDRESSING ALL COMMENTS, THE 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. THE POLICY IS MONITORED AT THE BOARD LEVEL. COVERED INDIVIDUALS CANNOT VOTE ON MATTERS BEFORE THE BOARD WHEN THEY HAVE A CONFLICT IN THE MATTER. DISINTERESTED MEMBERS MUST DETERMINE WHETHER OR NOT THERE ARE ANY SUITABLE ALTERNATIVES TO POTENTIAL TRANSACTIONS THAT CAUSE CONFLICT. IF A COVERED PERSON IS FOUND IN VIOLATION OF THIS POLICY, IT MAY BE CAUSE FOR REMOVAL FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT DIRECTLY COMPENSATE ANY EMPLOYEES; ACCORDINGLY,

Name of the organization <b>SIXTEEN THIRTY FUND</b>	Employer identification number <b>26-4486735</b>
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FORM 990, PART VI, SECTION B, LINE 15A AND 15B HAVE BEEN MARKED "NO", AS MANDATED BY THE FORM 990 INSTRUCTIONS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR  
PA, RI, SC, TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A, LINE 1A:  
MARISSA BROWN WAS ELECTED AS DIRECTOR IN MARCH 2021. ERIC KESSLER STEPPED DOWN AS CHAIR OF THE BOARD AND RAUL ALVILLAR WAS ELECTED CHAIR IN JUNE 2021.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
RETURN OF PRIOR YEAR CONTRIBUTION REVENUE -100,000.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SIXTEEN THIRTY FUND</b>	Taxpayer identification number (TIN) <b>26-4486735</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1828 L STREET, NW, NO. 300-B</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ARABELLA ADVISORS, LLC**

- The books are in the care of ▶ **1828 L STREET, NW, SUITE 300 - WASHINGTON, DC 20036**  
Telephone No. ▶ **(202) 595-1020** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	4,759.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed.

B Exempt under section 501(c)(4) 408(e) 220(e) 408A 530(a) 529(a) 529S

Print or Type

Name of organization ( Check box if name changed and see instructions.)

SIXTEEN THIRTY FUND

Number, street, and room or suite no. If a P.O. box, see instructions.

1828 L STREET, NW, NO. 300-B

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20036

D Employer identification number

26-4486735

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 85,994,861.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of ARABELLA ADVISORS, LLC Telephone number (202) 595-1020

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b	Other credits (see instructions) .....	<b>1b</b>		
c	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2	Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
6a	Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>	4,759.	
b	2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c	Tax deposited with Form 8868 .....	<b>6c</b>		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e	Backup withholding (see instructions) .....	<b>6e</b>		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	<b>6g</b>		
	<input type="checkbox"/> Form 4136 .....			
7	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		4,759.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		4,759.
11	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....	<b>11</b>		4,759.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	<b>Yes</b>	<b>No</b>
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....		
4a	Did the organization change its method of accounting? (see instructions) .....		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.			
	<b>Signature of officer</b> .....	<b>Date</b> .....	<b>PRESIDENT</b>	<b>Title</b> .....
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MICHAEL LUMSDEN	MICHAEL LUMSDEN	10/29/21	P01262236
	Firm's name ▶ MOSS ADAMS LLP	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105		Firm's EIN ▶ 91-0189318 Phone no. 415-956-1500