

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input 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>191,659,154.</b>
	<b>1828 L STREET, NW</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>			<b>H(c)</b> Group exemption number
<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>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>80</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> 189,474,937.	<b>Current Year</b> 189,979,327.
	<b>9</b> Program service revenue (Part VIII, line 2g)	21,000.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,747.	779,499.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,136,269.	789,281.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,651,953.	191,548,107.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	107,435,360.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,429,211.	7,930,328.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		225,000.	89,400.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		446,804.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,474,771.	39,144,989.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	173,564,342.	195,938,700.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	17,087,611.	-4,390,593.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 97,684,457.	<b>End of Year</b> 86,553,897.
	<b>21</b> Total liabilities (Part X, line 26)	18,255,737.	10,338,844.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	79,428,720.	76,215,053.

## 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	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MICHAEL LUMSDEN</b>	<b>MICHAEL LUMSDEN</b>	<b>11/07/23</b>		<b>P01262236</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>MOSS ADAMS LLP</b> <b>101 SECOND STREET SUITE 900</b> <b>SAN FRANCISCO, CA 94105</b>	<b>91-0189318</b>		<b>415-956-1500</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: SIXTEEN THIRTY FUND PROVIDES OPERATIONAL SUPPORT TO CHANGEMAKERS COMMITTED TO TACKLING SOCIETY'S BIGGEST SOCIAL CHALLENGES.

(CONT. 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

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

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

4a (Code: ) (Expenses \$ 141,786,398. including grants of \$ 118,322,614. ) (Revenue \$ 0. ) CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY PROGRAMS. 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; 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 \$ 20,138,863. including grants of \$ 18,992,741. ) (Revenue \$ 0. ) ENVIRONMENTAL PROGRAMS. SIXTEEN THIRTY FUND'S ENVIRONMENTAL PROJECTS ARE WORKING TO REVERSE THE CURRENT PACE OF CLIMATE CHANGE AND FIND POLICY SOLUTIONS TO REDUCE GLOBAL EMISSIONS AND PROMOTE ENVIRONMENTAL EQUITY.

4c (Code: ) (Expenses \$ 18,694,849. including grants of \$ 11,320,628. ) (Revenue \$ 0. ) CAPACITY BUILDING PROGRAMS. SIXTEEN THIRTY FUND'S CAPACITY BUILDING PROJECTS SUPPORT THE CAPACITY DEVELOPMENT OF GRANTEES ON ISSUES RELATED TO CIVIC PARTICIPATION, EQUITY, EQUAL REPRESENTATION, AND OTHER ADVOCACY ISSUES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 8,764,092. including grants of \$ 138,000. ) (Revenue \$ 0. )

4e Total program service expenses 189,384,202.

**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> ? See instructions	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 Rev. Proc. 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> See instructions	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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [X]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 17 regarding employee reporting, 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? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN
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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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		210,000.	0.	19,122.	
(2) AMY KURTZ PRESIDENT	40.00			X			172,500.	0.	14,710.	
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	40.00				X		150,900.	0.	16,302.	
(4) CARL J. WALZ CAMPAIGNS DIRECTOR	40.00				X		147,900.	0.	16,014.	
(5) PATRICIA KUPFER CAMPAIGNS DIRECTOR	40.00				X		149,388.	0.	14,233.	
(6) RAUL ALVILLAR CHAIR	1.00	X		X			0.	0.	0.	
(7) DARA FREED TREASURER	1.00	X		X			0.	0.	0.	
(8) DOUGLAS HATTAWAY SECRETARY	1.00	X		X			0.	0.	0.	
(9) MARISSA BROWN DIRECTOR	1.00	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) ERIC KESSLER DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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> .....							830,688.	0.	80,381.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							830,688.	0.	80,381.	

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 5

	Yes	No
3 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
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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. & OPERATIONAL SUPPORT SERVICES	4,260,204.
GLOBAL STRATEGY GROUP LLC, 215 PARK AVENUE SOUTH 15TH FLOOR, NEW YORK, NY 10003	CONSULTING SERVICES	1,764,075.
STG LLC, 750 17TH ST NW SUITE 500, WASHINGTON, DC 20006	CONSULTING SERVICES	880,998.
STAGWELL MEDIA LP, 1150 18TH ST NW SUITE 800, WASHINGTON, DC 20036	CONSULTING SERVICES	861,133.
INDEPENDENT STRATEGIC RESEARCH COLLABORATIV 712 H ST NE UNIT 891, WASHINGTON, DC 20002	CONSULTING SERVICES	750,000.

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 57

**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>	189,979,327.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			189979327.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<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 .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		890,546.			890,546.	
	<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				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		111,047.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-111,047.			
<b>d</b> Net gain or (loss) .....			-111,047.		-111,047.		
<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> OTHER INCOME	<b>Business Code</b>	900099	789,281.		789,281.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			789,281.			
<b>12 Total revenue.</b> See instructions .....			191548107.	0.	0.	1568780.	

**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	148,773,983.	148,773,983.		
<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	187,211.	9,361.	177,850.	
<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	6,008,530.	5,987,941.	20,589.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	329,079.	321,480.	7,599.	
<b>9</b> Other employee benefits	918,826.	895,887.	22,939.	
<b>10</b> Payroll taxes	486,682.	473,554.	13,128.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	5,285,516.		5,285,516.	
<b>b</b> Legal	591,821.	552,351.	39,470.	
<b>c</b> Accounting	160,313.	114,963.	45,350.	
<b>d</b> Lobbying	4,711,154.	4,711,154.		
<b>e</b> Professional fundraising services. See Part IV, line 17	89,400.			89,400.
<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.)	13,847,547.	13,386,177.	103,966.	357,404.
<b>12</b> Advertising and promotion	9,957,162.	9,957,162.		
<b>13</b> Office expenses	252,946.	246,805.	6,141.	
<b>14</b> Information technology	1,996,342.	1,935,478.	60,864.	
<b>15</b> Royalties				
<b>16</b> Occupancy	298,530.	281,257.	17,273.	
<b>17</b> Travel	196,701.	196,677.	24.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,478,115.	1,478,115.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	47,057.	47,057.		
<b>23</b> Insurance	49,211.	117.	49,094.	
<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>	249,630.		249,630.	
<b>b OTHER EXPENSES</b>	14,683.	14,683.		
<b>c BAD DEBT</b>	8,261.		8,261.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	195,938,700.	189,384,202.	6,107,694.	446,804.
<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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	26,554,544.	<b>1</b>	8,093,487.
	<b>2</b> Savings and temporary cash investments .....	48,797,146.	<b>2</b>	51,286,266.
	<b>3</b> Pledges and grants receivable, net .....	21,630,453.	<b>3</b>	26,564,000.
	<b>4</b> Accounts receivable, net .....	371,379.	<b>4</b>	435,465.
	<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 .....		<b>5</b>	
	<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 .....	97,730.	<b>9</b>	63,761.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 592,743.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 487,053.	223,794.	<b>10c</b> 105,690.
	<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 .....	9,411.	<b>15</b>	5,228.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	97,684,457.	<b>16</b>	86,553,897.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,301,821.	<b>17</b>	5,637,665.
	<b>18</b> Grants payable .....	12,953,916.	<b>18</b>	4,700,575.
	<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 .....		<b>22</b>	
	<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 .....		<b>24</b>	
	<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 .....	0.	<b>25</b>	604.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,255,737.	<b>26</b>	10,338,844.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,796,975.	<b>27</b>	2,038,336.
	<b>28</b> Net assets with donor restrictions .....	77,631,745.	<b>28</b>	74,176,717.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 .....	79,428,720.	<b>32</b>	76,215,053.
<b>33</b> Total liabilities and net assets/fund balances .....	97,684,457.	<b>33</b>	86,553,897.	

**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	191,548,107.
2	Total expenses (must equal Part IX, column (A), line 25)	2	195,938,700.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,390,593.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,428,720.
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	1,176,926.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	76,215,053.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

Form 990 (2022)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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), 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), 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).

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
1	<hr/> <hr/> <hr/>	\$ <u>34,770,000.</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>19,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>14,900,000.</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>12,000,000.</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>11,900,000.</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>8,492,000.</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
7	 <hr/> <hr/> <hr/>	\$ <u>7,000,000.</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>6,360,000.</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>5,650,000.</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>5,150,000.</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>4,500,000.</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>
--	---

**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>4,250,000.</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>3,300,000.</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>2,700,000.</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>2,400,000.</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>2,220,000.</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>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>
--	---

**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>2,000,000.</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>2,000,000.</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>1,800,000.</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>1,650,000.</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>1,500,000.</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>1,500,000.</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>
--	---

**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>1,475,000.</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>1,330,000.</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>1,299,604.</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>1,250,000.</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>1,200,000.</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>1,050,000.</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
31	<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.)
32	<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.)
33	<hr/> <hr/> <hr/>	\$ <u>800,000.</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>775,000.</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>725,000.</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>700,000.</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
37	<hr/> <hr/> <hr/>	\$ 665,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 618,782.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 539,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 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>
--	---

**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	 <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.)
44	 <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.)
45	 <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.)
46	 <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.)
47	 <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.)
48	 <hr/> <hr/> <hr/>	\$ <u>479,690.</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
49	<hr/> <hr/> <hr/>	\$ <u>479,690.</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>450,000.</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>450,000.</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>412,520.</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>350,000.</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>300,000.</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
55	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 292,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 290,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 250,000.	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>
--	---

**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	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 238,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 150,000.	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>
--	---

**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/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 103,000.	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>
--	---

**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/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<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.)

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
79	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 54,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<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>
--	---

**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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<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>
--	---

**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>50,000.</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>50,000.</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>50,000.</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>50,000.</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>50,000.</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>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>
--	---

**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/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	 <hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	 <hr/> <hr/> <hr/>	\$ <u>37,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	 <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.)

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
103	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <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>
--	---

**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>25,000.</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>25,000.</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>25,000.</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>20,000.</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>20,000.</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>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>
--	---

**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>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <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>
--	---

**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/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 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>
--	---

**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	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ <u>7,285.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ <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>
--	---

**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>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ <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>
--	---

**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	_____ _____ _____	\$ 5,000.	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.)
_____	_____ _____ _____	\$ _____	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.)
_____	_____ _____ _____	\$ _____	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>
--	---

**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

**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>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**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>
--	---

**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 ..... \$ 66,401,198.
- 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 ..... \$ 5,700,970.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ 60,700,228.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ 66,401,198.
- 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-.
ALASKANS FOR BRISTOL BAY ACTION	PO BOX 141633 ANCHORAGE, AK 995	88-1335235	1,100,000.	0.
ASIAN AMERICAN ADVOCACY FUND INDEPE	NORCROSS, GA 30071	84-4943163	250,000.	0.
ASIAN AMERICAN ADVOCACY FUND PAC	NORCROSS, GA 30071	84-3953361	20,000.	0.
BETTER COLORADO ALLIANCE	DENVER, CO 80210	83-2505764	400,000.	0.
BIG SKY VOTERS PAC	PO BOX 8853 MISSOULA, MT 5980	85-0843384	325,000.	0.
CHANGE NOW INC	2021 L ST NW WASHINGTON, DC 20	83-1307183	240,628.	0.

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

Schedule C (Form 990) 2022

LHA SEE PART IV FOR CONTINUATION

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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 expenditures 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:**

ASIAN AMERICAN ADVOCACY FUND INDEPENDENT COMMITTEE

5151 BROOK HOLLOW PKWY NORCROSS, GA 30071

**Part IV** Supplemental Information (continued)

## ASIAN AMERICAN ADVOCACY FUND PAC

5151 BROOK HOLLOW PKWY NORCROSS, GA 30071

## BETTER COLORADO ALLIANCE

1567 S UNIVERSITY BLVD DENVER, CO 80210

## PART I-C CONTINUATION:

## DAGA PEOPLES LAWYER PROJECT

1350 I ST NW WASHINGTON, DC 20005

EIN: 83-1281397 COL (D) AMOUNT: 1595000. COL (E) AMOUNT: 0.

## DEFEND OUR CONSTITUTION

721 DEPOT DRIVE ANCHORAGE, AK 99501

EIN: 87-3942193 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

## FAMILY FRIENDLY ACTION PAC

700 13TH STREET NW WASHINGTON, DC 20005

EIN: 85-0792961 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## FORWARD MAJORITY ACTION

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 83-0611104 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

## MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE 21ST CENTURY FUND

606 TOWNSEND STREET LANSING, MI 48933

EIN: 38-1323848 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

## MICHIGAN PLANNED PARENTHOOD VOTES SUPERPAC

PO BOX 15041 LANSING, MI 48901

EIN: 47-1644866 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

## ONE APIA PAC

6675 S TENAYA WAY LAS VEGAS, NV 89113

EIN: 85-3519479 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

## OPEN DEMOCRACY PAC

600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 86-2772049 COL (D) AMOUNT: 4171000. COL (E) AMOUNT: 0.

## PENNSYLVANIA FUND FOR CHANGE

2034 S COLORADO ST PHILADELPHIA, PA 19145

EIN: 82-4466214 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

## PROGRESS MICHIGAN POLITICAL ACTION FUND

614 SEYMOUR AVE LANSING, MI 48933

EIN: 32-0441337 COL (D) AMOUNT: 24000. COL (E) AMOUNT: 0.

## PROJECT DEMOCRACY

1401 K STREET WASHINGTON, DC 20005

EIN: 88-1008330 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## PROSPERITY MICHIGAN ACTION FUND

711 PROSPECT SAULT STE MARIE, MI 49783

EIN: 85-2098057 COL (D) AMOUNT: 900000. COL (E) AMOUNT: 0.

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

## PUT MICHIGAN FIRST

1225 EYE STREET NW WASHINGTON, DC 20005

EIN: 87-1484192 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## PUT UTAH FIRST PAC

PO BOX 15845 WASHINGTON, DC 20003

EIN: 87-3204548 COL (D) AMOUNT: 460000. COL (E) AMOUNT: 0.

## REPRODUCTIVE FREEDOM FOR ALL COMMITTEE

2966 WOODWARD AVE DETROIT, MI 48201

EIN: 87-4298762 COL (D) AMOUNT: 475000. COL (E) AMOUNT: 0.

## REPUBLICAN ACCOUNTABILITY PAC INC

925 15TH ST NW WASHINGTON, DC 20005

EIN: 87-4559094 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## RESIST THIS PAC

107 GRAND STREET NEW YORK, NY 10013

EIN: 87-1564287 COL (D) AMOUNT: 100000. COL (E) AMOUNT: 0.

## RURAL GROUND GAME

676 MELROSE ROAD HARRISONBURG, VA 22802

EIN: 84-4651295 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

## SAFE SCHOOLS SAFE COMMUNITIES OREGON

715 NW HOYT STREET PORTLAND, OR 97228

EIN: 88-3710827 COL (D) AMOUNT: 250000. COL (E) AMOUNT: 0.

**Part IV** Supplemental Information (continued)

SMP

1032 15TH STREET NW WASHINGTON, DC 20005

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

STAND FOR CHILDREN INC INDEPENDENT EXPENDITURE COMMITTEE

2121 SW BROADWAY PORTLAND, OR 97201

EIN: 45-5199489 COL (D) AMOUNT: 300000. COL (E) AMOUNT: 0.

STRAIGHT TALK POLITICS PAC

PO BOX 612286 SAN JOSE, CA 95161

EIN: 85-0599495 COL (D) AMOUNT: 1105000. COL (E) AMOUNT: 0.

STRONG COLORADO FOR ALL

PO BOX 101731 DENVER, CO 80250

EIN: 84-2587824 COL (D) AMOUNT: 1000000. COL (E) AMOUNT: 0.

THE PAC FOR AMERICAS FUTURE

611 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20003

EIN: 82-2384417 COL (D) AMOUNT: 1800000. 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022



**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		293,792.	293,792.	0.
e Other		298,951.	193,261.	105,690.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				105,690.

**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) <b>RIGHT-OF-USE LEASE LIABILITIES</b>	<b>604.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>604.</b>

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>	192,836,080.
<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>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,176,926.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	1,176,926.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	191,659,154.
<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>	-111,047.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-111,047.
<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>	191,548,107.

**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>	196,049,747.
<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>		
<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>	111,047.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	111,047.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	195,938,700.
<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>	195,938,700.

**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 GRANTS 1,176,926.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

LOSS ON DISPOSAL OF FIXED ASSETS -111,047.

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

**Part XIII** Supplemental Information *(continued)*

LOSS ON DISPOSAL OF FIXED ASSETS 111,047.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	3	PROGRAM SERVICES	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	159,200.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	1,240.
<b>3 a</b> Subtotal .....	0	4			160,440.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	4			160,440.

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

Schedule F (Form 990) 2022

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 3:**

**THE ORGANIZATION ACCOUNTS FOR FOREIGN EXPENDITURES REPORTED IN SCHEDULE F, PART I UTILIZING THE ACCRUAL METHOD OF ACCOUNTING.**

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**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.

**2022**

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			
ABUNDANCE STRATEGIES - 1900 L STREET, NW, WASHINGTON, DC	FUNDRAISING COUNSEL		X	1,057,500.	53,400.	1,004,100.
STEVEN BIEL STRATEGIES - 31 CUSHMAN ST UNIT 2, PORTLAND,	FUNDRAISING COUNSEL		X	0.	36,000.	-36,000.
<b>Total</b>				1,057,500.	89,400.	968,100.

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, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

**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	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	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))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	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	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	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: ABUNDANCE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 1900 L STREET, NW, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: STEVEN BIEL STRATEGIES

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



**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

**2022**

**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 noncash 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
1000 WOMEN STRONG INC 1842 ASHLEY HALL WAY TALLAHASSEE, FL 32308	85-2794865	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
603 FORWARD PO BOX 676 CONCORD, NH 03302	83-2984780	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
9TO5 ACTION FUND INC 207 E BUFFALO STREET MILWAUKEE, WI 53202	87-4654077	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
A BETTER BIG SKY PO BOX 7134 MISSOULA, MT 59807	82-5313159	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACTIVATE 48 INC 5716 N 19TH AVENUE PHOENIX, AZ 85015	87-1020881	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
ADRC ACTION 2030 W BASELINE RD PHOENIX, AZ 85041	87-3214348	501(C)(4)	1,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.
- 3** Enter total number of other organizations listed in the line 1 table 268.

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANCED ENERGY WORKS 1010 VERMONT AVE NW WASHINGTON, DC 20005	80-0373809	501(C)(4)	550,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCING AZ 530 E MCDOWELL RD PHOENIX, AZ 85004	83-4665335	501(C)(4)	2,750,000.	0.			CAPACITY BUILDING
ALASKA PROGRESSIVE DONOR TABLE 1120 HUFFMAN RD ANCHORAGE, AK 99515	84-2728053	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKANS FOR BETTER GOVERNMENT INC 721 DEPOT DRIVE ANCHORAGE, AK 99501	87-2592573	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKANS FOR BRISTOL BAY ACTION PO BOX 141633 ANCHORAGE, AK 99514	88-1335235	527	1,100,000.	0.			ENVIRONMENTAL PROGRAMS
ALASKANS FOR POSTERITY PO BOX 90370 ANCHORAGE, AK 99509	85-2279710	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALL TOGETHER COLORADO PO BOX 102673 DENVER, CO 80210	85-3959470	501(C)(4)	2,050,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR A GREEN ECONOMY 2013 E GENESEE ST SYRACUSE, NY 13210	46-1585846	501(C)(3)	80,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE SAN DIEGO MOBILIZATION FUND - 4443 30TH STREET - SAN DIEGO, CA 92116	81-1410524	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIED MEDIA ACTION FUND 4126 3RD AVE DETROIT, MI 48201	85-0895977	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
AMERICA VOTES 1155 CONNECTICUT AVE NW WASHINGTON, DC 20036	26-4568349	501(C)(4)	20,658,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN BUSINESS IMMIGRATION COALITION ACTION - 1801 5 S ASHLAND AVE - CHICAGO, IL 60608	83-3243718	501(C)(4)	450,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN COUNCIL FOR AN ENERGY EFFICIENT ECONOMY - 529 14TH ST NW - WASHINGTON, DC 20045	94-2711707	501(C)(3)	60,000.	0.			ENVIRONMENTAL PROGRAMS
AMPLIFY NEW HAMPSHIRE 51 LAKE ROAD BRENTWOOD, NH 03833	86-2948810	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ANNIE'S LIST TRAINING AND ENGAGEMENT FUND - PO BOX 303277 - AUSTIN, TX 78703	84-3909459	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA WINS 530 E MCDOWELL RD PHOENIX, AZ 85004	36-4781665	501(C)(4)	987,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN AMERICAN ADVOCACY FUND INC 5680 OAKBROOK PKWY NORCROSS, GA 30093	83-1198242	501(C)(4)	270,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN ADVOCACY FUND INDEPENDENT COMMITTEE - 5151 BROOK HOLLOW PKWY - NORCROSS, GA 30071	84-4943163	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN AMERICAN ADVOCACY FUND PAC 5151 BROOK HOLLOW PKWY NORCROSS, GA 30071	84-3953361	527	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN PACIFIC ISLANDER POLITICAL ALLIANCE - 1528 WALNUT ST - PHILADELPHIA, PA 19102	85-0685612	501(C)(4)	290,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASSOCIATION FOR ENERGY AFFORDABILITY - 105 BRUCKNER BLVD - BRONX, NY 10454	13-3374285	501(C)(3)	322,667.	0.			ENVIRONMENTAL PROGRAMS
AVOW INC 1101 W 34TH STREET AUSTIN, TX 78705	74-2007519	501(C)(4)	312,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BATTLE BORN PROGRESS 2657 WINDMILL PKWY HENDERSON, NV 89074	27-0854852	501(C)(4)	245,000.	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 PENNSYLVANIA 1740 MAIN STREET MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	580,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BIG SKY FIFTY FIVE PLUS 404 NORTH 31ST STREET BILLINGS, MT 59101	82-4712803	501(C)(4)	60,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SKY VOTERS PAC PO BOX 8853 MISSOULA, MT 59807	85-0843384	527	325,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW ATLANTA, GA 30313	84-3530186	501(C)(4)	280,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK VOTERS MATTER FUND INC 4751 BEST RD EAST POINT, GA 30337	81-3625061	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
BLUE HORIZON ACTION FUND PO BOX 780162 SAN ANTONIO, TX 78278	88-1992059	501(C)(4)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLUEGREEN ALLIANCE INC 2701 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	26-4086284	501(C)(4)	750,000.	0.			ENVIRONMENTAL PROGRAMS
BUILDING DECARBONIZATION COALITION 198 ELY ROAD N PETALUMA, CA 94952	85-4008764	501(C)(3)	150,000.	0.			ENVIRONMENTAL PROGRAMS
CAFE ACCION 420 W GRIGGS LAS CRUCES, NM 88005	85-2340038	501(C)(4)	30,000.	0.			ENVIRONMENTAL PROGRAMS
CALDWELL HAYS EXAMINER 205 CHEATHAM ST SAN MARCOS, TX 78666	87-3919898	501(C)(4)	115,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CALIFORNIA SOLAR ENERGY INDUSTRIES ASSOCIATION CALSEIA - 1107 9TH STREET - SACRAMENTO, CA 95814	94-2494987	501(C)(6)	200,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE IN ACTION INC 45 BROADWAY NEW YORK, NY 10006	46-4605470	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CAROLINA FEDERATION 1102 WALL STREET DURHAM, NC 27701	83-0936641	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	540,000.	0.			ENVIRONMENTAL PROGRAMS
CENTENNIAL STATE PROSPERITY PO BOX 6692 DENVER, CO 80206	84-3973327	501(C)(4)	259,275.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTENNIAL STATE PROSPERITY ACTION PO BOX 6692 DENVER, CO 80206	88-3701828	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW - WASHINGTON, DC 20005	30-0192708	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CHANGE A NORTHERN MICHIGAN ADVOCACY GROUP - 214 S BAILEY ST - CHEBOYGAN, MI 49721	84-2534225	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CIVIC ACTION 625 SILVER AVE SW ALBUQUERQUE, NM 87102	02-0779812	501(C)(4)	275,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR COMMUNITY CHANGE ACTION 1536 U STREET NW WASHINGTON, DC 20009	27-0061100	501(C)(4)	538,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR POPULAR DEMOCRACY ACTION FUND - 449 TROUTMAN ST - BROOKLYN, NY 11237	45-3860271	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHANGE NOW INC 2021 L ST NW WASHINGTON, DC 20036	83-1307183	527	240,628.	0.			CAPACITY BUILDING
CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND - 6930 CARROLL AVENUE INC - TAKOMA PARK, MD 20912	01-0879928	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
CHILDREN MATTER ACTION FUND 990 SPRING GARDEN ST PHILADELPHIA, PA 19123	87-1866867	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CITIZEN ACTION COALITION INC 1915 W 18TH ST INDIANAPOLIS, IN 46202	35-1345514	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
CITIZENS FOR ACCOUNTABLE GOVERNMENT - 530 E MCDOWELL ROAD - PHOENIX, AZ 85004	82-4811046	501(C)(4)	19,500.	0.			OTHER PROGRAMS
CIVIC EMPOWERMENT COALITION PO BOX 23400 LOS ANGELES, CA 90023	77-0053480	501(C)(4)	37,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CLASP 1401 K STREET NW WASHINGTON, DC 20005	33-1112770	501(C)(3)	50,000.	0.			ENVIRONMENTAL PROGRAMS
CLEAN WATER ACTION PO BOX 188 MT CLEMENS, MI 48046	23-7128611	501(C)(4)	97,990.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIMATE JOBS NATIONAL RESOURCE CENTER ACTION FUND - 350 W 31ST ST - NEW YORK, NY 10001	85-0712215	501(C)(4)	300,000.	0.			ENVIRONMENTAL PROGRAMS
COLORADANS CREATING OPPORTUNITIES PO BOX 100292 DENVER, CO 80250	47-2607588	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS FOR BALLOT TRANSPARENCY 7900 E UNION AVENUE DENVER, CO 80237	88-2007826	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO PEOPLES ACTION 700 KALAMATH ST DENVER, CO 80204	81-1303316	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
COMMITTEE ON STATES PO BOX 1607 RALEIGH, NC 27602	84-2558945	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMITTEE TO PROTECT MEDICARE AND THE ACA INC - 440 BURROUGHS STREET - DETROIT, MI 48202	82-0596008	501(C)(4)	447,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON CAUSE 805 FIFTEENTH STREET NW WASHINGTON, DC 20005	52-6078441	501(C)(4)	243,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON DEFENSE CIVIC ENGAGEMENT INC - 251 W 30TH ST - NEW YORK, NY 10001	83-3156982	501(C)(4)	190,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMUNITY NEWS CENTER 1300 CONNECTICUT AVE NW WASHINGTON, DC 20036	87-3328618	501(C)(4)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA - 3702 E LAKE STREET - MINNEAPOLIS, MN 55406	83-1278469	501(C)(4)	115,000.	0.			ENVIRONMENTAL PROGRAMS
CONSERVATION COLORADO 303 E 17TH STREET DENVER, CO 80203	30-0037131	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COUNT MI VOTE PO BOX 16180 LANSING, MI 48901	82-1389940	501(C)(4)	375,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COURIER NEWSROOM INC PO BOX 509 NEW YORK, NY 10032	83-4159180		125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DAGA PEOPLES LAWYER PROJECT 1350 I ST NW WASHINGTON, DC 20005	83-1281397	527	1,595,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEEDS ACTION FUND PO BOX 303064 AUSTIN, TX 78703	83-1985863	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEFEND OUR CONSTITUTION 721 DEPOT DRIVE ANCHORAGE, AK 99501	87-3942193	527	3,035,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEFENDING DEMOCRACY TOGETHER 925 15TH ST NW WASHINGTON, DC 20005	82-3877328	501(C)(4)	330,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMAND JUSTICE 1010 VERMONT AVENUE NW WASHINGTON, DC 20005	86-3689961	501(C)(4)	29,123.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMAND PROGRESS ACTION INC 30 RITCHIE AVE SILVER SPRING, MD 20910	46-1493219	501(C)(4)	1,808,350.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DIRT ROAD ORGANIZING 76 MORANG COVE RD NOBLEBORO, ME 04555	87-4406692	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DOWN HOME NORTH CAROLINA 2617 SPRINGWOOD DRIVE GREENSBORO, NC 27403	83-1236736	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EMERGING AMERICAN MAJORITIES 1225 EYE STREET NW WASHINGTON, DC 20005	81-4100201	501(C)(4)	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ENERGY ACTION FUND 301 BATTERY STREET SAN FRANCISCO, CA 94111	26-3390444	501(C)(4)	950,000.	0.			ENVIRONMENTAL PROGRAMS
ENVIRONMENT AMERICA 294 WASHINGTON STREET BOSTON, MA 02108	20-5355252	501(C)(4)	230,000.	0.			ENVIRONMENTAL PROGRAMS
ENVIRONMENTAL DEFENSE ACTION FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	90-0080500	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EVERGREEN ACTION 7567 CALIFORNIA AVE SW SEATTLE, WA 98136	86-1697158	501(C)(4)	119,599.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EVERY ELIGIBLE AMERICAN 600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	86-3619093	501(C)(4)	2,502,600.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR DEMOCRACY 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	82-2747849	501(C)(4)	920,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FUTURE NC 8 ST MARYS STREET RALEIGH, NC 27605	84-3038674	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN COLORADO 1980 DAHLIA STREET DENVER, CO 80220	45-5550108	501(C)(4)	65,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN MINNESOTA 2356 UNIVERSITY AVE W ST. PAUL, MN 55114	82-2771968	501(C)(4)	327,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN PUBLIC LIFE ACTION FUND 1990 M ST NW WASHINGTON, DC 20036	26-3827419	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAJ ACTION FUND 310 8TH STREET OAKLAND, CA 94607	92-0450172	501(C)(4)	10,000.	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
FAMILY FRIENDLY ACTION FUND 114 N MAIN ST CONCORD, NH 03301	83-1806898	501(C)(4)	285,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION PAC 700 13TH STREET NW WASHINGTON, DC 20005	85-0792961	527	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY VALUES AT WORK ACTION INC 207 E BUFFALO STREET MILWAUKEE, WI 53202	85-1147242	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIGHT FOR THE BASE 134 BOWERY ST NEW YORK, NY 10013	84-4536320	501(C)(4)	750,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA ADVANCEMENT PROJECT INC 25550 SW 152ND AVE HOMESTEAD, FL 33032	87-1719096	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA RISING INC 10800 BISCAYNE BLVD MIAMI, FL 33161	27-0167620	501(C)(4)	72,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA WATCH INC 2623 FORBES ST JACKSONVILLE, FL 32204	27-1856471	501(C)(4)	63,000.	0.			ENVIRONMENTAL PROGRAMS
FORWARD MAJORITY ACTION 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	83-0611104	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MONTANA PO BOX 2817 MISSOULA, MT 59806	13-4285849	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREE FAIR PA 121 S BROAD ST PHILADELPHIA, PA 19107	86-1432786	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREE PRESS ACTION FUND 40 MAIN STREET FLORENCE, MA 01062	04-3771598	501(C)(4)	60,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	501(C)(4)	85,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FRESH ENERGY 408 SAINT PETER STREET SAINT PAUL, MN 55102	41-1735501	501(C)(3)	150,000.	0.			ENVIRONMENTAL PROGRAMS
FUND FOR A BETTER FUTURE INC 555 CAPITOL MALL SACRAMENTO, CA 95814	81-2319758	501(C)(4)	500,000.	0.			ENVIRONMENTAL PROGRAMS
FUND FOR EDUCATIONAL EXCELLENCE 800 N CHARLES ST BALTIMORE, MD 21201	52-1129402	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE GEORGIA INC 1972 BINNIES WAY BUFORD, GA 30519	87-4560489	501(C)(4)	58,336.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE NOW ACTION 611 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	82-2390410	501(C)(4)	525,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GENDER JUSTICE ACTION 663 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55104	87-3607605	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGE WASHINGTON INITIATIVE INC 8775 CENTRE PARK DRIVE COLUMBIA, MD 21045	87-3498053	501(C)(4)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA CONSERVATION VOTERS INC 725 PONCE DE LEON AVE NE ATLANTA, GA 30306	58-2525235	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
GEORGIANS FOR A HEALTHY FUTURE INC 50 HURT PLAZA SE ATLANTA, GA 30303	26-3695851	501(C)(3)	24,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GLPA LEAD 100 ORNDORD DR BRIGHTON, MI 49008	84-2898367	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HISPANIC PROACTIVE COALITION PO BOX 123 NEDERLAND, TX 77627	47-4696268	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INDEPENDENT ARIZONA 4340 E INDIAN SCHOOL ROAD PHOENIX, AZ 85018	88-1229499	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INDIVISIBLE PROJECT 200 MASSACHUSETTS AVENUE WASHINGTON, DC 20001	82-4944067	501(C)(4)	67,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INDUSTRIOUS LABS 530 WALNUT ST CINCINNATI, OH 45202	87-1467403		150,000.	0.			ENVIRONMENTAL PROGRAMS
INNOVATION OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215	27-4562062	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IOWA CITIZENS FOR COMMUNITY IMPROVEMENT ACTION FUND - 2001 2005 FOREST AVENUE - DES MOINES, IA 50311	45-3279620	501(C)(4)	150,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSANS FOR CONSTITUTIONAL FREEDOM INC - 4401 W 109TH STREET - OVERLAND PARK, KS 66211	87-1224421	501(C)(4)	1,485,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KANSAS VALUES INSTITUTE PO BOX 97 LAWRENCE, KS 66044	45-2621342	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAND STEWARDSHIP ACTION FUND 821 E 35TH ST MINNEAPOLIS, MN 55407	82-4347114	501(C)(4)	210,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAND STEWARDSHIP PROJECT 821 E 35TH STREET MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
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 PHILADELPHIA, PA 19110	83-3208722	501(C)(4)	121,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAD SOUTH DAKOTA 2420 S MAIN AVENUE SIOUX FALLS, SD 57105	82-1808721	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW WASHINGTON, DC 20005	52-1733698	501(C)(4)	5,151,021.	0.			ENVIRONMENTAL PROGRAMS
LEAGUE OF WOMEN VOTERS OF NEW JERSEY - 204 WEST STATE ST - TRENTON, NJ 08608	22-1153223	501(C)(4)	55,500.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY GROUP INC 1140 3RD STREET NE WASHINGTON, DC 20002	88-1550685	501(C)(4)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N 19TH AVE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	305,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LOUD LIGHT CIVIC ACTION INC PO BOX 4045 TOPEKA, KS 66604	85-1047024	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LUPE VOTES 1601 E US HIGHWAY 83 SAN JUAN, TX 78589	85-2786747	501(C)(4)	160,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE PEOPLES ALLIANCE 565 CONGRESS ST PORTLAND, ME 04101	01-0383493	501(C)(4)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAJORITY RISING NC PO BOX 4174 CARY, NC 27519	87-4783603	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAKE NORTH CAROLINA FIRST PO BOX 648 RALEIGH, NC 27602	46-3981642	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAKE THE ROAD ACTION INC 4250 E BONANZA ROAD LAS VEGAS, NV 89110	27-1408443	501(C)(4)	120,000.	0.			ENVIRONMENTAL PROGRAMS
MARYLAND RISE INC 841 E FORT AVE BALTIMORE, MD 21230	85-1251741	501(C)(4)	222,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MI RURAL ADVOCATES 3075 S COUNTY LINE ROAD MANISTEE, MI 49660	87-4508170	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MIAMI FREEDOM PROJECT INC 937 NW 3RD AVENUE MIAMI, FL 33136	84-3808281	501(C)(4)	39,954.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN CIVIC ACTION FUND 28342 DARTMOUTH STREET MADISON HEIGHTS, MI 48071	82-3995979	501(C)(4)	675,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE 21ST CENTURY FUND - 606 TOWNSEND STREET - LANSING, MI 48933	38-1323848	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN ECONOMIC JUSTICE ACTION FUND - 4750 WOODWARD AVENUE - DETROIT, MI 48201	46-4769108	501(C)(4)	22,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN PEOPLES CAMPAIGN 2227 MEDFORD RD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN PLANNED PARENTHOOD VOTES SUPERPAC - PO BOX 15041 - LANSING, MI 48901	47-1644866	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN TRANSITION 2019 PO BOX 10058 LANSING, MI 48901	83-2430496	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGANDERS FOR FAIR LENDING PO BOX 13055 LANSING, MI 48901	87-2971437	527	4,277,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI JOBS WITH JUSTICE VOTER ACTION - 2725 CLIFTON AVE - ST LOUIS, MO 63139	46-3985290	501(C)(4)	22,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI ORGANIZING AND VOTER ENGAGEMENT ACTION - 1530 S BIG BEND BLVD - ST LOUIS, MO 63117	82-1450617	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MN350 ACTION 4407 EAST LAKE ST MINNEAPOLIS, MN 55406	82-3247267	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
MOMS RISING 12011 BEL-RED RD BELLEVUE, WA 98005	20-4448446	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA BUDGET AND POLICY CENTER 15 WEST 6TH AVE HELENA, MT 59601	80-0624179	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA STATE AFL CIO 2711 AIRPORT RD HELENA, MT 59601	81-0171147	501(C)(5)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND 777 LIVERNOIS FERNDAL, MI 48220	82-2828323	501(C)(4)	22,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES ACTION FUN - 1875 CONNECTICUT AVE - WASHINGTON, DC 20009	52-2324155	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIVE PEOPLES ACTION INC PO BOX 210914 ANCHORAGE, AK 99521	82-2327692	501(C)(4)	100,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURAL RESOURCES DEFENSE COUNCIL INC - 40 WEST 20TH STREET - NEW YORK, NY 10011	13-2654926	501(C)(3)	102,000.	0.			ENVIRONMENTAL PROGRAMS
NCAAT IN ACTION 711 HILLSBOROUGH STREET RALEIGH, NC 27603	84-2889172	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NETWORK EDUCATION PROGRAM 820 FIRST ST NE WASHINGTON, DC 20002	52-1307764	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEVADA ALLIANCE 6675 S TENAYA LAS VEGAS, NV 89113	83-0744945	501(C)(4)	575,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW DAY NEVADA INC 7991 HACKBERRY DRIVE LAS VEGAS, NV 89123	84-3203462	501(C)(4)	2,340,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW GEORGIA PROJECT ACTION FUND INC - 830 GLENWOOD AVE SE - ATLANTA, GA 30316	82-0934131	501(C)(4)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW HAMPSHIRE PROGRESS ALLIANCE PO BOX 3866 CONCORD, NH 03302	82-4281685	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW MEXICO FAMILIES FORWARD PO BOX 7073 ALBUQUERQUE, NM 87194	87-1654225	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW PENNSYLVANIA PROJECT PO BOX 443 WEST CHESTER, PA 19381	86-1900180	501(C)(4)	50,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW RURAL PROJECT 11035 GOLF LINKS DR CHARLOTTE, NC 28277	86-3220083	501(C)(4)	78,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW VENTURE FUND 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	482,230.	0.			ENVIRONMENTAL PROGRAMS
NEW YORK COMMUNITIES FOR CHANGE INC - 470 VANDERBILT AVE - BROOKLYN, NY 11238	27-1359103	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
NM NATIVE VOTE 7900 MENAUL BLVD NE ALBUQUERQUE, NM 87110	83-1860603	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
NORTH CAROLINA A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	47-3555626	501(C)(4)	82,000.	0.			ENVIRONMENTAL PROGRAMS
NORTH CAROLINA ALLIANCE FOR HEALTH 5001 S MIAMI BOULEVARD DURHAM, NC 27703	81-4271401	501(C)(3)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH FUND 1828 L STREET, NW, SUITE 300-F WASHINGTON, DC 20036	83-4011547	501(C)(4)	5,020,600.	0.			CAPACITY BUILDING
NORTH STAR PROSPERITY 1010 DALE ST N ST PAUL, MN 55117	86-2157002	501(C)(4)	1,785,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NRDC ACTION FUND INC 40 WEST 20TH STREET NEW YORK, NY 10011	13-3976062	501(C)(4)	100,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
O2 UTAH 357 S 200 E SALT LAKE CITY, UT 84111	84-3940283	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OC ACTION 8682 BEACH BLVD BUENA PARK, CA 90620	88-1009568	501(C)(4)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN ST YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	22,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OMIDYAR NETWORK SERVICES LLC 1991 BROADWAY ST REDWOOD CITY, CA 94063	47-3322657		45,024.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE APIA PAC 6675 S TENAYA WAY LAS VEGAS, NV 89113	85-3519479	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE APIA TEXAS INC 7001 CORPORATE DR HOUSTON, TX 77036	87-3091778	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE ARIZONA 530 E MCDOWELL ROAD PHOENIX, AZ 85004	37-1782220	501(C)(3)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FAIR WAGE ACTION 30 BOW ST CAMBRIDGE, MA 02138	84-3605857	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FOR DEMOCRACY ACTION FUND 107 GRAND STREET NEW YORK, NY 10013	86-1321994	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DEMOCRACY PAC 600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	86-2772049	527	4,171,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITIES FOR ALL FLORIDIANS INC - 1951 NW 7TH AVE - MIAMI, FL 33136	84-2952039	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DRIVE PHOENIX, AZ 85015	84-3103154	501(C)(4)	232,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORGANIZE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	90,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW - ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	122,000.	0.			ENVIRONMENTAL PROGRAMS
OUR VOICE OUR VOTE ARIZONA 1241 E WASHINGTON ST PHOENIX, AZ 85034	82-3222019	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
PARTNERSHIP PROJECT ACTION FUND PO BOX 65826 WASHINGTON, DC 20035	81-0606786	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA FUND FOR CHANGE 2034 S COLORADO ST PHILADELPHIA, PA 19145	82-4466214	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA STANDS UP 15 N LIME ST LANCASTER, PA 17602	83-2880678	501(C)(4)	165,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA UNITED 841 CALIFORNIA AVE PITTSBURGH, PA 15212	82-3674888	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PEOPLES ACTION 1130 N MILWAUKEE AVE CHICAGO, IL 60642	26-2613701	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLAN ACTION FUND 2330 PASEO DEL PRADO 109 LAS VEGAS, NV 89102	45-2606048	501(C)(4)	160,000.	0.			ENVIRONMENTAL PROGRAMS
PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM ST NEW YORK, NY 10038	13-3539048	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ALLIANCE ADVOCATES - 2001 EAST MADISON ST - SEATTLE, WA 98122	94-3168114	501(C)(4)	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PODER NC ACTION 1101 HAYNES ST RALEIGH, NC 27604	84-2828142	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS GEORGIA INC 245 N HIGHLAND AVENUE ATLANTA, GA 30307	85-2273152	501(C)(4)	210,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS MICHIGAN 614 SEYMOUR AVE LANSING, MI 48933	26-0900990	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS MICHIGAN POLITICAL ACTION FUND - 614 SEYMOUR AVE - LANSING, MI 48933	32-0441337	527	24,000.	0.			OTHER 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE MARYLAND INC PO BOX 7557 LARGO, MD 20774	52-2326106	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSIVE STATE LEADERS COMMITTEE - 1350 I STREET NW - WASHINGTON, DC 20005	05-0623909	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW ARIZONA 345 E PALM LN PHOENIX, AZ 85004	83-3393572	501(C)(4)	55,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW COLORADO 1536 WYNKOOP STREET DENVER, CO 80202	65-1244918	501(C)(4)	20,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSNOW NEW MEXICO 625 SILVER AVE SW ALBUQUERQUE, NM 87102	45-4130072	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
PROJECT DEMOCRACY 1401 K STREET WASHINGTON, DC 20005	88-1008330	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROMOTE THE VOTE 2022 600 WEST ST JOSEPH LANSING, MI 48933	87-4684409	501(C)(4)	10,400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	632,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN ACTION FUND 711 PROSPECT SAULT STE MARIE, MI 49783	85-2098057	527	900,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTECT MI VOTE PO BOX 545 ROYAL OAK, MI 48068	87-0963658	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PUT MICHIGAN FIRST 1225 EYE STREET NW WASHINGTON, DC 20005	87-1484192	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PUT UTAH FIRST PAC PO BOX 15845 WASHINGTON, DC 20003	87-3204548	527	460,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAISE THE WAGE NEBRASKA 2240 CALVERT STREET LINCOLN, NE 68502	61-2019837	501(C)(4)	2,350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAISE UP MASSACHUSETTS 2022 PO BOX 15 BOSTON, MA 02137	83-3471636	527	1,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAPID RESIST ACTION 2045 W GRAND AVE CHICAGO, IL 60612	82-2476207	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
READY CAMPAIGNS INC 231 S BEMISTON AVENUE ST LOUIS, MO 63105	88-4115974	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RED WINE & BLUE 15830 S PARK BLVD SHAKER HEIGHTS, OH 44120	84-4355156	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RENEW NEW ENGLAND 91 WILLIAMS ST PROVIDENCE, RI 02906	85-1613694	501(C)(4)	200,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REPRODUCTIVE FREEDOM FOR ALL COMMITTEE - 2966 WOODWARD AVE - DETROIT, MI 48201	87-4298762	527	5,725,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REPUBLICAN ACCOUNTABILITY PAC INC 925 15TH ST NW WASHINGTON, DC 20005	87-4559094	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RESIST THIS PAC 107 GRAND STREET NEW YORK, NY 10013	87-1564287	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RIGHTS AND DEMOCRACY PROJECT 70 S WINOOSKI AVE BURLINGTON, VT 05401	47-3746922	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RUN AAPI 1629 K ST NW WASHINGTON, DC 20006	85-3272791	501(C)(4)	260,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RUN FOR SOMETHING ACTION FUND 700 13TH ST NW WASHINGTON, DC 20005	81-4761176	501(C)(4)	5,446,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL ARIZONA ACTION 345 W CENTRAL AVE COOLIDGE, AZ 85128	83-4660479	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL GROUND GAME 676 MELROSE ROAD HARRISONBURG, VA 22802	84-4651295	527	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALORGANIZING.ORG 191 CLINTON ST COLUMBUS, OH 43202	82-5040665	501(C)(4)	175,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE SCHOOLS SAFE COMMUNITIES OREGON - 715 NW HOYT STREET - PORTLAND, OR 97228	88-3710827	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SCALE INC 18157 WYNDALE RD ABINGDON, VA 24210	27-0963696		50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SD USA 611 PENNSYLVANIA AVENUE WASHINGTON, DC 20003	87-3854090	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE ELECTIONS PROJECT 130 NEILL AVE HELENA, MT 59601	83-3296530	501(C)(4)	2,030,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SHELTER WF INC 937 KALISPELL AVENUE WHITEFISH, MT 59937	88-1744351	501(C)(4)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SHERIFFS FOR TRUSTING COMMUNITIES 732 9TH ST DURHAM, NC 27705	82-4042237	501(C)(4)	700,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SIEMBRA NC 801 NEW GARDEN RD GREENSBORO, NC 27410	87-2256899	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SIERRA CLUB 2101 WEBSTER STREET OAKLAND, CA 94612	94-1153307	501(C)(4)	1,723,333.	0.			ENVIRONMENTAL PROGRAMS
SMP 1032 15TH STREET NW WASHINGTON, DC 20005	27-2896127	527	500,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMOS ACCION 1804 ESPINACITAS ST SANTA FE, NM 87505	83-1487234	501(C)(4)	110,000.	0.			ENVIRONMENTAL PROGRAMS
STAND FOR CHILDREN INC INDEPENDENT EXPENDITURE COMMITTEE - 2121 SW BROADWAY - PORTLAND, OR 97201	45-5199489	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STAND UP AMERICA INC 228 PARK AVENUE S NEW YORK, NY 10003	32-0512546	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE ENGAGEMENT FUND 1101 HAYNES ST RALEIGH, NC 27604	81-0865943	501(C)(4)	375,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STEP UP FOR ACTION 2022 ST BERNARD AVE NEW ORLEANS, LA 70116	81-5237259	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STRAIGHT TALK POLITICS PAC PO BOX 612286 SAN JOSE, CA 95161	85-0599495	527	1,105,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STRONG COLORADO FOR ALL PO BOX 101731 DENVER, CO 80250	84-2587824	527	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TAKEACTION MINNESOTA 705 RAYMOND AVE ST PAUL, MN 55114	20-3338691	501(C)(4)	277,000.	0.			ENVIRONMENTAL PROGRAMS
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVE - ST PAUL, MN 55114	41-1635130	501(C)(3)	105,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASKFORCE LLC 4313 MENTONE AVE CULVER CITY, CA 90232	80-0491029		710,254.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TENDING THE SOIL 3715 CHICAGO AVE S MINNEAPOLIS, MN 55408	88-2620778	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TESSERACT INC 1629 K STREET NW WASHINGTON, DC 20006	80-0378174	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS BLUE ACTION FUND 3500 WERNER AUSTIN, TX 78722	86-3279257	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS FREEDOM NETWORK 608 W 22ND ST AUSTIN, TX 78705	74-2736849	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ALASKA CENTER 707 A STREET ANCHORAGE, AK 99501	92-0090065	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPEWELL FUND 1828 L STREET, NW, SUITE 300-D WASHINGTON, DC 20036	47-3681860	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ORGANIZING ALLIANCE 2450 REVERE STREET NORTH LAS VEGAS, NV 89030	82-2756297	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
THE PAC FOR AMERICAS FUTURE 611 PENNSYLVANIA AVENUE SE WASHINGTON, DC 20003	82-2384417	527	1,800,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VOTER PROJECT 121 S BROAD ST PHILADELPHIA, PA 19107	85-0556933	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE WISCONSIN INITIATIVE INC 420 W DAYTON STREET MADISON, WI 53703	87-1540257	501(C)(4)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THIRD WAY 1025 CONNECTICUT AVE NW WASHINGTON, DC 20036	20-1734070	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	722,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNIDOS MN 1126 16TH STREET NW WASHINGTON, DC 20036	82-3888866	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
UNITED WE DREAM ACTION 1201 16TH ST NW WASHINGTON, DC 20036	46-5216666	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNRIG OUR ECONOMY INC 300 DELAWARE AVE WILMINGTON, DE 19801	88-1164058	501(C)(4)	5,000,000.	0.			CAPACITY BUILDING
UTAH DONOR COLLABORATIVE 225 S 200 E SALT LAKE CITY, UT 84111	88-2424825	501(C)(4)	10,000.	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 noncash 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)	122,000.	0.			ENVIRONMENTAL PROGRAMS
VOCES DE LA FRONTERA ACTION 1027 S 5TH ST MILWAUKEE, WI 53204	02-0759160	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOCES UNIDAS ACTION FUND PO BOX 3157 GLENWOOD SPRINGS, CO 81602	86-2838423	501(C)(4)	65,000.	0.			ENVIRONMENTAL PROGRAMS
VOTERS ORGANIZED TO EDUCATE - VOTE ACTION FUND - 2022 ST BERNARD AVE - NEW ORLEANS, LA 70116	27-1370327	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTES IDAHO 4707 W MASON DR BOISE, ID 83706	46-5415188	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WABANAKI ALLIANCE 84 MARGINAL WAY PORTLAND, ME 04101	85-1408286	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE ACT 4 CHANGE INC 1854 AMSTERDAM AVE NEW YORK, NY 10031	85-2851625	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
WE THE PEOPLE ACTION FUND 440 BURROUGHS ST DETROIT, MI 48202	84-3528071	501(C)(4)	665,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN CENTER ON LAW AND POVERTY INC - 3701 WILSHIRE BLVD - LOS ANGELES, CA 90010	95-2897721	501(C)(3)	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN FUTURES FUND INC 30 N GOULD ST SHERIDAN, WY 82801	87-3907363	501(C)(4)	2,225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S 27TH STREET - BILLINGS, MT 59101	45-0356819	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WIDE ANGLE RESEARCH 1905 15TH STREET BOULDER, CO 80306	86-3485961	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WIN MINNESOTA 1600 UNIVERSITY AVE W ST PAUL, MN 55104	74-3238362	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WIN THE ERA ACTION FUND 1032 15TH ST NW WASHINGTON, DC 20005	85-0644358	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN OPPORTUNITY COALITION INC - 2935 S FISH HATCHERY RD - FITCHBURG, WI 53711	82-4943049	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN PUBLIC EDUCATION ACTION FUND INC - 5329 FAYETTE AVE - MADISON, WI 53713	87-3954281	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S MARCH INC 400 JAY STREET BROOKLYN, NY 11201	81-4571869	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING AMERICA 815 18TH STREET NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	50,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING FAMILIES ORGANIZATION 77 SANDS ST BROOKLYN, NY 11201	20-4994004	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKMONEY INC 790 N MILWAUKEE ST MILWAUKEE, WI 53202	85-0604101	501(C)(4)	100,000.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 checked="" 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>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022



**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 and/or 1099-NEC 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)	210,000.	0.	0.	12,075.	7,047.	229,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY KURTZ PRESIDENT	(i)	172,500.	0.	0.	10,350.	4,360.	187,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	(i)	150,000.	0.	900.	9,054.	7,248.	167,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARL J. WALZ CAMPAIGNS DIRECTOR	(i)	147,000.	0.	900.	9,054.	6,960.	163,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA KUPFER CAMPAIGNS DIRECTOR	(i)	148,488.	0.	900.	9,054.	5,179.	163,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 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.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 \$ 8,764,092. INCLUDING GRANTS OF \$ 138,000. REVENUE \$ 0.

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

SIXTEEN THIRTY FUND CONTRACTED WITH ARABELLA ADVISORS, A PROFESSIONAL  
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, COMPLIANCE  
SUPPORT, PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR SIXTEEN THIRTY  
FUND, THEREBY ENABLING SIXTEEN THIRTY FUND TO BETTER FURTHER ITS MISSION

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

Schedule O (Form 990) 2022

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

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 V, LINE 2A / FORM 990, PART VII, SECTION A:

NEW VENTURE FUND (AN UNAFFILIATED ORGANIZATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3)) IS A 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 OF NEW VENTURE FUND EMPLOYEES. ADDITIONALLY, SIXTEEN THIRTY FUND IS THE PRIMARY PAYROLL REPORTING AGENT AND DIRECTLY PAID SALARIES AND BENEFITS FOR THE ORGANIZATION'S DEDICATED FULL TIME EMPLOYEES.

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

ALL BOARD MEMBERS ARE REQUIRED ANNUALLY TO DISCLOSE ANY 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

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

REMOVAL FROM THE BOARD OF DIRECTORS.

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

COMPENSATION FOR SIXTEEN THIRTY FUND'S PRESIDENT IS REVIEWED BY THE BOARD OF DIRECTORS, WHICH UTILIZES COMPARABILITY DATA TO SUBSTANTIATE THE REASONABLENESS OF THE COMPENSATION PACKAGE.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN, MS, NH, NJ, NM, NY, NC, ND, 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 XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF PRIOR YEAR GRANT EXPENSE	1,176,926.
------------------------------------	------------