

Form	990
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** PUBLIC DISCLOSURE COPY **

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2020 calendar year, or tax year beginning and	ending			
B c a	heck if pplicab	e: C Name of organization		D Employer iden	ntific	ation number
X	Addre					
	Name Chang	e Doing business as		26-4486	<u>573</u>	5
	Initial		Room/suite	E Telephone num		
	Final		300-в	(202) 9	971	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		442,458,523.
	Amer	WASHINGTON, DC 20030		H(a) Is this a grou	ıp ret	
	Appli tion	F Name and address of principal officer: AMI KOKIZ		for subordina	ates?	Yes X No
	pend	SAME AS C ABUVE		H(b) Are all subordinat	tes inc	luded? Yes No
		empt status: 501(c)(3) 🛛 501(c) (4)◀ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attac	h a li	ist. See instructions
		te: WWW.SIXTEENTHIRTYFUND.ORG		H(c) Group exemp		
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year (of formation: 2009	9 м	State of legal domicile: DC
Pa	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O		
Governance						
Sr në	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos				
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			3	6
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	0
<u>vit</u> i	6	Total number of volunteers (estimate if necessary)		6	14827	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b	0.
				Prior Year	_	Current Year
ē	8			37,151,711		388,206,178.
ent	9	Program service revenue (Part VIII, line 2g)		<u>216,373</u> 583,065		90,546.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				464,037.
_	11	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		420,535.		924,105.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,371,684	<u>+ - </u>	389,684,866.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		64,973,649		324,931,044.
	14	Benefits paid to or for members (Part IX, column (A), line 4)).	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,951,411		<u>8,975,343</u> 229,713.
ens		Professional fundraising fees (Part IX, column (A), line 11e)	1 2	100,300	· ·	229,713.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 229,7		28,608,427	7	75,902,147.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>28,608,42</u> 98,641,867		410,038,247.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,729,817		-20,353,381.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12				
ts or inces		Total accests (Dart V. line 16)		ginning of Current Ye 92,236,003		End of Year 85,994,861.
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		9,877,939		24,090,178.
Net Assets (Fund Balanc	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		82,358,064		61,904,683.
	art II	Signature Block		02,550,00	- •	01,004,000.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, and to the best of	f mv I	knowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh				and bollon, it is
	00110					
Sig	n	Signature of officer		Date		
Her		AMY KURTZ, PRESIDENT				
	-	Type or print name and title				

	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	MICHAEL LUMSDEN	MICHAEL LUMSDEN	10/29/21 ^{if} P01262236			
Preparer						
Use Only	Firm's address 101 SECOND STREE	r suite 900				
	SAN FRANCISCO, C.	A 94105	Phone no. 415 - 956 - 1500			
May the I	May the IRS discuss this return with the preparer shown above? See instructions					

Form	990 (2020) SIXTEEN THIRTY FUND	26-4486735	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 2	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.		I
4a	(Code:) (Expenses \$ 320, 288, 562. including grants of \$ 273, 643, 376.) (Rever FUND SEEKING TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND		42.
	SIXTEEN THIRTY FUND'S WORK TO PROMOTE CIVIL RIGHTS, SOCI ADVOCACY SUPPORTS A BROAD ARRAY OF PROJECTS AND GRANTEES	AL ACTION, AN	D
	THOSE WORKING TO ENSURE VOTING ACCESS AND CIVIC PARTICIP		
	SUPPORTING ELECTION INFRASTRUCTURE; GROUPS ADVOCATING FO PAID FAMILY LEAVE, AND FAIR TAX POLICY; FIGHTING FOR ACC	ESS TO HEALTH	
	CARE FOR ALL AMERICANS; AND ADVOCATING FOR COMMON SENSE	GUN REFORM.	
4b	(Code:) (Expenses \$	nue \$ 3 , 3	04.
	SIXTEEN THIRTY FUND'S CAPACITY BUILDING PROJECTS SUPPORT		
	DEVELOPMENT OF GRANTEES ON ISSUES RELATED CIVIC PARTICIP	ATION, EQUITY	,
	EQUAL REPRESENTATION, AND OTHER ADVOCACY ISSUES.		
4c	(Code:) (Expenses \$ 24,298,540. including grants of \$ 20,941,000.) (Rever	- nue \$	
	FUND FOR ENVIRONMENTAL PROGRAMS.		
	SIXTEEN THIRTY FUND'S ENVIRONMENTAL PROGRAMS ARE WORKING		HE
	CURRENT PACE OF CLIMATE CHANGE AND FIND POLICY SOLUTIONS GLOBAL EMISSIONS AND PROMOTE ENVIRONMENTAL EQUITY.	TO REDUCE	
	GEODAE EMIDDIOND AND INCMOTE ENVIRONMENTAE EQUIII.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 10,124,067. including grants of \$ 1,065,000.) (Revenue \$)	
4e	Total program service expenses ► 400,105,637.	,	
		Form 99	0 (2020
	2 12-23-20 3 200 146900 900461 2000 04020 CTYMEEN MUTDEN		0044

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 Form 990 (2020)
 SIXTEEN THIRTY FUND

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	L		<u> </u>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		<u>.</u>	<u> </u>
13		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	├──
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 21
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	X
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 260			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	<u>990 (2020)</u> SIXTEEN THIRTY FUND 26-4486	735	Р	_{age} 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		x	
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch	х	
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С	to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
b b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

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 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. X

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
				Yes
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi			
-	officer, director, trustee, or key employee?		2	
3	Did the organization delegate control over management duties customarily performed by or under th			
-	of officers, directors, trustees, or key employees to a management company or other person?	•	3	Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			
5	Did the organization become aware during the year of a significant diversion of the organization's as			
6	Did the organization have members or stockholders?		6	
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or a		Ť	
1a	more members of the governing body?		7a	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		14	
D			76	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ve		7b	
8		5	0.5	x
a L	The governing body?		8a	X
D	Each committee with authority to act on behalf of the governing body?		8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		V.
	Distinction in the state of the		40-	Ye
	Did the organization have local chapters, branches, or affiliates?		10a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the form?	11a	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe		
	in Schedule O how this was done		12c	X
13	Did the organization have a written whistleblower policy?		13	X
14	Did the organization have a written document retention and destruction policy?		14	X
15	Did the process for determining compensation of the following persons include a review and approva			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official		15a	
b	Other officers or key employees of the organization		15b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		
	taxable entity during the year?		16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's		
	exempt status with respect to such arrangements?		16b	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , CO , C	<u>CT,FL,GA,HI,II</u>	J,KS	,ΚY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)(3)s only)	avai
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain	n on Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		nd finan	cial
	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 bo	oks and records 🕨		
	ARABELLA ADVISORS, LLC - (202) 595-1020			
	1828 L STREET, NW, SUITE 300, WASHINGTON, DC 2003	6		
32004	SEE SCHEDULE O FOR FULL LIST OF STATES		Forn	n 99
	7		1 011	
10	29 146892 800461 2020.04030 SIXTEEN	תמוזא עתדפיע		8

Form 990 (2020)	SIXTEEN THIRTY FUND	26-4486735 Page 7		
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated		
Employees, and Independent Contractors				
Check if Sc	hedule O contains a response or note to any line in this Part VII	X		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Em	ployees		
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				

is table for all persons required to be listed. Report compensation for the calendar year ending with or within the organi alion's lax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an I	ıd a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ited		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal 1		ploye	e com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RYAN JOHNSON	40.00	-	<u> </u>	0	×	Ξē	Œ			
PROJECT DIRECTOR						x		187,500.	Ο.	26,070.
(2) AMY KURTZ	40.00									
PRESIDENT				х				181,800.	0.	14,316.
(3) AMY STEINHOFF	40.00									
CAMPAIGNS DIRECTOR						X		150,900.	0.	11,634.
(4) ARKADI GERNEY	16.00									
PROJECT DIRECTOR						X		136,291.	0.	12,030.
(5) PATRICIA KUPFER	40.00									
CAMPAIGNS DIRECTOR						X		125,900.	0.	19,414.
(6) CARL J. WALZ	40.00									
CAMPAIGNS DIRECTOR	1					X		125,900.	0.	17,655.
(7) ERIC KESSLER	1.00									_
CHAIR (RESIGNED AS CHAIR 6/2021)		Х		Х				0.	0.	0.
(8) DARA FREED	1.00									-
TREASURER	1	Х		Х				0.	0.	0.
(9) DOUGLAS HATTAWAY	1.00								0	0
SECRETARY	1 0 0	Х		X				0.	0.	0.
(10) JEFF CHERRY	1.00	x						0.	0	0
DIRECTOR (11) LATOIA JONES	1.00	A						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) RAUL ALVILLAR	1.00	~						0.	0.	0.
DIRECTOR (CHAIR AS OF 6/2021)	1.00	х						0.	0.	0.
		- 23								<u>.</u>
032007 12-23-20										Form 990 (2020)

8

032007 12-23-20

09521029 146892 800461

Form 990 (2020) SIXTEEN THIRTY FUND 26-4486						186'	735	Pa	age 8					
Par	t VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box, offic	not c , unles	ss per	ition more rson i:	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	in I	an	(F) timate tount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	I	fr orga and	pensat om the anizati d relate nizatio	e on ed
	Subtotal								908,291.		0.	10:	1,11	-
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							►	0.908,291.		0.	10:	1,11	<u>0.</u> L9.
2	Total number of individuals (including but n							o re		000 of reportable		-		
	compensation from the organization												Yes	<u>6</u> No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-	•	-		Ŭ		2		3	100	x
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization			x	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	isatio	on fr	om	any	unre	late	ed organization or individ	lual for services		4	~	
Sect	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or si	ich <u>p</u>	oers	on .					5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								ensat	ion fro	m	
	(A) Name and business				ig w				(B) Description of s		C	(C omper		 ז
	BELLA ADVISORS, LLC, 1 TE 300, WASHINGTON, DC	828 L S	TR	EE'	T I	NW	,		ADMIN., OPERA MANAGEMENT SI	ATIONS &		,060		
GLC	BAL STRATEGY GROUP LLC	, 215 P			AV	EN	UE							
мот	<u>TH 15TH FLOOR, NEW YOR</u> HERSHIP STRATEGIES LLC	, 1328	FL	OR					CONSULTING SI			<u>,29</u>		
	NW, BUILDING C, WASHI CISION STRATEGIES, 901						W,		CONSULTING SI	ERVICES	1	<u>,75</u>	5,00	00.
	SUITE 530, WASHINGTON, DC 20001 CONSULTING SERVICES 1,445,121. GREENBERG QUINLAN ROSNER RESEARCH INC						21.							
	1 15TH ST. NW #900, WA Total number of independent contractors (ir										1	,342	2,30	00.
	\$100,000 of compensation from the organiz	-				45	_		,				200	

032008 12-23-20

Build of the second				KTEEN THIR	TY FUND			26-4486	735 Page 9
(A) (A) (C) (D) (C) (D) (D) <th>Par</th> <th>t VII</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par	t VII							
Total revenue Related or seventy function revenue Unrelated business revenue function revenue Prevente icc function revenue business revenue sections 5/2 1 a Federated campaigns 1a b Membership dues 1c c Function revenue 1a d Preleted organizations 1d g Status 1d g Non-total sections gits, grants, and similar amounts on included alove 1f g Social controlutions, gits, grants, and similar amounts on included alove 1d g CONSULTING REVENUE Statess code b			Check if Schedule O	contains a respons	e or note to any line		(D)	(0)	
generation 1 a Federated campaigns 1a b Membership olues 1b c Fundalising events 1c d Related organizations 1d e Convertment grants (contributions) 1d f All other contributions, plits, grants, and similar amounts on included above 1f generation Total. Add lines 1a 11 388, 206, 178. a Constructive Revenue 52, 773, 557. generation a 1g 52, 773, 557. a Constructive Revenue 541960 g Total. Add lines 1a 11 b generation a 1g 52, 773, 557. generation a <td< th=""><th></th><th></th><th></th><th></th><th></th><th>• •</th><th>Related or exempt</th><th>Unrelated</th><th>(D) Revenue excluded from tax under sections 512 - 514</th></td<>						• •	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Box D Membership dues D C Fundaising events D D C Gevernment grants (contributions) D D Similar anounts not included above H 388,206,178, 389,206,178, B Similar anounts not included above H 389,206,178, Similar anounts in the set H Similar anounts in the set	s s	1 a	Federated campaigns	1a					
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9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory >		b			3b				
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory					🕨				
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code		9 a							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code									
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code					9b				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code					····· ►				
b Less: cost of goods sold 10b Image: cost of goods sold Image: cost of goods sold c Net income or (loss) from sales of inventory Image: cost of goods sold Image: cost of goods sold Business Code Image: cost of goods sold Image: cost of goods sold Image: cost of goods sold		iu a			0a				
c Net income or (loss) from sales of inventory Business Code		b							
Business Code	_			····· L					
In a b Other Income General ADMIN RETAINER 541900 824,429. 824, 900099 99,676. 99.									
Ë∃ b OTHER INCOME 900099 99,676. 99.	suo:	11 a	GENERAL ADMIN RETAIN	NER	541900				824,429.
	ane	b	OTHER INCOME		900099	99,676.			99,676.
	Sevi				-				
d All other revenue	Mis					004 105			
e Total. Add lines 11a-11d ▶ 924,105. 12 Total revenue. See instructions ▶ 389,684,866. 90,546. 0. 1,388,						,	90 546	0	1,388,142.
	032000			ບເເວ			1 50,540.	<u>.</u> .	Form 990 (2020

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Form 990 (2020)

SIXTEEN THIRTY FUND 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 respor	use or note to any line in	this Part IX		
Dor	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
		324,931,044.	324,931,044.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	196,116.	9,806.	186,310.	
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	f				
7	Other salaries and wages	7,290,089.	7,278,978.	11,111.	
8	Pension plan accruals and contributions (include		.,	,	
U	section 401(k) and 403(b) employer contributions)	157,543.	157,112.	431.	
9	Other employee benefits	786,362.	773,564.	12,798.	
9 10	Payroll taxes	545,233.	533,328.	11,905.	
11	Fees for services (nonemployees):	515,255			
ii a	Management	8,991,538.		8,991,538.	
		937,914.	890,840.	47,074.	
b		161,270.	110,995.	50,275.	
-	Accounting	5,801,558.	5,801,558.	50,275.	
d	Lobbying Professional fundraising services. See Part IV, line 17	229,713.	5,001,550.		229,713.
e	Investment management fees	225,715.			225,7150
f					
g	column (A) amount, list line 11g expenses on Sch 0.)	17,725,942.	17,523,573.	202,369.	
10			23,686,448.	202,305.	
12	Advertising and promotion	93,992.		2,285.	
13	Office expenses	1,808,163.		21,738.	
14 15	Information technology	1,000,103.	1,700,423.	21,750.	
15	Royalties	386,620.	386,150.	470.	
16		213,767.	211,761.	2,006.	
17	Travel Payments of travel or entertainment expenses	215,707.	211,701.	2,000	
18					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	373,151.	372,680.	471.	
19 00		575,151.	572,000.	<u> </u>	
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	82,229.	82,229.		
22		29,611.	32.	29,579.	
23 24	Insurance Other expenses. Itemize expenses not covered	27,011.	52.	25,5150	
24	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 0.)	15,581,986.	15,451,977.	130,009.	
a L	OTHER EXPENSES	27,958.	25,430.	2,528.	
b		41,330.	4J,4JU.	4,540.	
ر ام					
d					
-	All other expenses	410,038,247.	400 105 627	9,702,897.	229,713.
25	• *	<u>+10,030,24/.</u>	±00,103,03/•	5,104,091.	449,113
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure I following SOP 98-2 (ASC 958-720)				

2020.04030 SIXTEEN THIRTY FUND

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SIXTEEN THIRTY FUND

Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year **(B)** End of year 10,182,429. 24,951,277. 1 Cash - non-interest-bearing 54,343,778. 45,737,994. 2 Savings and temporary cash investments <u>26,752,500.</u> 667,290. 14,675,000. 3 Pledges and grants receivable, net 3 160,669. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee key employee, creator or founder, substantial contributor

Part X Balance Sheet

Form 990 (2020)

1

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		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons		2,670.	5	100,943.
	6	Loans and other receivables from other disqualif	ed person				
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			26,791.	9	45,891.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	787,615.			
	b	Less: accumulated depreciation		471,784.	259,941.	10c	315,831.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			604.	15	7,256.
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 33)		92,236,003.	16	85,994,861.
	17	Accounts payable and accrued expenses			4,867,369.	17	20,799,953.
	18	Grants payable			3,909,274.	18	2,455,319.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
S	22	Loans and other payables to any current or form					
liti		trustee, key employee, creator or founder, substa	antial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		1,086,296.	22	834,906.
	23	Secured mortgages and notes payable to unrelation	•	_		23	
	24	Unsecured notes and loans payable to unrelated	third part	ies	15,000.	24	0.
	25	Other liabilities (including federal income tax, pay	elated third				
		parties, and other liabilities not included on lines	omplete Part X				
		of Schedule D			0 000 000	25	04 000 100
	26	Total liabilities. Add lines 17 through 25			9,877,939.	26	24,090,178.
S		Organizations that follow FASB ASC 958, chee	ck here				
če		and complete lines 27, 28, 32, and 33.			1 570 020		1 000 070
alar	27	Net assets without donor restrictions			1,578,830.	27	1,989,070.
ä	28	Net assets with donor restrictions			80,779,234.	28	59,915,613.
Fund Balances		Organizations that do not follow FASB ASC 95	68, check	here 🕨 🛄			
г Т		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds		29			
SSE	30	Paid-in or capital surplus, or land, building, or eq		30			
∍tA	31	Retained earnings, endowment, accumulated inc			82,358,064.	31	61,904,683.
ž	32	Total net assets or fund balances			92,236,004.	32 33	85,994,861.
	33	Total liabilities and net assets/fund balances			54,450,003.	33	Form 990 (2020)
							Form 330 (2020)

2020.04030 SIXTEEN THIRTY FUND

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Form	990 (2020) SIXTEEN THIRTY FUND	26-	4486735	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	389,68	4,8	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	410,03	8,2	47.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,35	3,3	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82,35	8,0	64.
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	-10	0,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	61,90	<u>4,6</u>	83.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2020)

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Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

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3	,
Filers of:	Section:
Form 990 or 990-EZ	X 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

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

26-4486735

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>86,234,295.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$ <u>52,721,924.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- \$ <u>45,723,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$ <u>45,000,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ <u>20,600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$ <u>17,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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(a) Name, address, and ZIP + 4 (c) (c) (d) 7	Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
s 16,955,000. Payroll				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 8	7		\$ <u>16,955,000.</u>	Payroll Noncash (Complete Part II for
a s 11,749,985. Payroll and both an				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 9	8_		\$ <u>11,749,985.</u>	Person X Payroll Noncash (Complete Part II for
a Bayroll Bayroll Boncash (a) (b) (c) (c) (d) 10 (c) (d) (d) Total contributions 10 (c) (d) (d) Person Person </td <th></th> <td></td> <td></td> <td></td>				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 10	9		\$ <u>5,250,000.</u>	Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 11			\$ <u>5,000,000.</u>	Payroll Noncash (Complete Part II for
Image: second				
No. Name, address, and ZIP + 4 Total contributions Type of contribution 12			_	Payroll Noncash (Complete Part II for
\$ 5,000,000. Payroll Noncash (Complete Part II for noncash contributions.)				
023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)			_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SIXTEEN THIRTY FUND

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$4,632,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 4,424,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$4,112,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>3,827,001.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>3,550,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>3,250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SIXTEEN THIRTY FUND

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19</u>		\$ <u>3,200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$2,900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$2,812,410.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>2,150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$,100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24 023452 11-25		\$\$_000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SIXTEEN THIRTY FUND

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>1,730,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ <u>1,570,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28_		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$ <u>1,450,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$1,340,967.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

SIXTEEN THIRTY FUND			26-4486735
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 contributior	(d) ns Type of contribution
31		\$1,250,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
32		\$1,000,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
33		\$1,000,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
34_		\$1,000,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
35		\$1,000,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
36		\$900,0	Person X Payroll

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SIXTEEN THIRTY FUND

Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>800,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions \$750,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$532,371.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 50 X Person Payroll 369,431. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 X Person Payroll 345,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 52 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 54 X Person Payroll 272,100. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 55 Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 56 Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Person Payroll Noncash 250,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 60 Person Payroll 215,000. Noncash \$ (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u></u> \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>63</u>		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$ <u>190,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u>		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 023452 11-25-		\$160,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$149,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$145,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>74</u>		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>78</u> 023452 11-25		\$\$\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>84</u> 023452 11-21		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
85		\$ <u> 100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
86		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
87		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
88		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$100,000.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
90		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 92 X Person Payroll 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll Noncash 74,615. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 53,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 96 Person Payroll 51,733. Noncash X \$ (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		- \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$50,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		- \$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		- _ \$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_101		\$50,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>102</u> 023452 11-25-		- \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_107		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>108</u> 023452 11-25-		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4		Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_111			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>113</u>			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114			Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$\$	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_117		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118		\$46,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
121		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
122		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_123		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_131		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>133</u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$20,075.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>136</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_138		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
139		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
140		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>141</u>		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
142		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_143		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_144	-20	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PEJ (2020)	

26-4486735

SIXTEEN THIRTY FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
145		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
_146		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>147</u>		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
148		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
149		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_150		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>151</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>152</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>153</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_156		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.04030 SIXTEEN THIRTY FUND

800461_1

Employer identification number

SIXTEEN THIRTY FUND

26-4486735

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_161		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>162</u> 023452 11-25-		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

SIXTEEN THIRTY FUND

26-4486735

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		
<u>163</u>		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
164		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>165</u>		\$5,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
166		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
167		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
168		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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09521029 146892 800461

26-4486735

SIXTEEN THIRTY FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_170		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>171</u>		\$ <u> </u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.04030 SIXTEEN THIRTY FUND

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Employer identification number

SIXTEEN THIRTY FUND

26-4486735

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		
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
176		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
177		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
178		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
023452 11-25		\$	Person Payroll Occupied Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.04030 SIXTEEN THIRTY FUND

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SIXTEEN THIRTY FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Property (see instructions). Use duplicate copies of Pr	art if if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		\$ 52,721,924.	08/11/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
96	PUBLICLY TRADED SECURITIES		
		\$\$1,733.	07/13/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 11-25-		\$	990-EZ, or 990-PF) (2

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2020.04030 SIXTEEN THIRTY FUND

Employer identification number

26 - 4486735

Page 4

ame of organi	ization		Employer identification nu		
IXTEEN	THIRTY FUND		26-4486735		
Part III Ex fro		rrough (e) and the following line entry ritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for th		
a) No.			(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
			1		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·				
		(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(-)			
	(e) Transfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
454 11-25-20		46	Schedule B (Form 990, 990-EZ, or 990-PF		

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2020.04030 SIXTEEN THIRTY FUND

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

71 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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 o	f organization	Employ	er identification number
	SIXTEEN THIRTY FUND		26-4486735
Part	-A Complete if the organization is exempt under section 501(c) or is a section 52	27 orga	nization.
1 Pro	ovide a description of the organization's direct and indirect political campaign activities in Part IV.		
	litical campaign activity expenditures	▶\$	167,053,525.
	lunteer hours for political campaign activities		0.
		· _	
Part	-B Complete if the organization is exempt under section 501(c)(3).		
1 En	ter the amount of any excise tax incurred by the organization under section 4955	► \$	
2 En	ter the amount of any excise tax incurred by organization managers under section 4955	► \$	
3 lft	he organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4a Wa	as a correction made?		Yes No
	Yes," describe in Part IV.		
Part	-C Complete if the organization is exempt under section 501(c), except section	501(c)(3	s).
1 En	ter the amount directly expended by the filing organization for section 527 exempt function activities	▶\$	3,227,842.
	ter the amount of the filing organization's funds contributed to other organizations for section 527		
	empt function activities	▶\$	163,825,683.
	tal exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	· · · <u> </u>	
	ə 17b	▶\$	167,053,525.
	the filing organization file Form 1120-POL for this year?		X Yes No
	ter the names, addresses and employer identification number (EIN) of all section 527 political organizations to		e 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
	CHATTANOOGA, TN			
AMERICA PROMISE PAC	37402	85-1059531	4,750,000.	0.
BETTER COLORADO	PO BOX 100033			
ALLIANCE	DENVER, CO 80250	83-2505764	400,000.	0.
BETTER FUTURE FOR	PO BOX 20851			
NEW MEXICO	ALBUQUERQUE, NM 8	82-4939302	50,000.	0.
	PO BOX 8853			
BIG SKY VOTERS PAC	MISSOULA, MT 5980	85-0843384	25,000.	0.
	WASHINGTON, DC			
BLACKPAC	20005	81-1460820	2,250,000.	0.
	HYATTSVILLE, MD			
CASA IN ACTION PAC	20783	83-1625942	150,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATION LHA

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 S	XTEEN THI	RTY FUND			486735 Page 2
Part II-A Complete if the organ section 501(h)).	ization is exer	npt under sectior	1 501(C)(3) and file	d Form 5768 (ele	ection under
	e e	• • •	Part IV each affiliated	group member's nam	e, address, EIN,
B Check 🕨 🔄 if the filing organization	h checked box A ar	nd "limited control" pro	ovisions apply.		
Limits o (The term "expenditu	on Lobbying Expe res" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f_Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
Over \$17,000,000	\$1.000.		. , . ,		
	, ,				
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o					
reporting section 4911 tax for this yea	_				Yes No
		eraging Period Under			
(Some organizations that		01(h) election do not ate instructions for li	•	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 SIXTEEN THIRTY FUND

26-4486735 Page 3

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	(a)		(t	o)
of the lobbying activity.	Yes	Νο	Amo	ount
 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? 				
 e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
 i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 				
d 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)(6).	n 501(c)(5)	, or sec		
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 	e prior year? n 501(c)(5)	2 3 , or sec		No 3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	al	2a 2b		
	ess olitical	3		
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 instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	list); Part II-A	, lines 1 ai	nd 2 (See	

FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

AMERICA PROMISE PAC

1100 MARKET STREET S400 CHATTANOOGA, TN 37402

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

09521029 146892 800461

49 2020.04030 SIXTEEN THIRTY FUND

BLACKPAC

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

CASA IN ACTION PAC

8151 15TH AVE HYATTSVILLE, MD 20783

PART I-C CONTINUATION:

CHANGE NOW INC

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

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

DEFEAT BY TWEET PAC

107 GRAND STREET FLOOR 7 NEW YORK, NY 10013

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

DEFEND ALASKA

PO BOX 91053 ANCHORAGE, AK 99509

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

FAMILY FRIENDLY ACTION PAC

700 13TH STREET NW WASHINGTON, DC 20005

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

FORWARD MAJORITY ACTION

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 SIXTEEN THIRTY FUND Part IV Supplemental Information (continued)

FUTURE FORWARD USA PAC

611 PENNSYLVANIA AVE SE SUITE 143 WASHINGTON, DC 20003

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

FUTURE NOW FUND

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

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

JUSTICE FORWARD VIRGINIA

2611 FRANKLIN ROAD ARLINGTON, VA 22201

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

LEADING COLORADO FORWARD

1567 S UNIVERSITY BLVD DENVER, CO 80210

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

MILLIONS OF MICHIGANIANS

614 SEYMOUR AVE LANSING, MI 48933

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

MONTANA HUNTERS & ANGLERS LEADERSHIP FUND

550 PARK LANE BILLINGS, MT 59102

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

MORE TREATMENT FOR A BETTER OREGON YES ON 110

PO BOX 42307 PORTLAND, OR 97242

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

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Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 SIXTEEN THIRTY FUND Part IV Supplemental Information (continued)

MOVEON.ORG POLITICAL ACTION

1442 WALNUT STREET UNIT 358 BERKELEY, CA 94709

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

NEXTGEN CLIMATE ACTION COMMITTEE

700 13TH STREET NW SUITE 800 WASHINGTON, DC 20005

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

ONE FOR ALL COMMITTEE

PO BOX 15320 WASHINGTON, DC 20003

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

PAC FOR JUSTICE

PO BOX 850885 NEW ORLEANS, LA 70130

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

PACRONYM

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

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

PENNSYLVANIA FUND FOR CHANGE

2034 S COLORADO ST PHILADELPHIA, PA 19145

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

PEOPLES ACTION POWER

1285 STRATFORD AVENUE #239 DIXON, CA 95620

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

Schedule C (Form 990 or 990-EZ) 2020

PRIORITIES USA ACTION

1030 15TH NW SUITE 950 WEST WASHINGTON, DC 20005

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

PURPLE PAC

814 KING GEORGE COURT MANCHESTER, MO 63021

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

RURALVOTE.ORG

545 EAST TOWN STREET COLUMBUS, OH 43215

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

SENATE MAJORITY PAC

700 13TH ST NW SUITE 600 WASHINGTON, DC 20005

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

SUNRISE PAC

50 F STREET NW SUITE 700 WASHINGTON, DC 20001

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

SWPA MOVING FORWARD

BOX 1556 WASHINGTON, PA 15301

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

TAKE BACK 2020

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

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

TEXAS ORGANIZING PROJECT POLITICAL ACTION COMMITTEE

PO BOX 120296 SAN ANTONIO, TX 78212

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

THE LINCOLN PROJECT

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

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

UNITE THE COUNTRY INC

1200 PENNSYLVANIA AVE NW UNIT 4383 WASHINGTON, DC 20044

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

VICTORY 2020

611 PENNSYLVANIA AVENUE SE NUM 143 WASHINGTON, DC 20003

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

WOMEN VOTE!

1800 M STREET NW STE 375N WASHINGTON, DC 20036

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

WORKING FAMILIES PARTY NATIONAL INDEPENDENT EXPENDITURE COMMITTEE

81 PROSPECT STREET BROOKLYN, NY 11201

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

Schedule C (Form 990 or 990-EZ) 2020

09521029 146892 800461

60	HEDULE D	Sup	alomonta	al Financia	al St	atomonte			OMB No.	1545-0047
	n 990)			anization answere					20	120
•			ne 6, 7, 8, 9, 1Ŏ		1d, 11e	e, 11f, 12a, or 12b.			Open	to Public
	ment of the Treasury I Revenue Service	►Go to www.				he latest information	on.		Inspe	ction
Nam	e of the organizati								er identificat	
		SIXTEEN THI				<u> </u>			26-4486	
Pa	-	ations Maintaining Do			ner S	imilar Funds or	Acc	counts.	Complete if	the
	organizatio	n answered "Yes" on Form	990, Part IV, lin		advice	d fundo	(h		and other ace	oto
				(a) Donor :	advise	a tunas	a)) Funds a	and other acc	ounts
1		nd of year								
2		f contributions to (during ye								
3		f grants from (during year)								
4 5		t end of year on inform all donors and do			oto ho	ld in denor advised	fundo			
5	-	on's property, subject to the		-					Yes	No
6		on inform all grantees, dono								
Ŭ		poses and not for the benefi								
	impermissible priv							0	Yes	No
Pa		ation Easements. Co								
1		servation easements held by				,	,			
		n of land for public use (for e				Preservation of a P	nistori	ically imp	ortant land ar	ea
	Protection o	of natural habitat				Preservation of a d	certifie	ed histori	ic structure	
	Preservation	n of open space								
2	Complete lines 2a	through 2d if the organizati	on held a qualif	ied conservation c	ontribu	ution in the form of a	a cons	servation	easement on	the last
	day of the tax year	r.						He	ld at the End of	the Tax Year
а	Total number of co	onservation easements					L	2a		
b	Total acreage rest	ricted by conservation ease	ments				L	2b		
С	Number of conser	vation easements on a certi	fied historic stru	ucture included in ((a)		L	2c		
d		vation easements included	., .							
		nal Register						2d		
3		vation easements modified,	transferred, rel	eased, extinguishe	ed, or te	erminated by the org	ganiza	ation duri	ing the tax	
	year									
4		where property subject to c				ion hondling of				
5	-	tion have a written policy re			-				Yes	No
6	,	forcement of the conservation or hours devoted to monitori				d enforcing conserv				
0			ng, mspecting,	nandling of violatic	J15, ali	a enforcing conserv	allon	easemer		year
7	Amount of expens	 ses incurred in monitoring, ir	specting hand	lling of violations a	and en	forcing conservation	1 ease	ments di	uring the year	
•	► \$, and an earlied in monitorinity, in	iopooting, name	ing of violations, e		lerening contect valier	10400		annig the year	
8		vation easement reported o	n line 2(d) abov	e satisfy the requir	ement	s of section 170(h)(4	1)(B)(i)			
)(4)(B)(ii)?	. ,						Yes	No No
9		be how the organization rep								
	balance sheet, and	d include, if applicable, the	text of the footn	note to the organiza	ation's	financial statements	s that	describe	es the	
	organization's acc	ounting for conservation ea	sements.							
Pa		ations Maintaining Co				asures, or Othe	er Sir	nilar A	ssets.	
		f the organization answered								
1a		elected, as permitted unde								
		easures, or other similar ass	-				eranc	e of publ	lic	
		Part XIII the text of the foot								
b	-	elected, as permitted unde								
		sures, or other similar assets		exhibition, educat	tion, or	research in furthera	ance c	ot public :	service,	
	-	ing amounts relating to thes								
		ided on Form 990, Part VIII,						► \$_		
•	.,					anto for financial as		► \$_		
2	in the organization	received or held works of a	iri, msioricai trea	asures, or other SIF	mar as	sets for infancial ga	an, pr	oviue		

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai
	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

\$ ► \$ ►

09521029 146892 800461

55 2020.04030 SIXTEEN THIRTY FUND

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization acquesition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): d Loan or exchange program a Provide exclusion d Loan or exchange program b Schelarly research e Other c Provide exclusion d Loan or exchange program b Deboting the organization's collections and explain how they further the organization's description of the organization's collection? Yes No Part of the organization accelection of the organization's collection? Yes No Part of the organization and part, further, custodial or order intermediaty for contributions or other smaller assets not included on Form 300, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Id c Defining balance Id Id In In In d Additions during the year Id Id In In In In In In In In In In <t< th=""><th>Sche</th><th></th><th>THIRTY FUL</th><th></th><th></th><th></th><th></th><th></th><th>26-44</th><th>8673</th><th>5 Pa</th><th>ge 2</th></t<>	Sche		THIRTY FUL						26-44	8673	5 Pa	ge 2
collection items (check all that apply): Collection items (check all that apply): Scholarly research Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	r Other	^r Simila	r Assets	(contir	nued)	
a Public exhibition during the year difference of the organization and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solid or close de 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? Part IV I Escow and CutoStolial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 21. Is the organization analysis of the intermediaty for contributions or other assets not included on Form 990, Part X, line 21. Is the organization analysis of the year list in the organization answered "Yes" on Form 980, Part Y, line 30. If 'Yes,' explain the arrangement in Part XIII and complete the following table: I c and the arrangement in Part XIII and complete the following table: I c and the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability? I complete in Eart XIII. Beginning distance I (b) Prior year (c) Theorem 900, Part X, line 21, for escrow or custodial account liability? I contributions I (b) Complete if the organization answered "Yes" on Form 900, Part X, line 21. Beginning of year balance I (b) Prior year (c) Theorem 900, Part X, line 21, for escrow or custodial account liability? I contributions I (c) Complete if the organization answered "Yes" on Form 900, Part X, line 21. Beginning of year balance I (b) Prior year (c) Theorem 900, Part X, line 21. Beginning of year balance I (b) Prior year (c) Theorem 900, Part X, line 21. Complete arrange, gains, and losses I (c) Controbutions I (c) Controbutio	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	ollowing that	make si	gnificant ι	use of its			
b Scholary research e Other c Previde a description of he 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 tote solid to raise hunds arther than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responded 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, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. b If Yes' explain the arrangement in Part XIII and complete the following table:		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they thrhor the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they thrhor the organization's exempt purpose in Part XIII. 6 Derint MEcorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 9. or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 1b These: explain the arrangement in Part XIII. Oheck here if the explanation has been provided on Part XIII. 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew are custodial account liability? 2 Do the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 3 Do the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 4 Additions of facilities 3 Do the organization so the unt	а	Public exhibition	d	I 🗌 L	oan or exc	hange progra	am					
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b Contributions	4.0	Designing of year balance	(a) Current year	(D) Pr	for year	(C) TWO year	S DACK		HEATS DACK	(e) roui	years b	Jack
c Net investment earnings, gains, and losses	ia k											
d Grants or scholarships	u o											
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and programs	u											
f Administrative expenses	e											
g End of year balance	f											
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 ▶% d 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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related 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) basis (other) depreciation depreciation 1a Land												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		,	rent vear end balance	e (line 1a	column (a)) held as:						
b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (d) Book value (d) Book value (d) Equipment <lii< th=""><th>- a</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></lii<>	- a											
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: (i) Unrelated organizations (ii) Related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (c) Accumulated depreciation (d) Book value basis (other) (e) Casce of the related organization (f) Cost or other 298, 040. 295, 987. 2, 053. e Other 	b	•										
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Cast or other (f) Book value (g) Addular (g) Solution <li< th=""><th>c</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<>	c											
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) 3a(i) 3a(ii)	-		•									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 000 (c) Accumulated (c) Accumula	3a			tion that	are held ar	nd administer	ed for th	e organiza	ation			
(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? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings			0					Ũ]	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 1a Land		-								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3a(ii)		
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 1a Land	b									3b		
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	4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par	t VI Land, Buildings, and Equipm	ient.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
b Buildings		Description of property			• •		• •		ed	(d) Boo	k value	
b Buildings	1a	Land										
c Leasehold improvements 298,040. 295,987. 2,053. e Other 489,575. 175,797. 313,778.	-											
d Equipment 298,040. 295,987. 2,053. e Other 489,575. 175,797. 313,778.	с											
e Other											2,05	3.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)					48	9,575.		175,7	97.	31	3,77	8.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. columr	n (<u>B), line</u> 1	0c.)				31	5,83	1.

Schedule D (Form 990) 2020

09521029 146892 800461

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	
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) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2020

►

032053 12-01-20

Schedule D (Form 990) 2020 SIXTEEN THIRTY FUND			26-448673	5 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total revenue, gains, and other support per audited financial statements			1 389,75	3,352.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	168,486.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	-100,000.		
e Add lines 2a through 2d				8,486.
3 Subtract line 2e from line 1			3 389,68	4,866.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 389,68	4,866.
Part XII Reconciliation of Expenses per Audited Financial Stat		Expenses per R	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 Total expenses and losses per audited financial statements			1 410,20	6,733.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities	2a	168,486.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d				8,486.
3 Subtract line 2e from line 1			<u> 3 410,03</u>	8,247.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		5 410,03	8,247.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part X, line 2; Par	t XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		
PART X, LINE 2:				

THE FUND DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE	FUND
--	------

FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL AND STATE

JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF PRIOR YEAR CONTRIBUTION REVENUE

09521029 146892 800461

Schedule D (Form 990) 2020

-100,000.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$15				r 19, c	or if the	2020
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati			Inspection
Name of the organization								ntification number
		THIRTY FUND					26-4486	
	complete this par	• Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
1 Indicate whether the	e organization rais	ed funds through any of the followin	g activ	vities. (Check all that apply.			
a 🔄 Mail solicitat	ions	e X Solicitat	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f Solicitat	tion of	gover	nment grants			
c Phone solicitations g Special fundraising events								
d 🗌 In-person so	licitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees, c	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with pr	rofessi	onal fi	undraising services?		X Yes	i 🗌 No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fund	draiser is to be	e
compensated at le	ast \$5,000 by the	organization.						
						())		
(i) Name and address	s of individual		(iii) fundr	Did	(iv) Gross receipts		mount paid retained by)	(vi) Amount paid
or entity (fund	fraiser)	(ii) Activity	have c or cor	ntrol of	from activity	Ìfι	undraiser	to (or retained by) organization
			contrib	utions?		liste	ed in col. (i)	
BETH GRUPP ASSOCIAT	TES - BOX		Yes	No				
60185, CAPITOL SUIT	tes,	FUNDRAISING PLANNING		x	5,000,000.		40,000.	4,960,000.
STEVEN BIEL STRATEG		FUNDRAISING PLANNING AND						
CUSHMAN STREET, UNI	LT 2,	WRITING		x	600,000.		78,000.	522,000.
MERREN TECHNOLOGY I		PROGRAM MANAGEMENT, GOAL						
S. LAMAR BLVD #D109	9-347,	SETTING, AND OUTREACH		X	0.		17,000.	-17,000.
ANN MCGUINESS CONSU	JLTING -	PRODUCTION OF DONOR						
135 WILDWOOD LANE,	,	MATERIALS		X	0.		12,000.	-12,000.
TRACY NEWMAN - 712	35TH AVE,							
SEATTLE, WA 98122		FUNDRAISING PLANNING		X	0.		37,500.	-37,500.
KG CONSULTING - 500								
NW, WASHINGTON, DC	20016	FUNDRAISING COUNSEL		X	0.		36,000.	-36,000.
		ļ						
Total					5,600,000.		220,500.	5,379,500.
 List all states in whi or licensing. 	ich the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is ex	xempt from re	gistration

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,GU,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN MO,MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,PR,RI,SC,SD,TN,TX,UT,VA,VT,WA WI,WV,WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 SIXTEEN THIRTY FUND Part II Fundraising Events. Complete if the organization

	2	6-	44	18	67	735	Page 2
--	---	----	----	----	----	-----	--------

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
đ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Re	•					
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ś	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses			<u> </u>	
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			•	
Pa	rt I					
_		\$15,000 on Form 990-EZ, line 6a.			1	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Å	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · ·			
		he organization licensed to conduct gaming ac No," explain:				Yes No
D.						
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
03208	32 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

60

Sch	edule G (Form 990 or 990-EZ) 2020 SIXTEEN THIRTY FUND	26-4486735	Page 3
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?		No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	• An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	Int	
	of gaming revenue retained by the third party \blacktriangleright \$		
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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	Yes	
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year	the	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9	b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
sc	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
(I) NAME OF FUNDRAISER: BETH GRUPP ASSOCIATES		
(I) ADDRESS OF FUNDRAISER: BOX 60185, CAPITOL SUITES, WASHING		0039
<u>\ </u>	/ ADDRESS OF FONDRAISER: BOX 00105, CAFIIOL SUITES, WASHING	LON, DC 20	0009
<u>(I</u>	·		
<u>(</u> I) ADDRESS OF FUNDRAISER: 31 CUSHMAN STREET, UNIT 2, PORTLAN	D, ME 0410)2
(I) NAME OF FUNDRAISER: MERREN TECHNOLOGY LLC		
<u> </u>		G (Form 990 or 990-	EZ) 2020
	61	,	,

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

(I) NAME OF FUNDRAISER: ANN MCGUINESS CONSULTING

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

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

09521029 146892 800461

SCHEDULE I			irants and Oth					OMB No. 1545-0047
(Form 990)			vernments, an ete if the organizatio					2020
Department of the Treasury		Comp		Attach to For				Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization		HIRTY FUN	D					Employer identification number $26-4486735$
	rmation on Grants a							
			amount of the grants					
			· · · · · · · · · · · · · · · · · · ·					X Yes No
2 Describe in Part IV			oring the use of grant ations and Domestic			nization answard "V	aal on Form 000 Dad	W line 21 for any
			be duplicated if addition			anization answered f	es on Form 990, Fan	
1 (a) Name and addre or gover	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A BETTER BIG SKY								
PO BOX 7134								CIVIL RIGHTS, SOCIAL
MISSOULA, MT 59807		82-5313159	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
ABORTION ACCESS FOR 1315 S CLAYTON STRE DENVER, CO 80210		84-3366418	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCOUNTABLE JUSTICE 394 PACIFIC AVE FLO SAN FRANCISCO, CA 9	OR 2	82-3247136	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACRONYM 1400 L ST NW UNIT 3 WASHINGTON, DC 2000		82-1630469	501(C)(4)	51,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCE NORTH CAROL PO BOX 27421 RALEIGH, NC 27611	INA INC	47-2740671	501(C)(4)	291,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCING AZ 3058 E DERRINGER WA GILBERT, AZ 85297		83-4665335		2,477,000.	0.			CAPACITY BUILDING
2 Enter total number				e line 1 table				► <u>31</u> .
3 Enter total number	of other organizations	s listed in the line 1	table					▶ 215.

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

032241 11-05-20

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

(b) EIN

(c) IRC section

if applicable

(a) Name and address of

organization or government

26-4486735

(g) Description of

non-cash assistance

Page 1

(h) Purpose of grant

or assistance

Schedule I (Form 990)

ALASKA AFL-CIO				
3333 DENALI STREET SUITE 125				CIVIL RIGHTS, SOCIAL
ANCHORAGE, AK 99503	92-0010498 501(C)(5)	65,000.	0.	ACTION, ADVOCACY
ALASKA PROGRESSIVE DONOR TABLE				
1120 HUFFMAN RD UNIT 502				CIVIL RIGHTS, SOCIAL
ANCHORAGE, AK 99515	84-2728053 501(C)(4)	50,000.	0.	ACTION, ADVOCACY
ALASKANS FOR POSTERITY				
9360 GLACIER HWY STE 202		155 000		CIVIL RIGHTS, SOCIAL
JUNEAU, AK 99801	85-2279710 501(C)(4)	155,000.	0.	ACTION, ADVOCACY
ALLIANCE FOR A BETTER MINNESOTA				
1600 UNIVERSITY AVE W SUITE 309				
ST. PAUL, MN 55104	26-0317208 501(C)(4)	142,000.	0.	ENVIRONMENTAL PROGRAMS
51. PAUL, MN 55104	20-031/208 501(C)(4)	142,000.	0.	ENVIRONMENTAL PROGRAMS
ALLIANCE FOR YOUTH ACTION				
915 5TH ST NW				CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20001	46-2914731 501(C)(4)	1,450,000.	0.	ACTION, ADVOCACY
,				,
ALLIED MEDIA ACTION FUND				
4126 3RD AVE				CIVIL RIGHTS, SOCIAL
DETROIT, MI 48201	85-0895977 501(C)(4)	125,000.	0.	ACTION, ADVOCACY
AMERICA PROMISE PAC				
1100 MARKET S400				CIVIL RIGHTS, SOCIAL
CHATTANOOGA, TN 37402	85-1059531 527	4,750,000.	0.	ACTION, ADVOCACY
AMERICA VOTES				
1155 CONNECTICUT AVE NW SUITE 600		128976147	0	CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	26-4568349 501(C)(4)	1209/014/	0.	ACTION, ADVOCACY
AMERICAN BRIDGE 21ST CENTURY				
FOUNDATION - 800 MAINE AVE SW STE				CIVIL RIGHTS, SOCIAL
400 - WASHINGTON, DC 20024	27-5278038 501(C)(4)	2,130,000.	0.	ACTION, ADVOCACY

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

Schedule I (Form 990) SIXTEEN T Part II Continuation of Grants and Other			and Domestic Go	vernments (Sche	edule I (Form 990), Pa		26-4486735 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S PROMISE ACTION FUND 1100 MARKET ST S400 CHATTANOOGA, TN 37402	85-0953078	501(C)(4)	200,000.	0.			CAPACITY BUILDING
ANNIE'S LIST TRAINING AND ENGAGEMENT FUND - PO BOX 303277 - AUSTIN, TX 78703	84-3909459		25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA ADVOCACY NETWORK 221 E INDIANOLA AVE PHOENIX, AZ 85012	01-0637750	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN AMERICAN ADVOCACY FUND INC 5680 OAKBROOK PKWY STE 148 JORCROSS, GA 30093	83-1198242	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
BALLOT INITIATIVE STRATEGY CENTER INC – 1660 L ST NW SUITE 605 – WASHINGTON, DC 20036	04-3411708	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER COLORADO ALLIANCE .567 S UNIVERSITY BLVD DENVER, CO 80210	83-2505764	527	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER FUTURE FOR NEW MEXICO 4480 SNOW HEIGHTS CIR SE RIO RANCHO, NM 87124	82-4939302	527	50,000.	0.			ENVIRONMENTAL PROGRAMS
BETTER PENNSYLVANIA .740 MAIN STREET MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	922,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BIG SKY VOTERS PAC PO BOX 8853 MISSOULA, MT 59807	85-0843384	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

032241 11-05-20

420 W GRIGGS

LAS CRUCES, NM 88005

CARE IN ACTION, INC 243 5TH AVE., MAILBOX 257

NEW YORK, NY 10016

HYATTSVILLE, MD 20783

CASA IN ACTION 8151 15TH AVE

(4)	300,000.

46-4605470 501(C)(4)

27-2145405 501(C)

ENVIRONMENTAL PROGRAMS Schedule I (Form 990)

ENVIRONMENTAL PROGRAMS

CIVIL RIGHTS, SOCIAL

ACTION, ADVOCACY

	81-1460820	527	2,250,000.	0.	
	82-4159102	501(C)(4)	35,500.	0.	
1тн					
NGTON, DC					
	83-2618697	501(C)(4)	20,000.	0.	
	85-2340038	501(C)(4)	10,000.	0.	

			Cash grant	assistance	(book, FMV, appraisal, other)	
BIPARTISAN POLICY CENTER						
1225 EYE ST NW SUITE 1000						CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	73-1628382	501(C)(3)	10,000.	0.		ACTION, ADVOCACY
BLACK MALE VOTER PROJECT						
384 NORTHYARDS BLVD NW BUILDING 100						
ATLANTA, GA 30313	84-3530186	501(C)(4)	300,000.	0.		ENVIRONMENTAL PROGRAMS
BLACK VOTERS MATTER FUND						
4751 BEST ROAD SUITE 490						
	81-3625061	501(C)(A)	225,000.	0.		ENVIRONMENTAL PROGRAMS
ATLANTA, GA 30337	81-3625061	501(C)(4)	225,000.	0.		ENVIRONMENTAL PROGRAMS
BLACKPAC						
700 13TH ST NW SUITE 600						CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-1460820	527	2,250,000.	0.		ACTION, ADVOCACY
BORN TO RUN COLORADO						
PO BOX 102						CIVIL RIGHTS, SOCIAL
LAFAYETTE, CO 80026	82-4159102	501(C)(4)	35,500.	0.		ACTION, ADVOCACY
BUSINESS ACTION FUND						
1875 CONNECTICUT AVE NW 11TH						
FLOOR, SUITE 242 - WASHINGTON, DC						CIVIL RIGHTS, SOCIAL
20009	83-2618697	501(C)(4)	20,000.	0.		ACTION, ADVOCACY
CAFE ACCION						

(d) Amount of

cash grant

(e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

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

(c) IRC section

if applicable

(b) EIN

SIXTEEN THIRTY FUND Schedule I (Form 990)

(a) Name and address of

organization or government

(h) Purpose of grant or assistance

40,000.

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Schedule I (Form 990) SIXTEEN T			and Domostic Co	warmanta (Sabi	dula I (Form 000) Da		6-4486735 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA IN ACTION PAC							
3151 15TH AVE							
WATTSVILLE, MD 20783	83-1625942	527	150,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR AMERICAN PROGRESS							
CTION FUND - 1333 H ST NW FLOOR							
0 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	3,240,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR CHANGE A NORTHERN							
AICHIGAN ADVOCACY GROUP - 214 S							CIVIL RIGHTS, SOCIAL
BAILEY ST - CHEBOYGAN, MI 49721	84-2534225	501(C)(A)	65,000.	0.			ACTION, ADVOCACY
ATTET ST - CREBOIGAN, MI 49721	04-2554225	501(0)(4)	05,000.	0.			ACTION, ADVOCACT
CENTER FOR CIVIC ACTION							
525 SILVER AVE SW STE 320							CIVIL RIGHTS, SOCIAL
LBUQUERQUE, NM 87102	02-0779812	501(C)(4)	195,000.	0.			ACTION, ADVOCACY
CENTER FOR POPULAR DEMOCRACY							
ACTION FUND - 449 TROUTMAN ST							
BROOKLYN, NY 11237	45-3860271	501(C)(A)	508,799.	0.			CAPACITY BUILDING
MOORDIN, NI 11237	45 5000271	501(0)(4)	500,755.				CAFACITI DOIDDING
CENTRAL ARIZONANS FOR A							
SUSTAINABLE ECONOMY - 801 N 2ND							CIVIL RIGHTS, SOCIAL
VE – PHOENIX, AZ 85003	26-1689914	501(C)(3)	20,000.	0.			ACTION, ADVOCACY
CHANGE NOW INC							
2021 L ST NW SUITE 101-326	02 1205102	F 0.7	F 030 000				
ASHINGTON, DC 20036	83-1307183	527	5,930,000.	0.			CAPACITY BUILDING
CHILDRENS ACTION ALLIANCE INC							
8030 N 3RD ST SUITE 650							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85012	86-0594785	501(C)(3)	20,000.	0.			ACTION, ADVOCACY
COLORADANS CREATING OPPORTUNITIES							
PO BOX 100292							
	47-2607500	501(C)(A)	250.000	_			CIVIL RIGHTS, SOCIAL
DENVER, CO 80250	47-2607588	501(C)(4)	250,000.	٥.			ACTION, ADVOCACY

032241 11-05-20

Schedule I (Form 990) SIXTEEN THIRTY FUND

(a) Name and address of

organization or government

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

(c) IRC section

if applicable

(b) EIN

26-4486735 Page 1

(h) Purpose of grant

or assistance

organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COLORADO CONSUMER HEALTH							
INITIATIVE - 1420 N OGDEN STREET							CIVIL RIGHTS, SOCIAL
STE A1 - DENVER, CO 80218	84-1145452 5	501(C)(3)	27,600.	0.			ACTION, ADVOCACY
COLORADO FAMILIES FIRST							
1315 S CLAYTON STREET SUITE 300							CIVIL RIGHTS, SOCIAL
DENVER, CO 80210	61-1954894 5	501(C)(4)	2,642,272.	0.			ACTION, ADVOCACY
COLOROFCHANGE.ORG							
1714 FRANKLIN ST STE 100-136							CIVIL RIGHTS, SOCIAL
OAKLAND, CA 94612	20-4496889 5	501(C)(4)	23,986.	0.			ACTION, ADVOCACY
COMMITTEE TO PROTECT MEDICARE AND							
THE ACA INC - 3317 W FULLERTON							CIVIL RIGHTS, SOCIAL
AVENUE - CHICAGO, IL 60647	82-0596008 5	501(C)(4)	25,000.	0.			ACTION, ADVOCACY
COMMON CAUSE							
805 FIFTEENTH STREET NW STE 800							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	52-6078441 5	501(C)(4)	635,000.	0.			ACTION, ADVOCACY
CONGRESSIONAL INTEGRITY PROJECT							
2020 CONNECTICUT AVE NW SUITE 269	85-1339862 5	(0, 1, 0, 1, 4)	1 000 000	0.			CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20006	85-1559802 5	501(C)(4)	1,000,000.	0.			ACTION, ADVOCACY
CONNECTICUT CITIZEN ACTION GROUP							
INC - 30 ARBOR ST, STE 6N -							CIVIL RIGHTS, SOCIAL
HARTFORD, CT 06106	06-0872695 5	501(C)(4)	60,000.	0.			ACTION, ADVOCACY
CONSUMERS FOR AFFORDABLE HEALTH							
CARE FOUNDATION - 12 CHURCH STREET							CIVIL RIGHTS, SOCIAL
- AUGUSTA, ME 04330	04-3366975 5	501(C)(3)	10,000.	0.			ACTION, ADVOCACY
		,01(0)(0)	10,000				
COOPERATIVE FOR ASSISTANCE AND							
RELIEF EVERYWHERE INC - 151 ELLIS							CIVIL RIGHTS, SOCIAL
ST NE - ATLANTA, GA 30303	13-1685039 5	501(C)(3)	20,000.	0.			ACTION, ADVOCACY
							Schodulo I (Form 000)

(d) Amount of

. cash grant (e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

	HIRTY FUN						26- 4486735 Pa
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNT MI VOTE PO BOX 16180							
	82-1389940	501(C)(A)	20,000	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ANSING, MI 48910	02-1309940	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
ULTIVATE TEAM LLC							
61 STERLING PL. APT. 2							CIVIL RIGHTS, SOCIAL
BROOKLYN, NY 11216	83-4057957		260,000.	0.			ACTION, ADVOCACY
				.			
DEFEAT BY TWEET PAC							
07 GRAND STREET FLOOR 7							CIVIL RIGHTS, SOCIAL
IEW YORK, NY 10013	85-1506518	527	75,000.	0.			ACTION, ADVOCACY
·			,				,
DEFEND ALASKA							
PO BOX 91053							CIVIL RIGHTS, SOCIAL
NCHORAGE, AK 99509	84-2340229	527	150,000.	0.			ACTION, ADVOCACY
DEFENDING DEMOCRACY TOGETHER							
25 15TH ST NW 5TH FLOOR							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20005	82-3877328	501(C)(4)	10,050,000.	0.			ACTION, ADVOCACY
LECTION SECURITY CENTER							
.101 L STREET NW APT 601							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20001	84-4331010	501(C)(4)	300,000.	0.			ACTION, ADVOCACY
MERGING AMERICAN MAJORITIES							
225 EYE STREET NW SUITE 1250				_			CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20005	81-4100201	5U1(C)(4)	850,000.	0.			ACTION, ADVOCACY
NVIRONMENTAL DEFENSE ACTION FUND							
875 CONNECTICUT AVE NW SUITE 600							
	90-0080500	501(C)(A)	1 000 000	0.			ENVIRONMENTAL PROGRAMS
ASHINGTON, DC 20009 THNIC MINORITIES OF BURMA	30-0000500	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
DVOCACY AND RESOURCE CENTER -							
309 EUCLID AVENUE - DES MOINES,	46 1017101	F01(C)(2)	10.000	•			CADACTEV DITT DIVIC
TA 50310	46-1017191	DOT(C)(3)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990) SIXTEEN TH Part II Continuation of Grants and Other A			s and Domestic Go	vernments (Sche	edule I (Form 990), Pa		26-4486735 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR FIGHT ACTION INC 1270 CAROLINE STREET NE SUITE D120 ATLANTA, GA 30307	47-1427359	501(C)(4)	2,229,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FUTURE NC 8 ST MARYS STREET #4 RALEIGH, NC 27605	84-3038674	501(C)(4)	1,050,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR LINES COLORADO PO BOX 101482 DENVER, CO 80250	85-0836874	501(C)(4)	63,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH 2020 7935 N SEWARD AVE PORTLAND, OR 97217	85-1602627	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN ACTION FUND 999 NORTH CAPITOL STREET NE SUITE 2 WASHINGTON, DC 20002	45-4434103	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN MINNESOTA 2356 UNIVERSITY AVE W STE 405 ST.PAUL, MN 55114	82-2771968	501(C)(4)	450,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN PUBLIC LIFE ACTION FUND 1990 M ST NW SUITE 740 WASHINGTON, DC 20036	26-3827419	501(C)(4)	238,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILIES AGAINST MANDATORY MINIMUMS – 1100 H STREET NW, SUITE 1000 – WASHINGTON, DC 20005	52-1750248	501(C)(4)	62,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FARM ACTION 5 TERRACE CIRCLE MEXICO, MO 65265	82-1722527	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Othe	er Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	Γ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FRIENDLY ACTION FUND 114 N MAIN ST SUITE 203 CONCORD, NH 03301	83-1806898	501(C)(4)	1,178,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION PAC 700 13TH STREET NW WASHINGTON, DC 20005	85-0792961	527	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIGHT FOR THE BASE 134 BOWERY ST SUITE 3N NEW YORK, NY 10013	84-4536320	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIRST DRAFT NEWS INC 219 W 40TH STREET 14TH FLOOR NEW YORK, NY 10018	83-3554102	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLIC VOTES INC 2800 BISCAYNE BLVD SUITE 200 MIAMI, FL 33137	81-2185907	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA VOICES FOR HEALTH INC 12978 SW 44TH STREET MIRAMAR, FL 33027	82-0921929	501(C)(3)	16,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA WATCH INC 542 NE 72 ST MIAMI, FL 33138	27-1856471	501(C)(4)	737,000.	0.			ENVIRONMENTAL PROGRAMS
FOR OUR FUTURE ACTION FUND 1411 K STREET NW STE 900 WASHINGTON, DC 20005	81-2638345	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MAJORITY ACTION 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	83-0611104	527	2,680,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM ACTION NOW INC							
2110 LUANN LN							CIVIL RIGHTS, SOCIAL
MADISON, WI 53713	84-3944949	501(C)(4)	15,000.	0.			ACTION, ADVOCACY
REEDOM VIRGINIA INC							
03 DUNDEE AVE							CIVIL RIGHTS, SOCIAL
ICHMOND, VA 23225	85-1257540		118,000.	0.			ACTION, ADVOCACY
UTURE FORWARD USA ACTION							
11 PENNSYLVANIA AVE SE SUITE 143							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20003	82-4170762	501(C)(4)	15,232,000.	0.			ACTION, ADVOCACY
,							·····
UTURE FORWARD USA PAC							
11 PENNSYLVANIA AVE SE SUITE 143							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20003	83-0791921	527	7,500,000.	0.			ACTION, ADVOCACY
UTURE NOW ACTION							
00 13TH STREET NW SUITE 600							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20005	82-2390410	501(C)(4)	734,000.	0.			ACTION, ADVOCACY
UTURE NOW FUND							
00 13TH ST NW SUITE 600							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20005	82-2384417	527	10,000.	0.			ACTION, ADVOCACY
·							
EORGIA INVESTOR ACTION FUND INC							
PO BOX 170515							
TLANTA, GA 30317	47-4777204	501(C)(4)	600,000.	0.			ENVIRONMENTAL PROGRAMS
IFFORDS							
O BOX 51196							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20091	46-5592432	501(C)(4)	120,000.	0.			ACTION, ADVOCACY
ROUNDSWELL ACTION FUND							
48 MARKET STREET 49734							CIVIL RIGHTS, SOCIAL
AN FRANCISCO, CA 94104	82-1172119	501(C)(4)	16,433.	0.			ACTION, ADVOCACY

Schedule I (Form 990)

(a) Name and address of

organization or government

SIXTEEN THIRTY FUND

(b) EIN

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

(c) IRC section

if applicable

(d) Amount of

cash grant

(e) Amount of

non-cash

assistance

(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

HERO ACTION FUND				
1328 1348 FLORIDA AVE NW				
WASHINGTON, DC 20009	84-3091866 501(C)(4)	30,000.	0.	CAPACITY BUILDING
HIGHER GROUND LABS MANAGEMENT LLC				
1440 W. TAYLOR ST UNIT 1440				CIVIL RIGHTS, SOCIAL
CHICAGO, IL 60607	83-3433019	415,930.	0.	ACTION, ADVOCACY
		, ,		, , , , , , , , , , , , , , , , , , , ,
HOUSE MAJORITY FORWARD				
700 13TH ST NW SUITE 300				
WASHINGTON, DC 20005	83-4185105 501(C)(4)	750,000.	0.	ENVIRONMENTAL PROGRAMS
IF NOT NOW MOVEMENT				
PO BOX 26425				CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20001	83-4664015 501(C)(4)	12,000.	0.	ACTION, ADVOCACY
IOWA CITIZEN ACTION NETWORK				
941 25TH AVE, #335				
CORALVILLE, IA 52241	42-1172128 501(C)(4)	130,000.	0.	CAPACITY BUILDING
IOWA FORWARD				
570 JUNIPER AVE				
KELLOGG, IA 50135	83-4467448 501(C)(4)	1,205,000.	0.	CAPACITY BUILDING
ISSUE ONE				
1401 K STREET NW SUITE 350		2 000 000		CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	32-0384285 501(C)(3)	3,000,000.	0.	ACTION, ADVOCACY
JUSTICE FORWARD VIRGINIA				
2611 FRANKLIN ROAD				CIVIL RIGHTS, SOCIAL
ARLINGTON, VA 22201	85-1651223 527	50,000.	0.	ACTION, ADVOCACY
ANDINGTON, VA 22201		50,000.	· .	ACTION, ADVOCACI
KANSAS VALUES INSTITUTE				
PO BOX 97				CIVIL RIGHTS, SOCIAL
LAWRENCE, KS 66044	45-2621342 501(C)(4)	300,000.	0.	ACTION, ADVOCACY

or assistance

Schedule I (Form 990)

26-4486735 Page 1

(h) Purpose of grant

NO BOX 155 85-2227511 501(C)(4) 50,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY AND STEWARDSHIP ACTION FUND 212 15 357H 57 EF 200 82-4347114 501(C)(4) 10,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY ATINO VICTORY FROJECT 100 14TH STREET NN SUITE 200 AGRINGTON, DC 20005 46-4651149 501(C)(4) 14,650. 0. CAPACITY BUILDING AEAD NC 100 SOC 1233 ALALEICH, NC 27602 81-3455495 501(C)(4) 14,650. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY EAD NC 100 SOC 1323 ALALEICH, NC 27602 81-3455495 501(C)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY EAD PA 100 S BROAD ST SUTE 3022588 81-3459495 501(C)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY EADING COLORADO FORMARD 1567 S UNIVERSITY BLVD 83-252234 527 1,500,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY EADING COLORADO FORMARD 1567 S UNIVERSITY BLVD 83-2522034 527 1,500,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY EADING COLORADO FORMARD 1567 S UNIVERSITY BLVD 52-1733698 501(C)(4) 3,515,500. CIVIL RIGHTS, SOCIAL ACTION, ADVOCA	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	26-4486735 Pa
HE PLAINS, VA 20199 85-2227511 501(0)(4) 50,000. 0. ACTION, ADVOCACY AND STEMARDSHIP ACTION FUND 211 E 357H ST STE 200 82-4347114 501(0)(4) 10,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY ANTINO VICTORY PROJECT TOO 14TH STREET IN SUITE 200 82-4347114 501(0)(4) 14,650. 0. CAPACITY BUILDING AREIGN, NC 27602 46-4651149 501(0)(4) 14,650. 0. CAPACITY BUILDING KARLEGN, NC 27602 81-3459495 501(0)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY READ NC *0 BOX 1323 81-3459495 501(0)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY READ PA 100 S BROAD ST SUITE 3022588 81-3459495 501(0)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY READING COLORADO FORMARD 1567 S UNIVERSITY BLUD 83-3208722 501(0)(4) 25,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY READING COLORADO FORMARD 1567 S UNIVERSITY BLUD 83-252034 527 1,500,000. 0. CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY READING COLORADO FORMARD 1567 S UNIVERSITY BLUD 83-252034 527 1,500,000. 0. CIVIL RI		(b) EIN			non-cash	valuation (book, FMV,		
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TRENTON, NJ 08608 22-1153223 501(C)(4) 50,000. 0. ACTION, ADVOCACY LEAGUE OF WOMEN VOTERS OF THE JNITED STATES - 1730 M ST NW SUITE Image: Constant of the constant	LEAGUE OF WOMEN VOTERS OF NEW							
LEAGUE OF WOMEN VOTERS OF THE JNITED STATES - 1730 M ST NW SUITE CIVIL RIGHTS, SOCIAL	JERSEY - 204 WEST STATE ST -							CIVIL RIGHTS, SOCIAL
JNITED STATES - 1730 M ST NW SUITE	TRENTON, NJ 08608	22-1153223	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
JNITED STATES - 1730 M ST NW SUITE	LEAGUE OF NOMEN NOMEDS OF THE							
		52 0115 <i>6</i> 55	F01(C)(A)	E00.000	0			· ·

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING UNITED FOR CHANGE IN							
ARIZONA - 5716 N 19TH AVE -							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	27-1398645	501(C)(4)	76,500.	0.			ACTION, ADVOCACY
							·····
MAINE CENTER FOR ECONOMIC POLICY							
ONE WESTON COURT SUITE 103 PO BOX 4							CIVIL RIGHTS, SOCIAL
AUGUSTA, ME 04332	22-3317572	501(C)(3)	15,000.	0.			ACTION, ADVOCACY
·							
MAINE MOMENTUM							
12 MADISON STREET							
PORTLAND, ME 04101	83-4606676	501(C)(4)	1,936,000.	0.			CAPACITY BUILDING
MAINE PEOPLE'S ALLIANCE							
565 CONGRESS ST STE 200							CIVIL RIGHTS, SOCIAL
PORTLAND, ME 04101	01-0383493	501(C)(4)	60,000.	0.			ACTION, ADVOCACY
MAINE PEOPLE'S RESOURCES CENTER							
565 CONGRESS ST #200							CIVIL RIGHTS, SOCIAL
PORTLAND, ME 04101	22-2586108	501(C)(3)	15,000.	0.			ACTION, ADVOCACY
MAJORITY FORWARD							
700 13TH STREET NW							
WASHINGTON, DC 20005	47-4368320	501(C)(4)	3,000,000.	0.			ENVIRONMENTAL PROGRAMS
NAVE NODELL CADOLINA BIDGE							
MAKE NORTH CAROLINA FIRST							
PO BOX 648	46 2001642	F01(0)(4)	25.000	0			
RALEIGH, NC 27602	46-3981642	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
MAKE THE ROAD ACTION IN PA							
347 N 8TH ST 1ST FLOOR							CIVIL RIGHTS, SOCIAL
ALLENTOWN, PA 18102	27-1408443	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
ADDENTOWN, FA 10102	27-1400443	501(C/(4)	130,000.	0.			ADVOCACI
MARYLAND CENTER ON ECONOMIC POLICY							
1800 N CHARLES ST STE 406							CIVIL RIGHTS, SOCIAL
		1	1			1	,,,,,,,, _

MECEP ACTION

AUGUSTA, ME 04332

MICHIGAN CIVIC ACTION FUND 28342 DARTMOUTH STREET

MADISON HEIGHTS, MI 48071

MICHIGAN PEOPLES CAMPAIGN				
2227 MEDFORD RD				CIVIL RIGHTS, SOCIAL
ANN ARBOR, MI 48104	46-4173944 501(C)(4)	150,000.	0.	ACTION, ADVOCACY
MIJENTE				
734 W POLK ST				CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85007	82-1711382 501(C)(3)	170,000.	0.	ACTION, ADVOCACY
MILLIONS OF MICHIGANIANS				
614 SEYMOUR AVE				CIVIL RIGHTS, SOCIAL
LANSING, MI 48933	84-3645849 527	175,000.	0.	ACTION, ADVOCACY
MISSOURI JOBS WITH JUSTICE VOTER				
ACTION - 2725 CLIFTON - ST				CIVIL RIGHTS, SOCIAL
LOUIS, MO 63139	46-3985290 501(C)(4)	25,000.	0.	ACTION, ADVOCACY
MISSOURI WIN				
347 HAZEL AVE				CIVIL RIGHTS, SOCIAL
WEBSTER GROVES, MO 63119	82-4375006 501(C)(4)	200,000.	0.	ACTION, ADVOCACY
MN350 ACTION				
4407 EAST LAKE ST				
MINNEAPOLIS, MN 55406	82-3247267 501(C)(4)	110,000.	0.	ENVIRONMENTAL PROGRAMS
MOMENTUM ACTION INC				
222 BROADWAY				CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10038	501(C)(4)	50,000.	0.	ACTION, ADVOCACY

SIXTEEN THIRTY FUND Schedule I (Form 990)

(a) Name and address of

organization or government

ONE WESTON COURT SUITE 103 PO BOX 4

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

(c) IRC section

if applicable

(d) Amount of

cash grant

70,000.

105,000.

(e) Amount of

non-cash assistance

0.

Ο.

(f) Method of

valuation

(book, FMV, appraisal, other) (g) Description of

non-cash assistance

(b) EIN

85-1999247 501(C)(4)

82-3995979 501(C)(4)

26-4486735 Page 1

(h) Purpose of grant

or assistance

CIVIL RIGHTS, SOCIAL

CIVIL RIGHTS, SOCIAL

ACTION, ADVOCACY

ACTION, ADVOCACY

Schedule (Form 990) SIXTEEN T			and Domestic Go	vernments (Sche	edule I (Form 990). Pa		26-4486735 P
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMSRISING TOGETHER 12011 BEL-RED RD. STE 100A BELLEVUE, WA 98005	20-4448446	501(C)(4)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA HUNTERS & ANGLERS LEADERSHIP FUND - PO BOX 1934 - BILLINGS, MT 59103	81-2706051	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA NATIVE VOTE PO BOX 2433 BILLINGS, MT 59103	45-5363321	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MORE TREATMENT FOR A BETTER OREGON VES ON 110 - PO BOX 42307 - PORTLAND, OR 97242	85-2944188	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND 777 LIVERNOIS FERNDALE, MI 48220	82-2828323	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVEON.ORG POLITICAL ACTION 1442 WALNUT STREET UNIT 358 BERKELEY, CA 94709	94-3324022	527	235,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVING NC FORWARD, INC. 434 FAYETTEVILLE ST. STE 2020 RALEIGH, NC 27601	81-4767705	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASP AREA NOW PO BOX 582862 AINNEAPOLIS, MN 55458	26-4402416	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NARAL PRO-CHOICE MA INC 15 COURT SQUARE SUITE 900 BOSTON, MA 02108	23-7227508	501(C)(4)	9,489.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARAL PRO-CHOICE MINNESOTA 300 MYRTLE AVE SUITE 120 AINT PAUL, MN 55114	41-1267956	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARAL PRO-CHOICE VIRGINIA 01 N. WASHINGTON ST. SUITE 603 LEXANDRIA, VA 22314	41-2051991	501(C)(4)	22,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EBRASKANS FOR RESPONSIBLE LENDING 6455 PONDEROSA ROAD YANNIS, NE 69350	84-2988349	501(C)(3)	1,085,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ETWORK EDUCATION PROGRAM 20 FIRST ST NE SUITE 350 ASHINGTON, DC 20002	52-1307764	501(C)(3)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EW AMERICA FOUNDATION 40 15TH STREET NW SUITE 900 ASHINGTON, DC 20005	52-2096845	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IEW DAY NEVADA INC 1991 HACKBERRY DRIVE JAS VEGAS, NV 89123	84-3203462	501(C)(4)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW ERA COLORADO FOUNDATION NO BOX 4274 NOULDER, CO 80306	26-1389272	501(C)(3)	24,067.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EW FLORIDA MAJORITY 0800 BISCAYNE BLVD SUITE 1050 HAMI, FL 33161	27-0167620	501(C)(4)	420,000.	0.			ENVIRONMENTAL PROGRAMS
IEW GEORGIA PROJECT ACTION FUND INC - 830 GLENWOOD AVE SE SUITE 10-221 - ATLANTA, GA 30316	82-0934131	501(C)(4)	265,000.	0.			ENVIRONMENTAL PROGRAMS

032241 11-05-20

ACTION, ADVOCACY

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1828 L STREET, NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	8,232,242.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEXTGEN CLIMATE ACTION COMMITTEE 986 MISSION STREET FL 1 SAN FRANCISCO, CA 94103	46-3201383	527	3,700,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH CAROLINA CITIZENS FOR PROTECTING OUR SCHOOLS - PO BOX 1093 - RALEIGH, NC 27602	45-2294710	501(C)(4)	575,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH FUND 1101 CONNECTICUT AVE NW SUITE 450 WASHINGTON, DC 20036	83-4011547	501(C)(4)	19,390,584.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO AFL-CIO 500 S FRONT STREET SUITE #700 COLUMBUS, OH 43215	31-4425064	501(C)(5)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN ST SUITE 230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FAIR WAGE ACTION 30 BOW ST CAMBRIDGE, MA 02138	84-3605857	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FAIR WAGE INC 7510 HILLMONT DRIVE OAKLAND, CA 94605	85-0692228	501(C)(3)	25,000.	0.			CAPACITY BUILDING
ONE FOR ALL COMMITTEE 80 M ST SE SUITE 100 WASHINGTON, DC 20003	85-2130918	527	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY ARIZONA							
3821 N 15TH DRIVE							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	84-3103154	501(C)(4)	716,500.	0.			ACTION, ADVOCACY
ORGANIZE FLORIDA							
134 E COLONIAL DRIVE							
ORLANDO, FL 32801	27-1869914	501(C)(4)	365,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZE FOR JUSTICE							
PO BOX 454							CIVIL RIGHTS, SOCIAL
KNOXVILLE, TN 37901	83-2616937	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
	00 202000	501(0)(1)	20,000.				
ORGANIZE PENNSYLVANIA							
1414 BRIGHTON RD							
PITTSBURGH, PA 15212	82-0714373	501(C)(4)	400,000.	0.			ENVIRONMENTAL PROGRAMS
· · · ·							
ORGANIZERS IN THE LAND OF							
ENCHANTMENT - 411 BELLAMAH AVE NW							
- ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
· · · · · · · · · · · · · · · · · · ·							
PAC FOR JUSTICE							
PO BOX 850885							CIVIL RIGHTS, SOCIAL
NEW ORLEANS, LA 70130	85-2603613	527	50,000.	0.			ACTION, ADVOCACY
PACRONYM							
1100 15TH STREET NW 4TH FLOOR							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	82-1784228	527	3,000,000.	0.			ACTION, ADVOCACY
DENNOVI VANTA ALL TANGE AGETON							
PENNSYLVANIA ALLIANCE ACTION							
2034 S COLORADO ST	00 2527700	F01(G)(A)	175 000				
PHILADELPHIA, PA 19145	82-3537729	DU1(C)(4)	175,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA FUND FOR CHANGE							
2034 S COLORADO ST							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19145	82-4466214	527	200,000.	Ο.			ACTION, ADVOCACY

(a) Name and a debage of				(-) A	(f)) (
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STANDS UP							
5 N LIME ST							CIVIL RIGHTS, SOCIAL
ANCASTER, PA 17602	83-2880678	501(C)(4)	500,000.	0.			ACTION, ADVOCACY
ENNSYLVANIA UNITED							
41 CALIFORNIA AVE 3RD FLOOR							CIVIL RIGHTS, SOCIAL
ITTSBURGH, PA 15212	82-3674888	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
PEOPLE'S ACTION							
125 W NORTH AVE 3RD FLOOR	26 2612701	F01(0)(4)	226 000	0			
HICAGO, IL 60647	26-2613701	501(C)(4)	326,000.	0.			ENVIRONMENTAL PROGRAMS
EOPLES ACTION POWER							
285 STRATFORD AVENUE #239							CIVIL RIGHTS, SOCIAL
IXON, CA 95620	84-4643312	527	100,000.	0.			ACTION, ADVOCACY
PIEDMONT RISING INC							
401 SPRUCE STREET UNIT 1511							
PHILADELPHIA, PA 19102	84-2378026	501(C)(4)	7,005,000.	0.			CAPACITY BUILDING
			.,,				
LANNED PARENTHOOD ACTION FUND INC							
23 WILLIAM ST 10TH FLOOR							CIVIL RIGHTS, SOCIAL
EW YORK, NY 10038	13-3539048	501(C)(4)	25,000.	0.			ACTION, ADVOCACY
ODER NC ACTION							
101 HAYNES ST SUITE 205							CIVIL RIGHTS, SOCIAL
ALEIGH, NC 27604	84-2828142	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
			, ,				,
OLICYLINK EQUITY ACTION NETWORK							
438 WEBSTER STREET SUITE 303							CIVIL RIGHTS, SOCIAL
AKLAND, CA 94612	47-3469925	501(C)(4)	12,580.	0.			ACTION, ADVOCACY
RIORITIES USA							
030 15TH ST NW SUITE 950 WEST							
ASHINGTON, DC 20005	47-4596232	501(C)(4)	1,500,000.	0.			ENVIRONMENTAL PROGRAMS

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

NAMELINATION, DC 20005 37-1635320 527 4,500,000. 0. ACTION, ADVOCACY PROGRESS MICHIGAN 514 SERMOUR AVE ANSING, MI 48933 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION ANSING, MI 48933 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION ANSING, MI 48933 26-0900990 501(C)(4) 325,000. 0. ENVIRONMENTAL FRO PROGRESSIVE CHANGE INSTITUTE 1629 K ST NW SUITE 300 enseminory fund - 203 S, RRLINGTON AVE - RENO, NV 89501 46-1193049 501(C)(4) 75,000. 0. ENVIRONMENTAL FRO PROGRESSIVE LEADERSHIP ALLIANCE OF SCORESSIVE STATE LEADERS SOMMITTEE - 1401 H STREET NW SUITE 20-6623909 501(C)(4) 75,000. 0. ENVIRONMENTAL FRO ENVIRONMENTAL FRO PROGRESSIVE STATE LEADERS SOMMITTEE - 1401 H STREET NW SUITE 20-6623909 501(C)(4) 50,000. 0. ENVIRONMENTAL FRO CIVIL RIGHTS, SOC CIVIL RIGHTS, S	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1030 15TH NN SUTTE 950 WEST 37-1635320 27 4,500,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY PROGRESS MICHIGAN 26-0900990 501(C)(4) 545,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY PROGRESS NORTH CAROLINA XFE 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 45-2862217 501(C)(4) 325,000. 0. ENVIRONMENTAL FRO PROGRESSIVE CHANGE INSTITUTE 1529 K ST NW SUTTE 300 45-2862217 501(C)(3) 12,500. 0. ENVIRONMENTAL FRO PROGRESSIVE CHANGE INSTITUTE 1529 K ST NW SUTTE 300 45-286048 501(C)(4) 75,000. 0. ENVIRONMENTAL FRO PROVERSSIVE STATE LEADERS 45-2606048 501(C)(4) 75,000. 0. ENVIRONMENTAL FRO PROGRESSIVE STATE LEADERS 05-0623309 501(C)(4) 50,000. 0. ENVIRONMENTAL FRO FORORESSIVE STATE LEADERS 05-0623309 501(C)(4) 50,000. 0. ENVIRONMENTAL FRO FORORESSIVE STATE LEADERS 05-06	PRIORITIES USA ACTION							
WASHINGTON, DC 20005 37-1635320 27 4,500,000. 0. ACTION, ADVOCACY PROGRESS MICHIGAN 614 SEXPAURA AVE LANSING, MI 48933 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 730 NATIONAL DRIVE # 105 26-0900990 501(C)(4) 545,000. 0. RATION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 730 NATIONAL DRIVE # 105 45-2862217 501(C)(4) 325,000. 0. RNVIRONMENTAL PRO RALEIGH, NC 27612 45-2862217 501(C)(4) 325,000. 0. RNVIRONMENTAL PRO RALEIGH, NC 27612 46-1193049 501(C)(3) 12,500. 0. RAVERONMENTAL PRO RASETIVE CHANGE INSTITUTE 1629 K ST NW SUITE 300 46-1193049 501(C)(4) 75,000. 0. RAVIRONMENTAL PRO RASETIVE DEADBRSHIP ALLIANCE OF REVGRESSIVE LEADBRSHIP ALLIANCE OF FROGRESSIVE STATE LEADBRS COMMITTEE - 1401 H STREET NN SUITE 750 - WASHINGTON, DC 20005 05-0623909 501(C)(4) 75,000. 0. RNVIRONMENTAL PRO RCIVIL RIGHTS, SOC ACTION, ADVOCACY PROGRESSIVE STATE LEADBRS COMMITTEE - 1401 H STREET NN SUITE 750 - WASHINGTON, DC 20005 05-0623909 501(C)(4) 50,000. 0. RNVIRONMENTAL PRO RCIVIL RIGHTS, SOC ACTION, ADVOCACY FROGRESSINGN 614 N SERVOUR AVE LANSING, MI 48								CIVIL RIGHTS SOCIAL
FOORESS MICHIGAN CIVIL RIGHTS, SOC FROGRESS MICHIGAN 26-0900990 501(C)(4) 545,000. 0. ACTION, ADVOCACY FROGRESS NORTH CAROLINA ACTION 3739 NATIONAL DRIVE + 105 AS-2862217 501(C)(4) 325,000. 0. ENVIRONMENTAL FRO FROGRESS IVE CHANGE INSTITUTE 1629 K ST NW SUTE 300 46-1193049 501(C)(3) 12,500. 0. CAPACITY BUILDING FROGRESSIVE CHANGE INSTITUTE 1629 K ST NW SUTE 300 46-1193049 501(C)(3) 12,500. 0. CAPACITY BUILDING FROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA ACTION FUND - 203 S. ARLINGTON AVE RENO, NV 89501 45-2666048 501(C)(4) 75,000. 0. ENVIRONMENTAL FRO FROGRESSIVE STATE LEADERS COMMITTEE - 1401 H STREET NW SUITE CIVIL RIGHTS, SOC CIVIL RIGHTS, SOC CIVIL RIGHTS, SOC FOORERSSINOW 01-0.20305 01(C)(4) 50,000. 0. ACTION, ADVOCACY FROGRESSNOW 01-0.20305 01(C)(4) 160,000. 0. ENVIRONMENTAL FRO FROGRESSNOW 014 N SEYMOUR AVE 20-8720230 501(C)(4) 160,		37-1635320	527	4 500 000	0			,
614 SEYMOUR AVE LANSING, MI 48933 26-0900990 501(C)(4) 545,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 3739 NATIONAL DRIVE # 105 45-2862217 501(C)(4) 325,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- NORCESSIVE CHANGE INSTITUTE 1628 KST NW SUITE 300 45-2862217 501(C)(3) 12,500. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- NORCESSIVE LEADERSHIP ALLIANCE OF INEVADA ACTION FUND - 203 S. ARLINGTON AVE - RENO, NV 89501 45-2606048 501(C)(4) 75,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- PROGRESSIVE STATE LEADERS COMMITTEE - 1041 BSTREET NW SUITE 50. 05-0623909 501(C)(4) 75,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- BASENDW ALZONA ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRO								
614 SEYMOUR AVE LANSING, MI 48933 26-0900990 501(C) (4) 545,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY PROGRESS NORTH CAROLINA ACTION 3739 NATIONAL DRIVE # 105 45-2862217 501(C) (4) 325,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- NORCESSIVE CHANGE INSTITUTE 1628 K ST NN SULTE 300 45-2862217 501(C) (3) 12,500. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- NORCESSIVE LEADERSHIP ALLIANCE OP NEVADA ACTION FUND - 203 S. ARLINOTON AVE - RENO, NV 89501 45-2606048 501(C) (4) 75,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- NEVADA ACTION FUND - 203 S. ARLINOTON AVE - RENO, NV 89501 45-2606048 501(C) (4) 75,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- BROGRESSIVE STATE LEADERS COMMITCE - 101 H STREET NW SUITE 50.0 (4) 50,000. 0. ENVIRONMENTAL PRO- ENVIRONMENTAL PRO- ENVIR	PROGRESS MICHIGAN							
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1714 HUMBOLDT STREET CIVIL RIGHTS, SOC	1.000.1A, M2 00004	05 5555572		100,000.	0.			
1714 HUMBOLDT STREET CIVIL RIGHTS, SOC	PROGRESSNOW COLORADO							
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DENVER, CO 80218 65-1244918 501(C)(4) 114,000. 0. ACTION, ADVOCACY		65-1244918	501(C)(4)	114 000	n			, ,

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSNOW COLORADO EDUCATION							
1536 WYNKOOP STREET SUITE 300 DENVER, CO 80202	73-1674017	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW EDUCATION							
614 SEYMOUR AVE							CIVIL RIGHTS, SOCIAL
LANSING, MI 48933	20-8720291	501(C)(3)	5,211,000.	0.			ACTION, ADVOCACY
PROGRESSNOW NEW MEXICO 625 SILVER AVE SW SUITE 320							
ALBUQUERQUE, NM 87102	45-4130072	501(C)(4)	90,000.	0.			ENVIRONMENTAL PROGRAMS
PROSPERITY MICHIGAN							
3265 SKY BLUE LANE							CIVIL RIGHTS, SOCIAL
SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	818,250.	0.			ACTION, ADVOCACY
PROTECT COLORADO'S RECOVERY							
656 ROCK RIDGE DRIVE							CIVIL RIGHTS, SOCIAL
LAFAYETTE, CO 80026	85-2837011	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
PROTECT MINNESOTA ADVOCACY FUND							
285 DALE ST N							CIVIL RIGHTS, SOCIAL
ST PAUL, MN 55103	41-1685834	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
PURPLE PAC							
814 KING GEORGE COURT							CIVIL RIGHTS, SOCIAL
MANCHESTER, MO 63021	84-3165869	527	100,000.	0.			ACTION, ADVOCACY
PUSHBLACK NOW							
525 MONROE STREET NE APT 109							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20017	81-3839071	501(C)(4)	700,000.	0.			ACTION, ADVOCACY
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REAL FACTS NC 3125 POPLARWOOD CT. SUITE 300							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27604	27-3337837	501(C)(4)	43,000.	0.			ACTION, ADVOCACY

Part II Continuation of Grants and Other		Sector of gamzations					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESULTS EDUCATIONAL FUND INC 1101 15TH ST NW SUITE 1200 WASHINGTON, DC 20005	95-3747267	501(C)(3)	31,335.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROCKY MOUNTAIN VALUES 635 HILL AVENUE							
GRANT JUNCTION, CO 81501	84-1860320	501(C)(4)	1,590,000.	0.			CAPACITY BUILDING
RURAL ARIZONA ACTION 345 W CENTRAL AVE STE 4 COOLIDGE, AZ 85128	83-4660479	501(C)(4)	190,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL ECONOMIC DEVELOPMENT CENTER INC – 4021 CARYA DRIVE – RALEIGH, NC 27610	56-1552375	501(C)(3)	13,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALORGANIZING.ORG 191 CLINTON ST COLUMBUS, OH 43202	82-5040665	501(C)(4)	565,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALVOTE.ORG 545 EAST TOWN STREET COLUMBUS, OH 43215	85-2524981	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAVE MY COUNTRY ACTION FUND 80 M STREET SE WASHINGTON, DC 20003	84-1785352	501(C)(4)	85,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY 611 PENNSYLVANIA AVE SE #143 WASHINGTON, DC 20003	82-3846342	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE ELECTIONS PROJECT 130 NEILL AVE SUITE H HELENA, MT 59601	83-3296530	501(C)(4)	1,040,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other A		-					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENATE MAJORITY PAC							
700 13TH ST NW SUITE 600							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	27-2896127	527	500,000.	0.			ACTION, ADVOCACY
SOMOS ACCION							
1804 ESPINACITAS ST							
SANTA FE, NM 87505	83-1487234	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
STAND UP AMERICA INC							
51 EAST 12TH STREET 2ND FLOOR							
NEW YORK, NY 10003	32-0512546	501(C)(A)	29,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW TORK, INT TOOUS	JZ-0JIZJ40	501(0)(4)	29,300.	0.			ACTION, ADVOCACT
STATE ENGAGEMENT FUND							
1101 HAYNES ST STE 205							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27604	81-0865943	501(C)(4)	350,000.	0.			ACTION, ADVOCACY
STORY NETWORK FOUNDATION							
2300 18TH ST NW LOWER LOBBY, PO BOX							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20009	84-2907396	501(C)(4)	965,000.	0.			ACTION, ADVOCACY
SUNRISE							
50 F STREET NW SUITE 700							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20001	82-1232167	501(C)(4)	950,000.	Ο.			ACTION, ADVOCACY
SUNRISE PAC							
50 F STREET NW SUITE 700							CIVIL RIGHTS, SOCIAL
VASHINGTON, DC 20001	48-4880810	527	500,000.	0.			ACTION, ADVOCACY
SWPA MOVING FORWARD							
BOX 1556							CIVIL RIGHTS, SOCIAL
WASHINGTON, PA 15301	85-2895324	527	11,500.	0.			ACTION, ADVOCACY
TAKE BACK 2020							
275 7TH AVENUE 16TH FLOOR							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10001	85-2403579	527	5,150,000.	Ο.			ACTION, ADVOCACY

032241 11-05-20

1042 GRANT AVE 5TH FL

OAKLAND, CA 94612

SAN FRANCISCO, CA 94133

805 15TH ST NW SUITE 410

THE COMMON GROUND PROJECT 2578 FLORIDIANE DRIVE

THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E CARY ST

UNIT 200 - RICHMOND, VA 23219

THE COOPERATIVE IMPACT LAB 315 FLATBUSH AVENUE #304

WASHINGTON, DC 20005

MELBOURNE, FL 32935

BROOKLYN, NY 11217

THE CENTER FOR MEDIA JUSTICE 436 14TH STREET STE 500

THE COALITION TO STOP GUN VIOLENCE

83-4375307	501(C)(4)	29,000.	0.	
27-1598303	501(C)(3)	70,000.	0.	

0.

0.

0.

45-3084134 501(C)(4) 0. 120,000,

120,000

78,500

705 RAYMOND AVE SUITE 100					
ST PAUL, MN 55114	20-3338691	501(C)(4)	615,000.	0.	
TASKFORCE LLC					
4313 MENTONE AVE					
CULVER CITY, CA 90232	80-0491029		400,000.	0.	
TEXAS ORGANIZING PROJECT POLITICAL					
ACTION COMMITTEE - PO BOX 120296					
- SAN ANTONIO, TX 78212	85-2788868	527	100,000.	0.	
THE CENTER FOR EMPOWERED POLITICS					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of organization or government valuation non-cash assistance if applicable cash grant non-cash (book, FMV, assistance appraisal, other) TAKEACTION MINNESOTA

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

30-0520981 501(C)(3)

52-1106316 501(C)(4)

83-1002641 501(C)(4)

SIXTEEN THIRTY FUND Schedule I (Form 990)

(h) Purpose of grant

or assistance

ENVIRONMENTAL PROGRAMS

CIVIL RIGHTS, SOCIAL

CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

CIVIL RIGHTS, SOCIAL

ACTION, ADVOCACY

ACTION, ADVOCACY

ACTION, ADVOCACY

ACTION, ADVOCACY

ACTION, ADVOCACY

ACTION ADVOCACY

ACTION, ADVOCACY

Schedule I (Form 990)

550,000,

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAIRNESS PROJECT							
1342 FLORIDA AVE NW							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20009	37-1779557	501(C)(4)	226,000.	0.			ACTION, ADVOCACY
THE HOPEWELL FUND							
1828 L STREET, NW, SUITE 300-D							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	47-3681860	501(C)(3)	215,331.	Ο.			ACTION, ADVOCACY
THE LEADERSHIP CONFERENCE ON CIVIL							·····
AND HUMAN RIGHTS - 1620 L STREET							
NW STE 1100 - WASHINGTON, DC							CIVIL RIGHTS, SOCIAL
20036	52-0789800	501(C)(4)	1,250,000.	Ο.			ACTION, ADVOCACY
							,
THE LINCOLN PROJECT							
918 PENNSYLVANIA AVE SE							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	84-3583045	527	300,000.	Ο.			ACTION, ADVOCACY
THE MOVEMENT COOPERATIVE							
200 SCHERMERHORN ST SUITE 326							CIVIL RIGHTS, SOCIAL
BROOKLYN, NY 11201	82-2905563	501(C)(3)	250,000.	0.			ACTION, ADVOCACY
THE ORGANIZING ALLIANCE							
2450 REVERE STREET							
NORTH LAS VEGAS, NV 89030	82-2756297	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
THE PEOPLE OVER PROFITS FLORIDA							
INC - 1106 N FRANKLIN ST -	00.0504665						CIVIL RIGHTS, SOCIAL
TAMPA, FL 33602	83-3581892	501(C)(4)	7,500.	0.			ACTION, ADVOCACY
THE UCLA FOUNDATION							
10920 WILSHIRE BLVD SUITE 900							CIVIL RIGHTS, SOCIAL
	95-2250801	501(C)(3)	125 000	0			· ·
LOS ANGELES, CA 90024-6506	93-2250001	201(C)(2)	125,000.	0.			ACTION, ADVOCACY
THE VOTER PROJECT							
121 S BROAD ST SUITE 400							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19107	85-0556933	501(C)(4)	393,000.	Ο.			ACTION, ADVOCACY

Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	int II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES ADVOCACY							
1014 TORNEY AVE							CIVIL RIGHTS, SOCIAL
SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	1,895,700.	0.			ACTION, ADVOCACY
TIDES FOUNDATION							
1014 TORNEY AVE							CIVIL RIGHTS, SOCIAL
SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	350,000.	0.			ACTION, ADVOCACY
5/m 1 (AICIDCO, CA 34123	51 0190309	501(0)(5)	330,000.	0.			HOLION, ADVOCACI
TOGETHER WISCONSIN ACTS INC							
4230 N OAKLAND AVE #136							CIVIL RIGHTS, SOCIAL
MILWAUKEE, WI 53211	47-5656409	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	```			
ULTRAVIOLET ACTION							
PO BOX 92592							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20090	47-5180376	501(C)(4)	215,000.	0.			ACTION, ADVOCACY
,			,				,
UNIDOSUS ACTION FUND							
1126 16TH ST NW SUITE 600							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	45-5341145	501(C)(4)	15,000.	0.			ACTION, ADVOCACY
UNITE THE COUNTRY INC							
1200 PENNSYLVANIA AVE NW UNIT 4383							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20044	83-4388608	527	100,000.	0.			ACTION, ADVOCACY
UNITED FOR RESPECT							
81 PROSPECT STREET				_			CIVIL RIGHTS, SOCIAL
BROOKLYN, NY 11201	83-4485353	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
UNITED WE DREAM ACTION							
1900 L STREET NW SUITE 900							CIVIL RIGHTS, SOCIAL
	46-5216666	501(C)(A)	125,000.	0.			ACTION, ADVOCACY
WASHINGTON, DC 20036	40-2210000	501(C)(4)	125,000.	0.			ACTION, ADVOCACI
VICTORY 2020							
611 PENNSYLVANIA AVENUE SE NUM 143							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	85-1209929	527	7,700,000.	0.			ACTION, ADVOCACY

origanization or government Image: Sease grant Imag	Part II Continuation of Grants and Other A						
1801 MT VERNON AVE 26-1377619 501(C)(4) 150,000. 0. ENVIRONMENTAL PROMUMENTAL PROVINCE VIRGINIZAL ACTION 1008 E MAIR SUTE 1100 82-3747298 501(C)(4) 5,500. 0. CIVIL RIGHTS, SO VIRGINARY, VA 23219 82-3747298 501(C)(4) 5,500. 0. CIVIL RIGHTS, SO VOTE COMMON GOOD 82-3747298 501(C)(4) 5,500. 0. CIVIL RIGHTS, SO 3301 FEACEDALE AVENUE 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SO NOTEE COMMON GOOD 3301 FEACEDALE AVENUE 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SO NOTEE FORTECTION CORPS EDUCATION NUE rights, SO S01(C)(4) 341,000. 0. CIVIL RIGHTS, SO NOTEKE ORGANIZED TO EDUCATE - VOTE CIVIL RIGHTS, SO CIVIL RIGHTS, SO CIVIL RIGHTS, SO CIVIL RIGHTS, SO VOTO LATINO S01 C) VM SUTE 975 S01(C) (4) 450,000. 0. CIVIL RIGHTS, SO NOTE THE PROPILE PENNSYLVANIA ACTION S01(C) (4) 170,000. 0. CIVIL RIGHTS, SO NOTE LATINO S01 C) (4) 170,000. 0. CIVIL RIGHTS, SO	. ,	(b) EIN			non-cash	valuation (book, FMV,	(h) Purpose of grant or assistance
H801 MT VERNON AVE 26-1377619 501(C)(4) 150,000. 0. ENVIRONMENTAL PROVINCING AND ADDRESS ADD	TRGINIA NEW MAJORITY						
LLEXANDRIA, VA 22304 26-1377619 501(C)(4) 150,000. 0. ENVIRONMENTAL PRO 108 E MAIN ST SUTTE 1100 82-3747298 501(C)(4) 5,500. 0. ACTION, ADVOCACY 108 E MAIN ST SUTTE 1100 82-3747298 501(C)(4) 5,500. 0. ACTION, ADVOCACY VICE COMMON GOOD 301 PEACEDALE AVENUE 83-0906939 501(C)(4) 225,000. 0. ACTION, ADVOCACY VIDE COMMON GOOD 83-0906939 501(C)(4) 225,000. 0. ACTION, ADVOCACY NID ADVOCACY FUND - 683 BOSTON 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, S00 NOTEE FORFECTION CORPS EDUCATE - VOTE 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, S00 NOTE AND - 083 BOSTON 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, S00 NOTE NON CORPS EDUCATE - VOTE 27-1370327 501(C)(4) 650,000. 0. CIVIL RIGHTS, S00 1300 L ST NM SUITE 975 45-5477218 501(C)(4) 170,000. 0. CIVIL RIGHTS, S00 121 NORTH THIRD STREET </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
1108 E MAIN ST SUITE 1100 82-3747298 501(C)(4) 5,500. 0. CIVIL RIGHTS, SOURCH NADVOCACY VOTE COMMON GOOD 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY VOTE COMMON GOOD 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY VOTER PROTECTION CORPS EDUCATION 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY NOTER PROTECTION CORPS EDUCATE - VOTE 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY VOTER SORGANIZED TO EDUCATE - VOTE 27-1370327 501(C)(4) 650,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY VOTO LATINO		26-1377619	501(C)(4)	150,000.	0.		ENVIRONMENTAL PROGRAMS
108 E MAIN ST SUITE 1100 82-3747298 501(C)(4) 5,500. 0. CIVIL RIGHTS, SOURCH NADVOCACY YOTE COMMON GOOD 330 FBACEDALE AVENUE 83-0906939 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOURCH NADVOCACY YOTER FROTECTION CORPS EDUCATION 83-0906939 501(C)(4) 225,000. 0. ACTION, ADVOCACY YOTER FROTECTION CORPS EDUCATION 84-3341582 501(C)(4) 341,000. 0. ACTION, ADVOCACY YOTERS ORGANIZED TO EDUCATE - VOTE 27-1370327 501(C)(4) 341,000. 0. ACTION, ADVOCACY YOTO LATINO 300 L ST NN SUITE 975 45-5477218 501(C)(4) 650,000. 0. ACTION, ADVOCACY YOTO LATINO 300 L ST NN SUITE 975 45-5477218 501(C)(4) 170,000. 0. ACTION, ADVOCACY YEE THE PEOPLE PENSULVANIA ACTION 83-1155241 501(C)(4) 225,000. 0. ACTION, ADVOCACY YEESTERN ORGANIZATION OF RESOURCE 83-1155241 501(C)(4) 225,000. 0. ACTION, ADVOCACY YOTO LATINO 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOURCE YOTO LATINO 83-1155241<	TEGINIA21 ACTION						
IGHNOND, VA 23219 82-3747298 501(C)(4) 5,500. 0. ACTION, ADVOCACY OTE COMMON GOOD 301 PEACEDALE AVENUE 225,000. 0. CIVIL RIGHTS, SOI J1 PEACEDALE AVENUE 83-0906939 501(C)(4) 225,000. 0. RCTION, ADVOCACY OTER FROTECTION CORPS EDUCATION 83-0906939 501(C)(4) 225,000. 0. RCTION, ADVOCACY OTER FROTECTION CORPS EDUCATION 84-3341582 501(C)(4) 341,000. 0. RCTION, ADVOCACY OTER SORGANIZED TO EDUCATE - VOTE 7010 FUND - 2022 ST BERNARD AVE 7010(1) 650,000. 0. RCTION, ADVOCACY OTO LATINO 300 L ST NW SUITE 975 45-5477218 501(C)(4) 650,000. 0. RCTION, ADVOCACY OTO LATINO 220 S 27TH STREET 501(C)(4) 170,000. 0. RCTION, ADVOCACY I NORTH FHIRD STREET 63-1155241 501(C)(4) 225,000. 0. RCTION, ADVOCACY I NORTH FHIRD STREET 63-1155241 501(C)(4) 225,000. 0. RCTION, ADVOCACY I NORTH FHIRD STREET 63-1155241 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CIVIL RIGHTS SOCIAL</td>							CIVIL RIGHTS SOCIAL
OTE COMMON GOOD OTE COMMON GOOD OTE COMMON GOOD OTE COMMON GOOD JOIN PACEDALE AVENUE B3-0906939 501(C)(4) 225,000. 0. DINA, MN 55424 B3-0906939 501(C)(4) 225,000. 0. OTER FROTECTION CORPS EDUCATION ND ADVOCACY FUND - 683 BOSTON S4-3341582 501(C)(4) 341,000. 0. OCTER SORGANIZED TO EDUCATE - VOTE CTIVIL RIGHTS, SOU ACTION, ADVOCACY ACTION, ADVOCACY OTERS ORGANIZED TO EDUCATE - VOTE CTIVIL RIGHTS, SOU S4-3341582 501(C)(4) 341,000. 0. OTERS ORGANIZED TO EDUCATE - VOTE CTIVIL RIGHTS, SOU SCIVIL RIGHTS, SOU ACTION, ADVOCACY OTER SORGANIZED TO EDUCATE - VOTE CTIVIL RIGHTS, SOU SCIVIL RIGHTS, SOU SCIVIL RIGHTS, SOU OTE LATINO 27-1370327 501(C)(4) 650,000. 0. SCIVIL RIGHTS, SOU SOUL ST NW SUITE 975 ASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. SCIVIL RIGHTS, SOU ASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. SCIVIL RIGHTS, SOU ASHINGTON, DC 20005 45-5477218 501(C)(4) 225,000. 0		82-3747298	501(C)(4)	5 500.	0.		,
301 PEACEDALE AVENUE DINA, MN 5542483-0906939501(c)(4)225,000.0.CIVIL RIGHTS, SOU ACTION, ADVOCACYOTER PROTECTION CORPS EDUCATION ND ADVOCACY FUND - 683 BOSTON YOST RD - WESTON, MA 0249384-3341582501(c)(4)341,000.0.CIVIL RIGHTS, SOU ACTION, ADVOCACYOTERS ORGANIZED TO EDUCATE - VOTE CITION FUND - 2022 ST BERNARD AVE 	Tomione, vii 20219	02 07 17 29 0		5,500.			
EDINA, MN 55424 83-0906939 501(c)(4) 225,000. 0. ACTION, ADVOCACY YOTER PROTECTION CORPS EDUCATION NOT ADVOCACY FUND - 663 BOSTON 84-3341582 501(c)(4) 341,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY YOTER SORGANIZED TO EDUCATE - VOTE KCTION FUND - 2022 ST BERNARD AVE STE 307 - NEW ORLEANS, LA 70116 27-1370327 501(c)(4) 650,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY YOTO LATINO							
OTTER FROTECTION CORPS EDUCATION ND ADVOCACY FUND - 683 BOSTON OSGT RD - WESTON, MA 02493 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY VOTERS ORGANIZED TO EDUCATE - VOTE INCTION FUND - 2022 ST BERNARD AVE THE 307 - NEW ORLEANS, LA 70116 27-1370327 501(C)(4) 650,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY VOTO LATINO 3300 L ST NW SUITE 975 HASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY VE THE PEOPLE PENNSYLVANIA ACTION 112 NORTH THIRD STREET HARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY VEESTERN ORGANIZATION OF RESOURCE SOUNCILS - 220 S 27TH STREET SUITE 8- BILLINGS, MT 59101 45-0356819 501(C)(4) 25,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY		00.0000000		0.05 0.00	0		
ND ADVOCACY FUND - 683 BOSTON OST RD - WESTON, MA 02493 84-3341582 501(C)(4) 341,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY OTORES ORGANIZED TO EDUCATE - VOTE CIVIL RIGHTS, SOU TOTO LATINO 300 L ST NW SUITE 975 ASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY THE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET TARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY TESTERN ORGANIZATION OF RESOURCE CIVIL RIGHTS, SOU ACTION, ADVOCACY ACTION, ADVOCACY CIVIL RIGHTS, SOU ACTION, ADVOCACY HIN MINNESOTA	DINA, MN 55424	83-0906939	501(C)(4)	225,000.	υ.		ACTION, ADVOCACY
NOST RD - WESTON, MA 02493 84-3341582 \$01(C)(4) 341,000. 0. ACTION, ADVOCACY NOTERS ORGANIZED TO EDUCATE - VOTE (CTION FUND - 2022 ST BERNARD AVE THE 307 - NEW ORLEANS, LA 70116 27-1370327 \$01(C)(4) 650,000. 0. ACTION, ADVOCACY YOTO LATINO 300 L ST NW SUITE 975 245-5477218 \$01(C)(4) 170,000. 0. ACTION, ADVOCACY YOTO LATINO 300 L ST NW SUITE 975 45-5477218 \$01(C)(4) 170,000. 0. ACTION, ADVOCACY YOTO LATINO 300 L ST NW SUITE 975 45-5477218 \$01(C)(4) 170,000. 0. ACTION, ADVOCACY YE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET HARRISBURG, PA 17101 83-1155241 \$01(C)(4) 225,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY YESTERN ORGANIZATION OF RESOURCE SOUNCILS - 220 S 27TH STREET SUITE 6 - BILLINGS, MT 59101 45-0356819 \$01(C)(4) 25,000. 0. CIVIL RIGHTS, SOU ACTION, ADVOCACY YIN MINNESOTA IN MINNESOTA	OTER PROTECTION CORPS EDUCATION						
COTERS ORGANIZED TO EDUCATE - VOTE CCTION FUND - 2022 ST BERNARD AVE TTE 307 - NEW ORLEANS, LA 70116 27-1370327 501(C)(4) 650,000. 0. 0. ACTION, ADVOCACY COTO LATINO 300 L ST NW SUITE 975 (ASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. 0. ACTION, ADVOCACY Ite THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET (ARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. 0. ACTION, ADVOCACY IteSTERN ORGANIZATION OF RESOURCE SOUNCILS - 220 S 27TH STREET SUITE 0 BILLINGS, MT 59101 45-0356819 501(C)(4) 25,000. 0. 0.	ND ADVOCACY FUND - 683 BOSTON						CIVIL RIGHTS, SOCIAL
ACTION FUND - 2022 ST BERNARD AVE TTE 307 - NEW ORLEANS, LA 70116 27-1370327 501(C)(4) 650,000. 0. CIVIL RIGHTS, SO ACTION, ADVOCACY TOTO LATINO .300 L ST NW SUITE 975 IASHINGTON, DC 20005 45-5477218 501(C)(4) 170,000. 0. C. CIVIL RIGHTS, SO ACTION, ADVOCACY TE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET IARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. C. CIVIL RIGHTS, SO ACTION, ADVOCACY TE STERN ORGANIZATION OF RESOURCE SOUNCILS - 220 S 27TH STREET SUITE A - BILLINGS, MT 59101 45-0356819 501(C)(4) 25,000. 0. C. CIVIL RIGHTS, SO ACTION, ADVOCACY HIN MINNESOTA	POST RD - WESTON, MA 02493	84-3341582	501(C)(4)	341,000.	0.		ACTION, ADVOCACY
CTION FUND - 2022 ST BERNARD AVE TE 307 - NEW ORLEANS, LA 7011627-1370327501(c)(4)650,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYOOTO LATINO 300 L ST NW SUITE 975 IASHINGTON, DC 2000545-5477218501(c)(4)170,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYTE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET IARRISBURG, PA 1710183-1155241501(c)(4)225,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYTE STERN ORGANIZATION OF RESOURCE OUNCILS - 220 S 27TH STREET SUITE 6 - BILLINGS, MT 5910145-0356819501(c)(4)25,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYIN MINNESOTAImage: State St	OTERS ORGANIZED TO EDUCATE - VOTE						
STE 307 - NEW ORLEANS, LA 70116 27-1370327 501(C)(4) 650,000. 0. ACTION, ADVOCACY YOTO LATINO .300 L ST NW SUITE 975 .45-5477218 501(C)(4) 170,000. 0. CIVIL RIGHTS, SOC ACTION, DC 20005 45-5477218 501(C)(4) 170,000. 0. ACTION, ADVOCACY RE THE PEOPLE PENNSYLVANIA ACTION 45-5477218 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC ARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY RESTERN ORGANIZATION OF RESOURCE 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY HIN MINNESOTA 45-0356819 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC							CIVIL RIGHTS SOCIAL
OTO LATINO 300 L ST NW SUITE 975 ASHINGTON, DC 2000545-5477218 501(C)(4)170,000.0.CIVIL RIGHTS, SOL ACTION, ADVOCACYE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET ARRISBURG, PA 1710183-1155241 501(C)(4)225,000.0.CIVIL RIGHTS, SOL ACTION, ADVOCACYEESTERN ORGANIZATION OF RESOURCE OUNCILS - 220 S 27TH STREET SUITE - BILLINGS, MT 5910145-0356819 501(C)(4)225,000.0.CIVIL RIGHTS, SOL ACTION, ADVOCACYIN MINNESOTAIn MINNESOTACIVIL RIGHTS, SOL ACTION, ADVOCACY0.CIVIL RIGHTS, SOL ACTION, ADVOCACY		27-1370327	501(C)(4)	650,000.	0.		
300 L ST NW SUITE 975 (ASHINGTON, DC 2000545-5477218501(C)(4)170,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYTE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET (ARRISBURG, PA 1710183-1155241501(C)(4)225,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYTESTERN ORGANIZATION OF RESOURCE (OUNCILS - 220 S 27TH STREET SUITE (A - BILLINGS, MT 5910145-0356819501(C)(4)25,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYNIN MINNESOTAImage: Marked Street Stre	,			,			,
ASHINGTON, DC 2000545-5477218501(C)(4)170,000.0.ACTION, ADVOCACYIE THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET (ARRISBURG, PA 1710183-1155241501(C)(4)225,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYIESTERN ORGANIZATION OF RESOURCE (OUNCILS - 220 S 27TH STREET SUITE (S - BILLINGS, MT 5910145-0356819501(C)(4)25,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYIIN MINNESOTAIIN MINNESOTAIIN CONCUMPTION OF RESOURCE45-0356819501(C)(4)25,000.0.IIN CONCUMPTION OF RESOURCE							
E THE PEOPLE PENNSYLVANIA ACTION 12 NORTH THIRD STREET ARRISBURG, PA 17101 83-1155241 501(C)(4) 225,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY ESTERN ORGANIZATION OF RESOURCE OUNCILS - 220 S 27TH STREET SUITE 45-0356819 501(C)(4) 25,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY IN MINNESOTA		45 5477010	E01(0)(4)	170.000	0		· ·
12 NORTH THIRD STREET83-1155241501(C)(4)225,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYESTERN ORGANIZATION OF RESOURCE OUNCILS - 220 S 27TH STREET SUITE - BILLINGS, MT 5910145-0356819501(C)(4)25,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYIN MINNESOTA	ASHINGTON, DC 20005	45-5477218	501(C)(4)	1/0,000.	0.		ACTION, ADVOCACY
ARRISBURG, PA 1710183-1155241501(C)(4)225,000.0.ACTION, ADVOCACYESTERN ORGANIZATION OF RESOURCE OUNCILS - 220 S 27TH STREET SUITE - BILLINGS, MT 5910145-0356819501(C)(4)25,000.0.CIVIL RIGHTS, SOC ACTION, ADVOCACYIN MINNESOTAImage: Street	E THE PEOPLE PENNSYLVANIA ACTION						
DESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S 27TH STREET SUITE A - BILLINGS, MT 59101 ACTION, ADVOCACY VIN MINNESOTA	12 NORTH THIRD STREET						CIVIL RIGHTS, SOCIAL
OUNCILS - 220 S 27TH STREET SUITE - BILLINGS, MT 59101 45-0356819 501(C)(4) 25,000. 0. CIVIL RIGHTS, SOC ACTION, ADVOCACY	ARRISBURG, PA 17101	83-1155241	501(C)(4)	225,000.	0.		ACTION, ADVOCACY
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- BILLINGS, MT 59101 45-0356819 501(C)(4) 25,000. 0. ACTION, ADVOCACY IN MINNESOTA							CIVIL RIGHTS, SOCIAL
		45-0356819	501(C)(4)	25,000.	0.		,
CIVIL RIGHTS, SU							
T PAUL, MN 55104 74-3238362 501(C)(4) 75,000. 0. ACTION, ADVOCACY		71-3038360	501(C)(A)	75 000	0		,

Schedule I (Form 990) SIXTEEN THIRTY FUND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NISCONSIN FARMERS UNION 117 WEST SPRING STREET	20.0000551		05.000				CIVIL RIGHTS, SOCIAL
CHIPPEWA FALLS, WI 54729	39-0808571	501(C)(5)	25,000.	0.			ACTION, ADVOCACY
NOMEN VOTE! 1800 M STREET NW STE 375N NASHINGTON, DC 20036	52-1391360	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NOMEN'S MARCH, INC 26 BROADWAY, 8TH FLOOR NEW YORK, NY 10004	81-4571869	501(C)(4)	32,015.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORKING FAMILIES ORGANIZATION B1 PROSPECT STREET BROOKLYN, NY 11201	20-4994004		150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VORKING FAMILIES PARTY NATIONAL INDEPENDENT EXPENDITURE - 81 PROSPECT STREET - BROOKLYN, NY 1201	81-2160494		50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORKMONEY INC 790 N MILWAUKEE ST STE 300 MILWAUKEE, WI 53202	85-0604101	501(C)(4)	4,678,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

032102 11-02-20

Schedule I (Form 990) 2020

Part III

SIXTEEN THIRTY FUND

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash assistance
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State Stat

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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.

Page 2

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	ົງ	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificatio		mber
		SIXTEEN THIRTY FUND	26-4	448673	5	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
	_	cation and gross-up payments X Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, cnet)			
L.	If any of the barres	on line to are checked, did the proprietion follow a written a click recentling a constant				
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or		416		x
0		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		x
	trustees, and onice					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	01110			
	Compensation					
	·	compensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	-	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	net earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2020

032111 12-07-20

26-4486735

Page **2**

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) RYAN JOHNSON	(i)	187,500.	0.	0.	5,625.	20,445.	213,570.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY KURTZ	(i)	151,800.	30,000.	0.	5,454.	8,862.	196,116.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY STEINHOFF	(i)	100,000.	50,000.	900.	3,228.	8,406.	162,534.	0.
CAMPAIGNS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION MAY PROVIDE \$75 PER MONTH FOR FITNESS RELATED COSTS, WHICH

MAY INCLUDE CLUB FEES. THE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO

THE EMPLOYEES.

PART I, LINE 7:

THE ORGANIZATION PROVIDED BONUSES TO CERTAIN EMPLOYEES, WHICH WOULD BE

CONSIDERED A "NON-FIXED PAYMENT". BONUSES PAID BY THE ORGANIZATION ARE (IN

GENERAL) NOT SPECIFIED BY A FIXED FORMULA IN EMPLOYMENT CONTRACTS AND

DETERMINED (IN PART) WITH DISCRETION IN DETERMINING THE AMOUNT OF BONUS OR

WHETHER TO MAKE A BONUS PAYMENT.

SCHEDULE L	I		Tra	insaction	is V	Vith	Intereste	d P	ersons			ON	MB No. ⁻	1545-00)47
(Form 990 or 990-F	EZ) ▶ C	omplet		rganization ans 28b, or 28c, o	were or Fori	d "Yes m 990-	" on Form 990, P EZ, Part V, line 3	art IV 8a or	, line 25a, 25b, 2	6, 27,	28a,		2	02	20
Department of the Treasury Internal Revenue Service		1	Go to				990 or Form 990- Istructions and th		est information.				pen T spect		olic
Name of the organization	ation									Em	ploye	r ident	ificati	on nu	mber
				HIRTY FU								867	35		
							on 501(c)(4), and s								
1		0		Relationship betv		,	rt IV, line 25a or 2 ified		,	,		D.	(d)	Corre	ected?
(a) Name of disc	qualified p	erson	(-7.	person and or				(c) [Description of tran	sactio	n			es	No
													_	_	
													+	\rightarrow	
2 Enter the amou section 4958				0	°		•	Ũ	2		•				
3 Enter the amou							anization				► \$ ► \$				
				erested Pers											
		•		vered "Yes" on F , Part X, line 5, 6			Part V, line 38a o	r Forr	n 990, Part IV, lin	e 26; o	or if th	ie orga	nizatio	n	
(a) Name of		1	lationship	(c) Purpose	(d) Lo	an to or	(e) Original		(f) Balance due	(g)	In	(h) Ap	proved	(i) V	Vritten
interested per			ganization	of loan		n the zation?	principal amoun			defa		by bo comm	ard or hittee?		ement?
		0 - 0	~~~~	~~~~~~	То	From	100 040		100 040	Yes	No	Yes	No		No
ARABELLA AN					x	X	100,943 834,906	•	100,943. 834,906.		X X	X X		X X	
ARADEDIA AI	00130	55%	CONT	DEVATORS			054,900	•	054,900.					Λ	
								_							
								-							+
Total Part III Grant	o or Ao	oiotor	Doo Por	efiting Intere		Dor	>	\$	935,849.						
				vered "Yes" on F											
(a) Name of int		•		(b) Relationship			(c) Amount o	of	(d) Type	of		(e) Purp	ose o	of
				interested pers		d	assistance		assistan	ce			assista	ance	
				the organiza	ation										
LHA For Paperwor	k Reduct	ion Act	t Notice,	see the Instruct	tions f	or For	m 990 or 990-EZ		Sch	edule	L (Fo	rm 990) or 99	Ю-EZ	2020

SEE PART V FOR CONTINUATIONS

032131 12-09-20

Schedule L	. (Form 990 or 990-E2	Z) 2020	SIXTEEN	THIRTY	FUND

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

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

ERIC KESSLER

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

PROVIDED

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

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

ERIC KESSLER

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

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

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

35% CONTROLLED ENTITY OF BOARD CHAIR ERIC KESSLER

(D) DESCRIPTION OF TRANSACTION: ARABELLA IS A VENDOR THAT PROVIDES HR,

FINANCIAL, LEGAL, PAYROLL, AND OTHER ADMINISTRATIVE SERVICES TO SIXTEEN

THIRTY FUND.

032132 12-09-20

Part V Supplemental Information

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

SCHEDULE L, PART II:

THE AMOUNTS LISTED IN SCHEDULE L, PART II ARE NOT FORMAL LOANS BUT

RATHER RECEIVABLES AND PAYABLES THAT ARISE IN THE ORDINARY COURSE OF

BUSINESS FOR SERVICES PROVIDED BY AND CREDITS DUE FROM ARABELLA TO

SIXTEEN THIRTY FUND UNDER THE ADMINISTRATIVE SERVICES AGREEMENT THAT

WAS NEGOTIATED AT ARM'S LENGTH AND APPROVED BY THE INDEPENDENT

DIRECTORS OF SIXTEEN THIRTY FUND'S BOARD.

Schedule L (Form 990 or 990-EZ)

032461 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

2020
Open to Public
Open to Public

organization

U U

Employer identification number
26-4486735

SIXTEEN	THIRTY	FUND
0		1 0112

Par	rt I Types of Property								
		(a)	(b) Number of	(c)	ution		d)		
		Check if applicable	contributions or	Noncash contrib amounts reporte		Method of o noncash contril		•	
		approasie	items contributed	Form 990, Part VII	, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	7	52,773,	657.	FAIR MARKE	T VAL	UE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29			_0_	
							·)	/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required	d to be us	sed for			
	exempt purposes for the entire holding period?						30a	_	<u>X</u>
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					ions?	31	<u>x</u>	
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell r	noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).		Schedule	M (Form	9 90) :	2020

032141 11-23-20

Schedule M (Form 990) 2020 SIXTEEN THIRTY FUND	26-4486735	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	3, and whether the organiza nbination of both. Also comp	tion
SCHEDULE M, PART I, COLUMN (B):		
THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIB	UTED (DEFINED	
AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) I	N SCHEDULE M,	
PART I, COLUMN (B).		
032142 11-23-20	Schedule M (Form	990) 2020
99		-

SCHEDULE O

(Form 990 or 990-EZ)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

SIXTEEN THIRTY FUND

Employer identification number 26-4486735

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

PROVIDING OPERATIONAL SUPPORT TO CHANGEMAKERS COMMITTED TO TACKLING

SOCIETY'S BIGGEST SOCIAL CHALLENGES.

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

THE SIXTEEN THIRTY FUND BELIEVES IN THE POWER OF NEW IDEAS, CREATIVE

PARTNERSHIPS, AND EMERGING LEADERS TO ACHIEVE MEANINGFUL AND LASTING

SOLUTIONS TO THE MOST PRESSING CHALLENGES OF OUR TIME - FROM ADVANCING

EQUITY AND RACIAL JUSTICE, TO PROMOTING ACCESS TO AFFORDABLE HEALTH

CARE, TO CONFRONTING CLIMATE CHANGE, TO STRENGTHENING OUR DEMOCRACY. WE

HELP CHANGEMAKERS MAXIMIZE THEIR IMPACT BY PROVIDING OPERATIONAL

SUPPORT WHILE ALLOWING THEM TO FOCUS ON ADVANCING THEIR CORE MISSIONS.

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

OTHER PROGRAMS.

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

FORM 990, PART V, LINE 2A:

NEW VENTURE FUND IS THE PAYROLL REPORTING AGENT FOR SIXTEEN THIRTY FUND

UNDER THE IRS COMMON PAYMASTER RULES. UNDER THE ARRANGEMENT, SIXTEEN

THIRTY FUND REIMBURSES NEW VENTURE FUND FOR ITS ALLOCATED SHARE OF

SALARIES AND BENEFITS, WHICH IS REPORTED ON FORM 990, PART VII.

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

SIXTEEN THIRTY FUND CONTRACTED WITH ARABELLA ADVISORS, A PROFESSIONAL

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

100

2020.04030 SIXTEEN THIRTY FUND

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SIXTEEN THIRTY FUND	Employer identification number $26-4486735$
SERVICES FIRM THAT SUPPORTS PHILANTHROPISTS, IMPACT INVEST	ORS, AND
NONPROFIT ORGANIZATIONS, TO PROVIDE BUSINESS AND ADMINISTR	ATIVE SERVICES
UNDER AN ADMINISTRATIVE AGREEMENT. IN THAT CAPACITY, ARAB	ELLA SUPPLIES THE
SYSTEMS AND SERVICES TO ENSURE COMPLIANCE WITH FEDERAL, ST	ATE, AND LOCAL
REGULATIONS RELATED TO CHARITABLE SOLICITATION AND PROVIDE	S HR, LEGAL,
PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR SIXTEEN TH	IRTY FUND,
THEREBY ENABLING SIXTEEN THIRTY FUND TO BETTER FURTHER ITS	MISSION AND
ACHIEVE IMPACT.	

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

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

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

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

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

 THE ORGANIZATION DOES NOT DIRECTLY COMPENSATE ANY EMPLOYEES; ACCORDINGLY,

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

 101

2020.04030 SIXTEEN THIRTY FUND

Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization SIXTEEN THIRTY FUND	Employer identification number $26-4486735$

FORM 990, PART VI, SECTION B, LINE 15A AND 15B HAVE BEEN MARKED "NO", AS

MANDATED BY THE FORM 990 INSTRUCTIONS.

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

AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR PA, RI, SC, TN, UT, VA, WI, WV

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A, LINE 1A:

MARISSA BROWN WAS ELECTED AS DIRECTOR IN MARCH 2021. ERIC KESSLER

STEPPED DOWN AS CHAIR OF THE BOARD AND RAUL ALVILLAR WAS ELECTED CHAIR

<u>IN JUNE 2021.</u>

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF PRIOR YEAR CONTRIBUTION REVENUE

-100,000.

032212 11-20-20

800461_1

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

lame Employer Identific 26-4486		ation Number 735		
Based on the information provided with this return, the following are possible carryover amounts to next year.	•			
FEDERAL CONTRIBUTION - 50% CASH		25,867,470.		

019341 04-01-20

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	identificati	on number (TIN)	
print	NT SIXTEEN THIRTY FUND					26-4486735	
File by the						00755	
due date for filing your return. See							
instructions.	City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20036	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	le a separat	te application for each return)				
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above) ARABELLA ADVIS	06	Form 8870			12	
 If this is box ▶ [1 I reached the 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	Group Exe and atta NOVEI ganization's	mption Number (GEN) uch a list with the names and TINs of MBER 15, 2021 , to file return for:	If this is fo all memb	r the whole ers the exte	group, check this nsion is for.	
	e tax year entered in line 1 is for less than 12 months, o			Final retur	n		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less			0.	
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069			0	¢	4,759.	
	mated tax payments made. Include any prior year over			<u>3b</u>	\$	=,155.	
	ance due. Subtract line 3b from line 3a. Include your page EETDS (Electronic Enderel Tay Daymont System). So			3c	¢	0.	
	ng EFTPS (Electronic Federal Tax Payment System). Se				\$		
instructio	If you are going to make an electronic funds withdrawa ns.	i (unect det	ory with this form 6000, see form 84	+JS-EU an	u FUITI 68/	s-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form	8868 (Rev. 1-2020)	

09521029 146892 800461

Form 990-T	I E	EXTENDED TO NOVEMBER 15, 2021 Exempt Organization Business Income Tax Retur	m I	OMB No. 1545-0047		
	(and proxy tax under section 6033(e))					
	For cal	endar year 2020 or other tax year beginning , and ending		2020		
Department of the Treesure		► Go to www.irs.gov/Form990T for instructions and the latest information.				
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a $501(c)(3)$	3).	Open to Public Inspection for 501(c)(3) Organizations Only		
A X Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number		
B Exempt under section	Print	SIXTEEN THIRTY FUND		6-4486735		
X 501(c)(4)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	EGroup (see in	exemption number		
408(e) 220(e)	Туре	1828 L STREET, NW, NO. 300-B				
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code				
529(a) 529S		WASHINGTON, DC 20036	F	Check box if		
		ok value of all assets at end of year b 85,994,861.		an amended return.		
		X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applicat	ble reinsurance entity		
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439				
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>			
		ed Schedules A (Form 990-T)] [v]		
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
		d identifying number of the parent corporation. ► ARABELLA ADVISORS, LLC Telephone number ►	(202) 595-1020		
		d Business Taxable Income	(202	/ 393-1020		
		ss taxable income computed from all unrelated trades or businesses (see				
			1	0.		
			2			
3 Add lines 1 and 2			•			
		see instructions for limitation rules)		0.		
	•	taxable income before net operating losses. Subtract line 4 from line 3				
		ng loss. See instructions				
	•	s taxable income before specific deduction and section 199A deduction.				
Subtract line 6 fro		· · · · · · · · · · · · · · · · · · ·	7			
8 Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)		1,000.		
		Juction. See instructions				
10 Total deductions	. Add lii	nes 8 and 9	10	1,000.		
11 Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
enter zero			11	0.		
Part II Tax Com	putati	on				
1 Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ <u>1</u>	0.		
2 Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2			
3 Proxy tax. See ins	structio	ns I	▶ 3			
4 Other tax amounts	s. See ir	nstructions	4			
5 Alternative minimu						
•		cility income. See instructions				
		n 6 to line 1 or 2, whichever applies	7	<u> </u>		
LHA For Paperwork F	Reducti	on Act Notice, see instructions.		Form 990-T (2020)		

Form 9	90-T (2020)		Page 2				
Part	III Tax and Payments						
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)						
b	Other credits (see instructions) 1b						
с	General business credit. Attach Form 3800 (see instructions)						
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d						
е	Total credits. Add lines 1a through 1d	1e					
2	Subtract line 1e from Part II, line 7	2	0.				
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866						
	Other (attach statement)	3					
4	Total tax. Add lines 2 and 3 (see instructions).						
	section 1294. Enter tax amount here	4	0.				
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.				
6a	Payments: A 2019 overpayment credited to 2020 6a 4,759.						
b	2020 estimated tax payments. Check if section 643(g) election applies						
с	Tax deposited with Form 8868 6c						
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d						
е	Backup withholding (see instructions) 6e						
f	Credit for small employer health insurance premiums (attach Form 8941) 6f						
g	Other credits, adjustments, and payments: Form 2439						
	□ Form 4136 Other Total ▶ 6g						
7	Total payments. Add lines 6a through 6g	7	4,759.				
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached						
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9						
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	4,759.				
	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11	4,759.				
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)						
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here		X				
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a						
	foreign trust?						
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$						
4a	Did the organization change its method of accounting? (see instructions)						
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"						
explain in Part V							
Part V Supplemental Information							

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

Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
Here	PRESIDENT			May the IRS discuss this return with the preparer shown below (see				
	Signature of officer	Date Title			instructions)? X Yes No			
	Print/Type preparer's name	Preparer's signature	Date	Check] if	PTIN		
Paid				self- employ	ed			
Preparer	MICHAEL LUMSDEN	MICHAEL LUMSDEN	10/29/21			P012622	236	
Use Only	Firm's name MOSS ADAMS LLP			Firm's EIN		91-0189	9318	
	101 SECOND	STREET SUITE 900						
	Firm's address 🕨 SAN FRANCI	FRANCISCO, CA 94105			Phone no. 415-956-1500			
						00	A T	

Form **990-T** (2020)

023711 02-02-21