Form <b>990</b>
Form <b>330</b>
(Rev. January 2020)
Department of the Treasury

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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.

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B c a	Check if pplicabl	c Name of organization		D Employer identifie	cation number
	Addre	e SIXTEEN THIRTY FUND			
	Name Chang	e Doing business as		26-44867	35
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1201 CONNECTICUT AVENUE NW	300	(202) 973	1-1337
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	140,578,690.
	Amen return	WASHINGTON, DC 20036		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: APT KOKIZ		for subordinates	? Yes 🗶 No
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
IT	Tax-ex	empt status: 501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)
J۷	Nebsi	te: NWW.SIXTEENTHIRTYFUND.ORG		H(c) Group exemption	n number 🕨
KF	orm of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2009 N	State of legal domicile: DC
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: <b>INVE</b>	STING	IN SOCIAL WE	ELFARE
nce		START-UPS TO SOLVE PROBLEMS AND IMPROVE L	IVES.		
Governance	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
vitie	6	Total number of volunteers (estimate if necessary)		6	531
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			19,000.
_	b	Net unrelated business taxable income from Form 990-T, line 39			14,850.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	1	43,309,203.	137,151,711.
nue	9	Program service revenue (Part VIII, line 2g)		221,600.	216,373.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,101.	583,065.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		256,973.	420,535.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,837,877.	138,371,684.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>91,386,301.</u>	64,973,649.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,938,981.	4,951,411.
us.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		112,702.	108,380.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,958,768.	28,608,427.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	41,396,752.	98,641,867.
		Revenue less expenses. Subtract line 18 from line 12		2,441,125.	39,729,817.
s or			Be	ginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)		45,335,085.	92,236,003.
t As		Total liabilities (Part X, line 26)		2,821,838.	9,877,939.
ER.		Net assets or fund balances. Subtract line 21 from line 20		42,513,247.	82,358,064.
1 122	art II	Signature Block			

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

Sign	Signature of officer		Date					
Here	AMY KURTZ, EXECUTIVE D	IRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/10/20 self-employed	P01262236				
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm's EIN <b>91</b>	-0189318				
Use Only	Firm's address 🕨 101 SECOND STREE'	r suite 900						
	SAN FRANCISCO, C	A 94105	Phone no. 415-	956-1500				
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No				
932001 01-2	B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

Form		6-4486735 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:	
	THE SIXTEEN THIRTY FUND AND THE PROJECTS WE SUPPORT ARE FI	
	ECONOMIC EQUITY, AFFORDABLE HEALTH CARE, CLIMATE SOLUTIONS	
	JUSTICE, VOTER ACCESS, AND OTHER ESSENTIAL SOCIAL-CHANGE G ADVOCACY, FISCAL SPONSORSHIP, AND THE TYPES OF ELECTORAL A	
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
5	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	isured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$47,604,489. including grants of \$34,458,099. ) (Revenue \$	213,141.)
	FUND SEEKING TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND A	
4b	(Code:) (Expenses \$ 30, 491, 253. including grants of \$ 18, 739, 750. ) (Revenue \$	<b>3,232.</b> )
	FUND FOR CAPACITY BUILDING.	
4c	(Code:) (Expenses \$10,940,800. including grants of \$10,940,800. ) (Revenue \$	<b>0.</b> )
	FUND FOR ENVIRONMENTAL PROGRAMS.	
4d	Other program services (Describe on Schedule O.)	•
	(Expenses \$ 5,989,333. including grants of \$ 835,000.) (Revenue \$	0.)
4e	Total program service expenses ► 95,025,875.	
		Form <b>990</b> (2019)
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 Form 990 (2019)
 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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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	X	
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	_		v
~	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>⊢</b> ′−		
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>^</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
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		x
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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	
	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			v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
<b></b>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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 domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of	0.4	х	
20000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		<u> </u> (2019)
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 Form 990 (2019)
 SIXTEEN
 THIRTY
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 Part IV
 Checklist of Required Schedules (continued)

	(continued)		v	
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		х	
~ ~	Schedule J	23	~	
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			
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		х	
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	~	
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	07		x
~~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
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? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c	х	
00	"Yes," complete Schedule L, Part IV	20C	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N. Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	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 I, III, or IV, and	33		- 23
34		34		x
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
D D	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?			
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		x
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 169			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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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	A			

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Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)         Yes         No           2a         Effer the number of employees reported on From V-3, Transmittal of Wage and Tax Statements, and the control of the control of the control of the regarding with or within the year covered by the instruction         0	Form	990 (2019) SIXTEEN THIRTY FUND 26-4486	735	Р	<sub>age</sub> 5
2a         Ever the number of employees reported on Form W3, Transmittal of Wage and Tax Statements,         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 e_Ale (see instructions)         3a         X           a         At any time tax and 2a is greater than 250, you may be required to e_Ale (see instructions)         3b         X           b         If Yes, "has if field a form 800-T16 this year? If "No' to line 3b, provide an explanation or Schedule O         3b         X           b         If Yes, "has if field a form 800-T6 this year, dit the organization have an interest in, or a significan or other authority over, a financial account in a foreign country Yes.         At any time foreign country Yes         At any time deng that avery field the organization field may there drams that a avery time during that avery are the same of the organization that it was or is a party to a prohibited tax shelfer transaction are yits and yits of a prohibited tax shelfer transaction are yits of a prohibited tax shelfer transaction are yits are yits of the organization solicit an express statement that such contributions solicit any control was avery to a prohibited tax shelfer transaction and yits of a prohibited tax shelfer transaction and yits of a prohibited tax shelfer transaction and yits of a prohibited tax shelfer transaction are yit	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Interface     Image: Control of the second of the second second of the second second of the second of				Yes	No
b       If at least one is reported on line 28, difference in any be required to <i>a-sia</i> (see instructions)       26         30       Dot the organization have unrelated business grads income of \$1,000 on one dump the year?       38         31       Difference       38         34       At any time dump the calendary year, differe organization have any paratization are any planatular on other submitty over, a triancial account in a foreign country (such as a bank account, securities account, or other financial accounts (FRAP), 58         36       Wash to organization approximation have annual prose receiptor that are normally greater than \$100,000, and did the organization in a soft ine dubing the tax year?       58         37       Did the organization have annual prose receiptor that are normally greater than \$100,000, and did the organization solid any taxable party north but organization in adve with olivity as contributions or gifts were not tax deductible as charitable contributions?       58       X         38       Did the organization induce with every solicitation are express statement that such contributions or gifts were not tax deductible as charitable contributions?       58       X         38       Diff the organization induce with every solicitation are parties at provided to the parties?       7a       7a       7a         39       Trans. To the organization induce with every solicitation are onthele to reconsolitation and partify for goods and services provided to the parties?       7a       7a       7a         30       Dif	2a				
Note:         If the sum of lines 1 and 2 as greater than 250, you may be required to a-sis (see instructions)         Image:		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a D dt he organization have unrelated business gross income of \$1,000 or more during the year?       3a X         b ff Yes, 'has it field a Form 980-T for this year? /f Yo's to <i>ime 3b, provide an explanation</i> on Schedule O       3b X         b ff Yes, 'has it field a Form 980-T for this year? /f Yo's to <i>ime 3b, provide an explanation</i> on Schedule O       3b X         b ff Yes, 'has it field a Form 980-T for this Yes, 'an explanation on Schedule O       3b X         b ff Yes, 'has it field a Form 980-T for FinCEN Form 114, Report of Foreign Bank and Financial account? (FRAN), Sa Use the ergenization that it was or is a party to a prohibited tax shelter transaction?       Sa X         b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication are proved and the organization solicit any contributions that ware not tax deductible as chartable contributions?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication an explore solication are provided?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication are provided?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication are provided?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication are provided?       Sa X       Sa X         b I 'Yes, 'ide it the organization include with every solication are p	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b       If Yes," has It lifed a form 930-T for this ya?       YWo't ofies 3b, provide an explementor on Schedule 0       3b       X         4A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timanoia account in a foreign country (such as a bank account, securities account, or other financial accounts) (FEAP).       4a       X         5W is the organization ap any to a prohibed tax shelter transaction at any time during the tax year?       5a       X         6D Does the organization the organization that was or is a party to a prohibed tax shelter transaction?       6b       X         6D Does the organization near unal gross receipts that are normally greater than \$100,000, and did the organization solid may contributions that were not tax deductible exclusible as classible contributions or gifts were not tax deductible?       6b       X         7 Organization near expenses tata end the organization the regensization in express statement that such contributions or gifts were not tax deductible?       7a       7a         7 Organization near end expanse state dispose of tangible personal property for which it was required to the Form 8282?       7b       7a       7a         9 Uf the organization near end was bare show as any transition of any party as a contribution of agrination file.       7a       7a       7a         10 Uf the organization near end was dispose of tangible personal property for which it was required to the form 8292?       7b       7b       7c       7d       7d		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a       At any time during the calendar year, idia the organization have an interest in, or a signature or other authority over, a financial account in a torsign country (such as a bank account, securities account, or other financial accounts (FBAR), 5a         b)       if '\set_s' inter the name of the foreign country \>         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a       X         b)       dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         b)       dary taxable party notify the organization inthat it was or is a party to a prohibited tax shelter transaction?       5a       X         c)       fit '\set's (in line 5a or 5b, di dhe organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         c)       organization include with every solicitation an express statement that such contributions or gifts were no tax deductible?       6a       X         c)       off the organization include with every solicitation an express statement that such contributions or gifts were no tax deductible?       7a       7a         c)       off the organization include with every solicitation an express statement that such contract?       7a       7a         d)       fit '\set_s', indicate the number of Forms 8282 filed during the year       Zd       7a       7a         d)			3a		
Internet a 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).       See         5a       Was the organization a party to a prohibited tax shelf transaction at any time during the tax year?       5a       X         5a       Dod any taxable party notify the organization file Form 8886-17.       5c       X         6a       Doses the organization neural gross receives that are normally greater than \$100,000, and did the organization solut any contributions that were nort ax deductible or contributions?       6a       X         b       I'Yes,' did the organization neural gross receives for the tax on ormally greater than \$100,000, and did the organization solut any more in coss of \$57\$ made parts as contribution and party for grods and services provided to the part?       7a       7a         c       Did the organization neural gross receive deductible contributions or parts are particular contract any mutual strates anot think on and party for grods and services provided?       7a       7a         c       Did the organization neural gross received or indirectly, to nally permitures on a personal benefit contract?       7a       7a         d       T'Yes,' indicate the number of forms 8282 filed during the year?       7a       7a       7a         d       I'Ye			3b	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). Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for tiling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X D Dd any taxable party nothy the organization that it was or is a party to a prohibited tax shelter transaction? See X D Dd any taxable party nothy the organization form 88857? See Count is See Set (116 Form 88857?) See Count is See Set (116 Form 88857?) D Organizations have eanual gross receipts that are normally greater than \$100,000, and did the organization soliet any contributions that were not tax deductible as charable contributions and partly for gods and services provided to the part? D Organization stude with every solicitation and partly for gods and services provided to the part? D If "Yes," fuld the organization notify the door of the value of the gods of services provided to the part? D If "Yes," indicate the number of Forms 8282 filed during the year D If "Yes," indicate the number of Forms 8282 filed during the year D If the organization receive a any funds, directly on indirectly, on a personal benefit contract? T If D D the organization neceive any funds, directly on indirectly, on parsonal benefit contract? T If D D the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization maintaining door advised funds. Did a door advised funds. D D the sponsoring organization maintaining door advised funds. D ad advised fund maintained by the sponsoring organization maintaining door advised funds. D D the sponsoring organization maintaining door advised funds. D D the sponsoring organization maintaining door advised funds. D D the sponsoring organization maintaining door advised funds. D D the sponsoring organization maintaining door advised funds. D D	4a				
See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       56       X         50       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       56       X         c If 'Yes' to line 5 a or 5b, did the organization file Form 8286-T?       56       X         61       Organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions control that were not tax deductible?       56       X         7       Organization network apprent in necess of \$75 made pathy as a contribution and pathy for goods and services provided to the pany?       76       76         10       If 'Yes,'' did the organization notity the donor of the value of the goods or services provided?       70       70         10       If 'Yes,'' did the number of Forms 8282 filed during the year       7d       7d       7d         10       If the organization necive any funds, directly or indirectly, on a personal benefit contract?       7e       7d         11       If the organization neceive any coulding the year.       7d       7d       7d         11       If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7e       7d         12       If du organization neceive any funds, directly orindirectly,			4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization file Form 8886-17     5b     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     X       c     Organizations that may receive deductible contributions under section 170(c).     7a     7a       b     If "Yes," did the organization notly the donor of the value of the goods or services provided to the pary?     7a       c     Did the organization notly the donor of the value of the goods or services provided to the pary?     7a       c     Did the organization notly the donor of the value of the goods or services provided?     7a       c     If "Yes," indicate the number of Forms 8282 filed dung the year     7d     7d       c     Did the organization, during the year, pay prenums, directly or noifferst(), an pay prenums, directly or noifferst(), an pay prenums, directly or noifferst(), an pay prenums, directly or noifferst(), and pay prenums, dincetly prenums, directly prenums, directly prenums, directly pren	b				
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c       5c       5c         d       Does the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gits were not tax deductible?       5c	_		_		v
c       If "Yes" to line 5a or 5b, did the organization file Form 8886 T?       5c         6a       Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       6a       X         7       Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       X         7       Organization tective apyment in excess of \$75 made parity as a contribution and parity for goods and services provided 7       7a       7b         0       Did the organization nective apyment in excess of \$75 made parity as a contribution or gifts       7c       7c         10       The organization nective apyment in excess of \$75 made parity as a contribution or gifts       7c       7c         10       The organization nective apyment in excess of \$75 made parity as a contribution or goins and parity for yorkich it was required       7c       7c         10       Did the organization divelop runnices, to pay prenums, on a personal benefit contract?       7t       7t         10       Did the organization metaive agon contractive or divelop or advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       9b       9b       9b       9b					
Ga       Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       X         a       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       X         a       Did the organization neity the donor of the value of the goods or services provided?       7a       7a         b       If "Yes," taid the organization selex apament in excess of \$75 made party as a contribution and party for goods and services provided?       7a       7a         c       Did the organization receive apament in excess of \$75 made party as a contribution and party for goods and services provided?       7a       7a         d       If "Yes," taid che number of Forms 8282 filed during the year       7d       7a       7a         d       If "Yes," taid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       7a       7a         d       If the organization neave excess business holdings at any time during the year?       7a       7a       7a       7a       7a       7a       7a       7a					
any contributions that were not tax deductible as charitable contributions?       Ga       X         b       ff "Yes," tid the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       6b       X         7       Organizations that may receive deductible contributions under section 170(c).       6b       X         a       Did the organization notify the donor of the value of the goods or services provided?       7a       7a         b       If "Yes," if did the organization notify the donor of the value of the goods or services provided?       7c       7d         b       Did the organization incluing the year, gor premiums, directivy or indirectly, or a personal benefit contract?       7f       7d         g       Did the organization, during the year, gor premiums, directivy or indirectly, or a personal benefit contract?       7f       7f         g       If the organization oreceive a contribution of qualified intellectual property, did the organization file a Form 1089C       7a       7a         g       Sponsoring organization, maintaining donor advised funds.       Did due organization file a Form 1089C       7h       7d         g       Sponsoring organization make a sittribution to a donor, donor advisor, or related person?       9b       9a       9a       9b         g       Sponsoring organization make a sitrabule of the organization file a Form 1040f?			50		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organizations that may receive deductible contributions under section 170(c).       6b       X       7a       6b       X         0       If "Yes," did the organization netly the donor of the value of the goods or services provided?       7a       7a<	6a		6.	v	
were not tax deductible?     6b     X       7     Organization sell, exchange apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a       b     If 'Yes,'' did the organization netly the donor of the value of the goods or services provided?     7b       c     Did the organization netly the donor of the value of the goods or services provided?     7c       c     Did the organization netly the donor of the value of the goods or services provided?     7c       d     I'Yes,'' indicate the number of Forms 8282? Elied during the year     7d       d     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f       f     Did the organization received a contribution of qualified intellectual property, did the organization faceword a contribution of cars, boats, anjpranes, or other vehicles, dif the organization faceword a contribution of cars, boats, anjpranes, or other vehicles, dif the organization faceword a contribution of cars, boats, anjpranes, or other vehicles, dif the organization faceword a contribution of cars, boats, anjpranes, or other vehicles, dif the organization faceword a contribution of a donor advised fund. Did a form 1098-C?       8     Sponsoring organization make a distributions under section 4966?     9a       9     Did the sponsoring organization. Enter:     10a       1     Ital     10a       1     Section 501(c)(12) organization. Enter:     11a       1     Section 501(c)(12) organiz	h	•	oa		
7       Organizations that may receive deductible contributions under section 170(c).       a)       a)       a)         a)       b)       the organization necetive a payment in excess of 5/5 made parity as a contribution and parity for goods and services provided to the payor?       7a         b)       th "vse," idia the organization notity the donor of the value of the goods or services provided?       7b         c)       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d)       th "vse," indicate the number of Forms 8282 filed during the year       Zd       7e         d)       th did the organization received a contribution of qualified intellectual property, idid the organization file a Form 1098-C?       7n         d)       th the organization received a contribution of qualified intellectual property, idid the organization file a Form 1098-C?       7h         d)       th the organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         d)       Did the sponsoring organization make any taxable distributions under section 4966?       9a         d)       Gross income from members or shareholders       11a         d)       Gross income from members or shareholders       11a         d)       Gross income from members or shareholde	b		66	x	
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b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         f       Did the organization, during the year, apy premiums, on a personal benefit contract?       7f       7f         f       Did the organization, during the year, apy premiums, or other vehicles, did the organization file a Form 1098.C?       7d       7g         f       By the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7h       7h         8       Sopnosoring organization maintaining door advised funds.       8       8       9         9       Sponsoring organization make a distribution to a donor, advisor, or related person?       9a       9b         10       the sponsoring organization make a distributions included on Part Vill, line 12       10a       10b       10b         11       Boations formemomemore on theres ord carbider settines       10b       10b       10b       10b       10c         12       Sectin 501(c/12) organizations.			79		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         f       Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h       8         g Sponsoring organizations maintaining door advised funds.       8       9a					
to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       Td         Poid the organization receive any funds, directly or indirectly, on apersonal benefit contract?       7e         f Idue organization receive any funds, directly or indirectly, on a personal benefit contract?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n         Sponsoring organization make any taxable distributions under section 4966?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9b di the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         10 Section 501(c)(7) organizations. Enter:       10b         a Gross income from members or shareholders       11a         a Gross income from them, somarchaitable trusts. Is the organization file of Form 901 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nealth plans in more than one state?       13a         14 the organization incenesed to issue qualified health plans in more than one			10		
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Did the organization received a contribution of qualified intellectual properly, did the organization file Form 8899 as required?       7f         g If the organization received a contribution of qualified intellectual properly, did the organization file a Form 1098-C?       7n         8 Sponsoring organization maxe excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions to a donor, donor advised runds.       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       10b         a 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 form them.)       12a         12a       11b       12a         13 Section 501(c)(21) qualified nonporth thealth insurance issuers.       13a         13 Section 501(c)(22) qualified nonporth thealth insurance issuers.       13a         14a       1	•		7c		
e       Did the organization receive any funds, directly or indirectly, to pay permiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay permiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         g       Sponsoring organization maintaining door advised funds.       Did the sponsoring organization make a visce of divised funds.       8         g       Did the sponsoring organization make a visce of divised funds.       9a       9a         g       Did the sponsoring organization make a visce of divised funds.       9a         g       Did the sponsoring organization make a visce of divised funds.       9a         g       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a         1       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b       12a         12a       Did the organization file form 990.       11a       11b       12a       12a         12a       Did the sponsoring	d				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       72         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       70       70         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       70       70         8       Sponsoring organizations maintaining door advised funds. Did a door advised funds. Did a door advised funds.       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       Beston 501(c)(7) organizations. Enter:       10a       10a       10b       9b			7e		
h       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 make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10a         11       Section 501(c)(12) organizations. Enter:       10b         13       Gross income from members or shareholders       11a         14       11b       12a         15       Gross income from members or shareholders       11a         14       12b       12a         15       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.       13a         14       If "Yes," enter the amount of reserves the organization in more than one state?       13a         14       Note: Se	f		7f		
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a         10       Id the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section form members or shareholders       11a       10b       10b         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14       M* Yes,* enter the amount of tax-exempt interest received or accrued during the year       12b       12a         15       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14       Did the organization receives any payments for indoor tanning services during the xyear?       14a       X         b       If "Yes," has it filed a Form 720 to report t	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       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:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them.)       11b       12a       12a         28       Section 501(c)(20) qualified nonprofit health insurance issuers.       12b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         38       Enter the amount of reserves the organization is required to maintain by the states in which the organization is clicensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining donor advised funds.       a       a       b       a       b       a       b       a       b       a       b       a       b       a       b       a       b       cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       b       b       ft	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a 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: <ul> <li>a Initiation fees and capital contributions included on Part VIII, line 12</li> <li>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</li> <li>10a</li> <li>10b</li> </ul> 10a           11 Section 501(c)(12) organizations. Enter: <ul> <li>a Gross income from thembers or shareholders</li> <li>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>11b</li> <li>11b</li> <li>12a</li> <li>Section 501(c)(29) qualified nonprofit health insurance issuers.             <ul> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>b Enter the amount of reserves the organization the organization must report on Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>13a</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves on hand</li> <li>13a</li> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <li>14a</li> <li>X</li> <li>b If "Yes," see instructions and file Form 4720, Schedule N.</li> <li>14b</li> <li>14b</li> <li>14b</li> <li>14b</li> <li>14b<td></td><td>sponsoring organization have excess business holdings at any time during the year?</td><td>8</td><td></td><td></td></li></ul></li></ul>		sponsoring organization have excess business holdings at any time during the year?	8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans       13b       13a         c       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       13b       13c         c       Enter the amount of reserves on hand       13b       13c       14a	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:         a       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         11       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders         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?         12b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves on hand         13c       13a         14a       X         15       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a Initiation fees and capital contributions included on Part VIII, line 12       10a         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:       a 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.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b fi "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?       15       X       15       X         16       X <th>b</th> <th>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</th> <th>9b</th> <th></th> <th></th>	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       11b       12b       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b       If "Yes," has if filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         b       Is the organization an educational information subject to the section 4968 excise tax on net investment income?       15       X	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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amounts due or received from them.)       11b       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.       12b         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а				
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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.       13a         a       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.       13a         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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b         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       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X			12a		
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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       13b       13b         c       Enter the amount of reserves on hand       13c       14a       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	а	-	138		
organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	h				
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X					
excess parachute payment(s) during the year?					
If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			_		
	16		16		X

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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#### SIXTEEN THIRTY FUND

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.

7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a         7a       Dare any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If 'tyes,' provide the names and addresses on Schedule O       9         9a       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a         9a       Did the organization have for example to the organization's exempt purposes?       10b         11       Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11       Has the organization have a written ochicit of interest policy? If 'No,'' go to line 13       12a         2b       Did the organization have a written ochicit of interest policy? If 'No,'' go to line 13       12a         2b       Did the organization have a written ochicit of interest policy? If 'No,	<u>.</u>					
1a       Enter the number of voting members of the governing body at the end of the taxy sear       1a       5         bit three are matrixed information is using optims and governing body of the optimization is schedule 0.       1b       1c         b       Enter the number of voting members of the governing body of the optimization height control over management datases relationship with any other other, director, trustee, or key employee?       2       X         0       Did ney optimization height control over management datase subtanning on the person?       3       X         0       Did ney optimization make any significant changes to its governing documents since the period of any own the person?       3       X         0       Did ney optimization heegene control over management datase subtanning to the optimization is assets?       6       6         1a       Did ney optimization heegene control over management datases and subtanning to the optimization is assets?       7a       7a         1b       Did ney optimization heegene control over management datases and subtanning to the optimization is assets?       6       7a         2b       Did ney optimization heegene control over management datases and subtanning to the optimization is assets?       7a       7a         2b       Did ney optimization heegene control over management datases and subtanning to the optimization heegene control over management datases and subtanning to the optimization heegene control over management dataseses to the optimization h	Sec	tion A. Governing Body and Management			N.	
If there are natural differences in voting rights among members of the governing body, or if the governing body and autority to an executive committee, explain on Soledule 0.       10 <td></td> <td></td> <td>    F</td> <td></td> <td>Yes</td> <td>5</td>			F		Yes	5
bety degated broad authority to an exective committee or similar committee, explain on Schedule 0       10       4         2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustees, or key employees have a family relationship or a business relationship with any other officer, director, frustees, or key employees to a management company or other person?       2       X         2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, frustees, or key employees to a gain/cant diversion of the organization's assets?       5         5 Did the organization have mambers, stockholders?       5         6 Did the organization have mambers or stockholders?       5         7 Did the organization have members or stockholders?       7         8 Did the organization have members or stockholders?       7         9 Did the organization to the end proval by organization reserved to (or subject to approval by) members, stockholders, or 7       7         8 Did the organization have membra stockholders?       7       8         9 Did the organization have membra stockholders?       7         9 Did the organizatin have weather bolice and procedures governing	па			4		
b Enter the number of volting members included on line 1a above, who are independent						
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any offer officer, director, trustees, or key employees to a maragement duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to its governing documents since the prior Form 900 vas filed?       3         2       Did the organization delegate control over maragement duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to its governing documents since the prior Form 900 vas filed?       3       X         4       Did the organization have methes, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6       6         5       Did the organization on the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8       8       8         6       Did the organization on the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8 <td< td=""><td></td><td></td><td></td><td>1</td><td></td><td></td></td<>				1		
office, director, tustee, or key employees?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, fustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Did the organization have members or stockholders?       6         7       Did the organization have members, stockholders?       6         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization commentes, stockholders, or other persons other than the governing bod?       7         8       Did the organization charmements, exception pod?       8       8         9       Is there any officer, director, tustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? <i>H</i> "yes." anorde the name and addresses on Schedule O       9         9       Did the organization have written policies and requires powering bod?       10       10         9       If Yae, 'd in the organization have written policies and requires powering body before filing the form?       10         9       Is there any officer, director, thave written policies and requires powering body before filing the form?       11       12       X				<u>+</u>		
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d officers, directors, trustees, or key employees to a management company or other person?       3       X         4 Did the organization make any significant changes to its governing documents since the organization satest?       5         5 Did the organization have members or stockholders?       6         7 Did the organization sate members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7         b Are any governance decisions of the cryanization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8         8 Did the organization aver members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       8         9 Is there any officer, director, trustee, or key memployee listel in Pavil. Section A, who cannot be reached at the organization simpling address? If 'Yes, 'provide the names and addresses on Schedulc O       9         9 If 'Yes, 'id the organization nave intern policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exampt purposes?       10b         1 If 'Yes, 'id the organization have a written ochicit of interest policy?       13       12         2 Did the organization nave a written oxistently monitor and enforce compliance with policy?       12       12         4 If the organization nave a written oxistently monitor and enforce compliance withe policy?       13       12	_			2	_ X	
<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 980 vas filed?</li> <li>5 Did the organization have members or stockholders?</li> <li>6 Did the organization have members or stockholders?</li> <li>7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>9 Leave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 De alter organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>8 a X</li> <li>8 De Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any office, director, trustee, or key employee listed in Part VI, Section A, who cannot be reached at the organization fragedires? if Yes, 'movide the names and addresses on Schedule O</li> <li>9 Ceiton B, Policles (This Section B requests information about policies not required by the Internal Revenue Code)</li> <li>9 Is there any office, director, trustee, or key employee isteriations are consistent with the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have sitem contict of this Form 990. to all members of its governing body before filing the form?</li> <li>1 Has the organization nave written ordination threes topics? If Yes, 'documpta address?</li> <li>2 Did the organization have awritten orbitoris of the erganization terve with Form 990.</li> <li>2 Did the organization have awritten orbitor and destruction polics?</li> <li>2 Did the organization have awritten orbitor and destruction polics?</li> <li>2 Did the organization have awritten orbitoris of the softwall by independent persons orpanability data, and contendepronacous substantiation of evel abla</li></ul>	3				37	
<ul> <li>bit the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>bit the organization have members or stockholders?</li> <li>b Are any governing body?</li> <li>b Barb any Girce, director, truste, or key graving body?</li> <li>b Barb any Girce, director, truste, or key graving body?</li> <li>b Barb any Girce, director, truste, or key graving body?</li> <li>b Barb any Girce, director, truste, or key graving body between the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?</li> <li>b Barb any directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>b Borb any directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?</li> <li>b Did the organization nave a written whitselbiower policy?</li> <li>b Did the organization nave a written whitselbiower policy?</li> <li>b Did the organization nave a written document relation of disclose annually interests that could give rise to conflicts?</li> <li>c Xi Did the organization have a written document relation of disclose a</li></ul>	_				_ X	
<ul> <li>6 Did the organization have members, stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>7b Id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Id the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to sus consistent with the organization to activate.</li> <li>b Id the organization have written conflict of interest policy? If 'No," go to line 13</li> <li>b Id the organization neural and consteast with the policy? If 'Yes,' describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>b Id the organization neural and consteast with th</li></ul>						
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? <ul> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>B of the organization contemporaneously document the meelings held or written actions undertaken during the year by the following:</li></ul>			ets?			
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persons other than the governing body?       7b         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "yes," provide the names and addresses on Schedule O       9         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "yes," provide the names and addresses on Schedule O       9         9 Old the organization have local chapters, branches, or affiliates?       10a         0 Id the organization have ventten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a Has the organization have a written onlicit of interest policy? If "No," go to line 13       X         2 Did the organization have a written conlicit of interest policy? If "No," go to line 13       12a         2 Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conlicits?       12b         3 Did the organization have a written ontine retention and destruction policy?       14       X         4 Did the organization have a written ontenter terting and branchece compliance with a polyce serifier the process in Schedule O how this was done       12c       X				7a		
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9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If *Yes, *orxide the names and addresses on Schedule O       9         9       Did the organization's mailing address? If *Yes, *orxide the names and addresses on Schedule O       9         9       Did the organization have local chapters, branches, or affiliates?       10a         9       If *Yes, *idid the organization have written policies and proceedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?       10b         11       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         20       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a         21       Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Nes, *describe       12e         22       Did the organization have a written document retention and destruction policy?       13         3       Did the organization have a written document retention and destruction policy?       13         4       Did the organization have a written document retention and destruction policy?       15a         5       Did the organization have a written document retention and destruction policy?       15a <td>а</td> <td></td> <td></td> <td><u>8a</u></td> <td></td> <td></td>	а			<u>8a</u>		
organization's mailing address? // "Yes." provide the names and addresses on Schedule 0     9       eection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes       0a     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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?     10b       1a     Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     11a       2     Did the organization have a written conflict of interest policy?     12a     X       b     Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?     12b     X       2     Did the organization have a written orthic of interest policy?     13     X       4     Did the organization have a written orthic on add estruction policy?     14     X       5     Did the organization have a written orthic oncoment retention and destruction policy?     14     X       4     Did the organization inse to contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?     15a       3     Did the organization we avail the contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity	b			8b	X	
eection B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )       Yes         0a       Did the organization have local chapters, branches, or affiliates?       10a         1b       If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b         2a       Did the organization neve a written conflict of interest policy? If "No," go to line 13       12a         2b       Were officers, directors, or trustes, and key employes required to disclose annually interest that could give rise to conflicts?       12b         2b       Were officers, directors, or trustes, and key employes required to disclose annually interest that could give rise to conflicts?       12c         2b       Did the organization neve a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization invest in, contribute assets to, or parability dia, and contemporaneous substantiation of the deliberation and decision?       15a         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       Dif the organization fives in score 990 is required to be filed ▶AL, AR, CA, CO, CT, FL, GA, HI, ILL, KS, KY       8         6       Did t	9					
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b ff "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 2c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "No," go to line 13 2 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," <i>describe</i> in Schedule O how this was done 2 Did the organization have a written whisteblower policy? 2 Ho the organization have a written whisteblower policy? 2 Ho the organization have a written document retention and destruction policy? 2 Ho the organization have a written document retention and destruction policy? 3 Did the organization have a written document retention and destruction policy? 3 The organization have a written document retention and destruction policy? 3 The organization is CEO. Executive Director, or top management official 4 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 4 List the states with which a copy of this Form 900 is required to be filed ▶AL, AR, CA, CO, CT, FL, GA, HI, ILL, KS, KY 8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail for public inspection. Indicates the seavailable. Check all that apply.  C Down website Another's website X Upon request C Other ( <i>explain on Schedule O</i> ) 9 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 9 State the name, address, and telephone number of					Yes	
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a X         b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       11a X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a X         c Did the organization have a written consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12c X         3 Did the organization have a written whistleblower policy?       14 X         4 Did the organization have a written document retention and destruction policy?       14 X         5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a The organization is ECO, Executive Director, or top management official       15a         b Other officers or key employees of the organization fue verture or similar arrangement with a taxable entity during the yea?       16a         b I' Yes, '' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt satus with respect to sucharrangements?       16a	10a	Did the organization have local chapters, branches, or affiliates?		10a		
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b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         2a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .       12a         2       Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> 12e         3       Did the organization nave a written document retention and destruction policy?       13         4       Did the organization have a written document retention and destruction policy?       14         5       Did the organization have a written document retention and destruction policy?       14         5       Did the organization inves a written document retention and destruction policy?       14         6       Did the organization's CEO, Executive Director, or top management official       15a         b       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         b       If "Yes," did the organization to make its Form 900 is required to be filed ▶AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY         8       Section C. Disclosure       16b         7       List the states with which a copy of this Form 900 is required to be filed ▶AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY         8       Section G104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable),		and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
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b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> 13       X         3       Did the organization have a written whistleblower policy?       14       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization is CEO, Executive Director, or top management official       15a       15a         6       Other officers or key employees of the organization       15b       15b       15b         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         b       If "Yes," did the organization oflow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       16a         7       List the states with which a copy of this Form 990 is required to be filed ▶AL, AR, CA, CO, CT, FL, GA, HI, ILL, KS, KY       8 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avait for public inspection. Indicate how you made these	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a       The organization is CEO, Executive Director, or top management official       15b         b       Other officers or key employees of the organization       15b         if "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ▶AL , AR , CA , CO , CT , FL , GA , HI , IL , KS , KY         8       Section 610	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
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3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       15b         b       Other officers or key employees of the organization       15a       15b         if "Yes." to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       15a         6       Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         exempt status with respect to such arrangements?       16b       16b       16b         exempt status with respect to such arrangements?       16b       16b       16b       16b         exempt status with respect to such arrangements?       16b	с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," describe			
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
• List a	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.

Form 990 (2019)

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

SIXTEEN THIRTY FUND

• 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)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not c	Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	ı an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus <sup>.</sup>	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		9	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERIC KESSLER	1.00		_			<u> </u>				
CHAIR		х		x				0.	0.	0.
(2) DARA FREED	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) DOUGLAS HATTAWAY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) CRISTOBAL ALEX	1.00									
DIRECTOR THROUGH 2/2019		Х						0.	0.	0.
(5) JEFF CHERRY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) NATHANIEL CHIOKE WILLIAMS	1.00									
DIRECTOR THROUGH 2/2019		Х						0.	0.	0.
(7) MONICA DIXON	1.00									
DIRECTOR THROUGH 9/2019		Х						0.	0.	0.
(8) LATOIA JONES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) AMY KURTZ	38.00									
EXECUTIVE DIRECTOR EFFECTIVE 11/2019				Х				20,143.	0.	639.
(10) WILBUR PRIESTER	1.00									
CFO THROUGH 9/2019				Х				0.	0.	0.
(11) ANDREW SCHULZ	2.00									
GENERAL COUNSEL THROUGH 9/2019				Х				5,225.	0.	0.
(12) BRAD WOODHOUSE	16.00									
PROJECT DIRECTOR						X		200,439.	0.	3,553.
(13) RYAN JOHNSON	40.00									
PROJECT DIRECTOR						X		187,812.	0.	23,139.
(14) ARKADI GERNEY	8.00									
PROJECT DIRECTOR						X		130,874.	0.	14,594.
(15) PATRICIA KUPFER	40.00									
CAMPAIGNS DIRECTOR		L				X		125,900.	0.	19,208.
(16) CARL WALZ	40.00									
CAMPAIGNS DIRECTOR		<u> </u>				X		124,729.	0.	11,683.
										000

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Page 7

Part VII       Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)       (continued)         Name and title       Average house between the section of the sectin section of the section of the sectin section of the s	Form 990 (2019) SIXTEEN THIRTY FUND 26-44							1867	735	Page <b>8</b>			
Name and title     Average huse stress marks and (list arrow and the veek (list arrow and the bours for related organization (list arrow and the list arrow arrow and list arrow arrow arrow and the list arrow			oloye	es,			ghes	t C		. ,	—		
Image: Section B. Independent Contractors (Including Dut not limited to those listed above) who received more than \$100,000 of compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is any former officer, director, trustee, key employee, or highest compensation from the organization is a site than \$150,0007 if "yes," complete Schedule J for such individual for services to a site organization or individual for services compensation from the organization or individual for services to a site organization or individual organization or individual for services to a site organization or individual organization and organization or individual for services to a site organization or individual services to a site organization or individual for services to a site organization organization organization and organization org		Average hours per week	box, offic	not ch unles	Pos heck i ss per	ition more rson i	on Reportable Reportable re than one compensation compensation ctor/trustee) from from related		on d	Estin amor ot	nated unt of her		
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		hours for related organizations below	Individual trustee or direct	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)			fron organ and r	n the ization elated
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
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c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
c Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.													
d Total (add lines 1b and 1c)       >       795,122.       0.       72,816.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       5         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such individual       4       X         3 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       5       X         3 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the calendar year ending with or within the organization's tax year.       (C)       (C)         AVE NW, SUITE 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       3,462,967.         AVE NW, BULDING C, WASHINGTON, DC 20009       CONSULTING SERVICES       1,207,927.         SCREEN STRATEGIES MEDIA, 11150 FAIRFAX       EVD, SUITE 505, FAIRFAX, VA 22030												72	
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       5         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest Contractors.       Description of services       Compensation         ARABELLA ADVISORS, LLC, 1201 CONNECTICUT       ADMIN., OPERATIONS & AVE NW, SUITE 300, WASHINGTON, DC 200036       MANAGEMENT SERVICES       3, 462, 967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       AVE N												72	
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest LC, 1201 CONNECTICUT       ADMIN., OPERATIONS & AVE NW, SUITE 300, WASHINGTON, DC 20009       CONSULTING SERVICES       3,462,967.         AVE NW, SUITE 300, WASHINGTON, DC 20009       CONSULTING SERVI								o re		,000 of reportable			,
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         AX       0       (B)       (C)       Compensation         ARABELLA ADVISORS, LLC, 1201 CONNECTICUT       ADMIN., OPERATIONS & MANAGEMENT SERVICES       3, 462, 967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       AVE NW, BUILDING C, WASHINGTON, DC 20009       CONSULTING SERVICES       <	compensation from the organization												5
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Compensation         Name and business address       Description of services       3, 462, 967.         AXBELLA ADVISORS, LLC, 1201 CONNECTICUT       ADMIN., OPERATIONS & AL42, 967.       3, 462, 967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       AVE NW, BUILDING C, WASHINGTON, DC 20009       CONSULTING SERVICES       2, 415, 000.         SCREEEN STRATEGIES MEDIA, 11150 FAIRFAX       ELVD, SUITE 505, FAIRFAX, VA 22030       CONSULTING SERVICES       1, 207, 927.         OTG STRATEGIES LLC, 10130 PERIMETER       PARKWAY, SUITE 200, CHARLOTTE, NC 28216       CONSULTING SERVICES       1, 015, 000.								la : a			ſ	Y	es No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         AVE NW, SUITE 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       3,462,967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       AVE NW, BUILDING C, WASHINGTON, DC 20009       CONSULTING SERVICES       1,500,525.         SCREEN STRATEGIES MEDIA, 11150 FAIRFAX       BLVD, SUITE 505, FAIRFAX, VA 22030       1,500,525.       1,207,927.         OTG STRATEGIES LLC, 10130 PERIMETER       PARKWAY, SUITE 200, CHARLOTTE, NC 28216       CONSULTING SERVICES       1,015,000.         2       Total number of independent contractors (including but not limited to the organization between than       10       10	c ,				•			Ŭ	• •		- 1	3	x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
rendered to the organization? /f "Yes." complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         AVE NW, SUITE 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       3,462,967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       AVE NW, BUILDING C, WASHINGTON, DC 20009       CONSULTING SERVICES       2,415,000.         SCREEN STRATEGIES MEDIA, 11150 FAIRFAX       BLVD, SUITE 505, FAIRFAX, VA 22030       CONSULTING SERVICES       1,500,525.         PRECISION STRATEGIES, 901 NEW YORK AVE NW, SUITE 530, WASHINGTON, DC 20001       CONSULTING SERVICES       1,207,927.         OTG STRATEGIES LLC, 10130 PERIMETER       PARKWAY, SUITE 200, CHARLOTTE, NC 28216       CONSULTING SERVICES       1,015,000.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1	and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	or such individual			4 2	x
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         AVE NW, SUITE 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       3,462,967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       MANAGEMENT SERVICES       2,415,000.         SCREEN STRATEGIES MEDIA, 11150 FAIRFAX       ELVD, SUITE 505, FAIRFAX, VA 22030       CONSULTING SERVICES       1,500,525.         PRECISION STRATEGIES, 901 NEW YORK AVE NW,       SUITE 530, WASHINGTON, DC 20001       CONSULTING SERVICES       1,207,927.         OTG STRATEGIES LLC, 10130 PERIMETER       PARKWAY, SUITE 200, CHARLOTTE, NC 28216       CONSULTING SERVICES       1,015,000.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1,015,000.													
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         AVE NW, SUITE 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       3,462,967.         MOTHERSHIP STRATEGIES LLC, 1328 FLORIDA       MANAGEMENT SERVICES       2,415,000.         SCREEN STRATEGIES MEDIA, 11150 FAIRFAX       ELVD, SUITE 505, FAIRFAX, VA 22030       CONSULTING SERVICES       1,500,525.         PRECISION STRATEGIES, 901 NEW YORK AVE NW,       SUITE 530, WASHINGTON, DC 20001       CONSULTING SERVICES       1,207,927.         OTG STRATEGIES LLC, 10130 PERIMETER       PARKWAY, SUITE 200, CHARLOTTE, NC 28216       CONSULTING SERVICES       1,015,000.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1	rendered to the organization? <i>If</i> "Yes," con	plete Schedule	e J fo	or su	ich r	bers	on .				<u>  </u>	5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.(A)(B)(C)Name and business addressDescription of servicesCompensationARABELLA ADVISORS, LLC, 1201 CONNECTICUTADMIN., OPERATIONS &AVE NW, SUITE 300, WASHINGTON, DC 20036MANAGEMENT SERVICES3,462,967.AVE NW, SUITE 300, WASHINGTON, DC 20009CONSULTING SERVICES2,415,000.SCREEN STRATEGIES LLC, 1328 FLORIDAAVE NW, BUILDING C, WASHINGTON, DC 20009CONSULTING SERVICES2,415,000.SCREEN STRATEGIES MEDIA, 11150 FAIRFAXBLVD, SUITE 505, FAIRFAX, VA 22030CONSULTING SERVICES1,500,525.PRECISION STRATEGIES, 901 NEW YORK AVE NW, SUITE 530, WASHINGTON, DC 20001CONSULTING SERVICES1,207,927.OTG STRATEGIES LLC, 10130 PERIMETER PARKWAY, SUITE 200, CHARLOTTE, NC 28216CONSULTING SERVICES1,015,000.2Total number of independent contractors (including but not limited to those listed above) who received more than1		mpensated ind	leper	nder	nt co	ontra	actor	rs th	nat received more than §	\$100.000 of com	bensat	ion from	
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OTG STRATEGIES LLC, 10130 PERIMETER         PARKWAY, SUITE 200, CHARLOTTE, NC 28216         CONSULTING SERVICES         1,015,000.				A	VE	Ν	W,						
PARKWAY, SUITE 200, CHARLOTTE, NC 28216         CONSULTING SERVICES         1,015,000.           2         Total number of independent contractors (including but not limited to those listed above) who received more than         Image: Consult of the second sec									CONSULTING S	ERVICES	1	,207	,927.
2 Total number of independent contractors (including but not limited to those listed above) who received more than					21	6			CONSULTING S	ERVICES	1	, <u>015</u>	,000.
	2 Total number of independent contractors (including but not limited to those listed above) who received more than												

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	n 990 (2		N THIRT	Y FUND			26-4486	735 Page 9
Pa	rt VII	Statement of Revenu	e					
		Check if Schedule O contain	ns a response	or note to any line	(	(B)	(C)	(D)
					<b>(A)</b> Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
o o	1 a	Federated campaigns	1a					30010113 3 12 - 3 1
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
N G	с	Fundraising events						
Sifts ar A	d	Related organizations						
) sr limil	е	Government grants (contribution						
er S	f	All other contributions, gifts, grants,						
Oth		similar amounts not included above		137,151,711.				
	y h	Noncash contributions included in lines 1a- Total. Add lines 1a-1f			137,151,711.			
0 0				Business Code	,			
ė	2 a	CONSULTING REVENUE		541900	216,373.	197,373.	19,000.	
e vic	b							
enui	с							
Tam	d							
Program Service Revenue	е							
ш.	•	All other program service revenue <b>Total.</b> Add lines 2a-2f			216,373.			
_	3	Investment income (including di			220,070.			
	•	other similar amounts)			595,922.			595,922
	4	Income from investment of tax-e						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b Rental income or (loss) 6c						
		Rental income or (loss)       6c         Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	2,194,149.					
	b	Less: cost or other basis						
venue			2,207,006.					
0		Gain or (loss) 7c	-12,857.		10.057			10.057
Other Re		Net gain or (loss)		▶	-12,857.			-12,857
Othe	8 a	Gross income from fundraising ever including \$						
0		contributions reported on line 1						
		Part IV, line 18	· .					
	b	Less: direct expenses						
		Net income or (loss) from fundra	-	<b>&gt;</b>				
	9 a	Gross income from gaming activ						
	Ŀ	Part IV, line 19						
		Less: direct expenses	·····					
		Gross sales of inventory, less re	-					
		and allowances		a				
	b	Less: cost of goods sold						
	с	Net income or (loss) from sales	of inventory					
SI				Business Code	010 11-			010 11-
Miscellaneous Revenue	11 a	GENERAL ADMIN RETAINER		541900 900099	218,417.			218,417.
ven	b	OTHER INCOME		300033	202,118.			202,118.
Be	c d	All other revenue						
Σ	e	Total. Add lines 11a-11d			420,535.			
	12	Total revenue. See instructions			138,371,684.	197,373.	19,000.	1,003,600.
93200	9 01-20-							Form <b>990</b> (2019

2019.05000 SIXTEEN THIRTY FUND

800461\_1

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Eundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	64,957,649.	64,957,649.		
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	16,000.	16,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	26,007.		26,007.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,040,866.	4,029,062.	11,804.	
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	97,130.	94,468.	2,662.	
9	Other employee benefits	477,287.	465,483.	11,804.	
0	Payroll taxes	310,121.	307,453.	2,668.	
1	Fees for services (nonemployees):				
	Management	9,538,259.	6,477,035.	3,061,224.	
	Legal	1,035,334.	934,378.	100,956.	
	Accounting	71,370.	42,870.	28,500.	
	Lobbying	3,418,055.	3,418,055.		
	Professional fundraising services. See Part IV, line 17	108,380.	5,110,0350		108,380
	Investment management fees	100,000.			100,000
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	6,097,558.	6,061,436.	36,122.	
~	column (A) amount, list line 11g expenses on Sch 0.)	6,299,017.	6,299,017.	50,122.	
2	Advertising and promotion			485.	
3	Office expenses	<u>49,356.</u> 175,143.	48,871.	27,731.	
4	Information technology	1/3,143.	147,412.	27,731.	
5	Royalties	210 520	216 522	2 006	
6	Occupancy	219,529.	216,523.	3,006.	
7	Travel	427,041.	426,881.	160.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200 000		0 101	
9	Conferences, conventions, and meetings	289,986.	287,795.	2,191.	
0	Interest				
1	Payments to affiliates	<u> </u>			
2	Depreciation, depletion, and amortization	61,215.	61,215.	46 660	
3	Insurance	15,841.	68.	15,773.	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	TAXES	826,854.	650,732.	176,122.	
b	OTHER EXPENSES	83,869.	83,472.	397.	
с					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	98,641,867.	95,025,875.	3,507,612.	108,380
6	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 Fifthere if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

1

2

6

				0	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	12,081.	9	26,791.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 413,055.	235,218.	10c	259,941.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,089.	15	604.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	45,335,085.	16	92,236,003.
	17	Accounts payable and accrued expenses	1,994,555.	17	4,867,369.
	18	Grants payable	538,062.	18	3,909,274.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	289,221.	22	1,086,296.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	15,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,821,838.	26	9,877,939.
		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ X			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	1,268,601.	27	1,578,830. 80,779,234.
Ba	28	Net assets with donor restrictions	41,244,646.	28	80,779,234.
pur		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Ę		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	10 510 0/5	31	
Ne	32	Total net assets or fund balances	42,513,247.	32	82,358,064.
	33	Total liabilities and net assets/fund balances	45,335,085.	33	92,236,003.
					Form <b>990</b> (2019)

11

2019.05000 SIXTEEN THIRTY FUND

SIXTEEN THIRTY FUND Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

controlled entity or family member of any of these persons

3 Pledges and grants receivable, net

4 Accounts receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

26-4486735 Page 11

**(B)** End of year 10,182,429.

54,343,778.

<u>26,752,500.</u> 667,290.

2,670.

**(A)** Beginning of year

11,736,367.

28,260,847.

5,025,000.

17,844.

46,639.

1

2

3

4

5

6



Form	990 (2019) SIXTEEN THIRTY FUND	26-	448673	5 ғ	Page <b>12</b>
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	138,3	71,	684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,6	41,	867.
3	Revenue less expenses. Subtract line 2 from line 1	3	39,7	29,	817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,5	13,	247.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	<u>15,</u>	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	82,3	58,	064.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Ye	s 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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	<u> </u>
	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?			b 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c	<u> </u>
	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	it		
	Act and OMB Circular A-133?		3	a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

932012 01-20-20

## 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

# 2019

Employer identification number

26-4486735

SIXTEEN	THIRTY	FUND

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{ 501(c)( 4 ) (enter number) organization }$
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, 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 for an *exclusively* set is charitable, etc., burpose. 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 for an *exclusively* set is the set of the parts unless to the set of the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the year for an *exclusively* set 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 for an *exclusively* set 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 for an *exclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* set of the parts unless the **General Rule** applies to the parts unless the **General Rule** applie

**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).

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

Employer identification number

Page **2** 

26-4486735

Part I	<b>Contributors</b> (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
1		\$33,013,025.	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>29,284,000.</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
3		\$12,100,000.	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
4		\$ <u>8,500,000.</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
5		\$7,342,000.	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
6		\$ <u>7,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Part I

(a)

No.

13401110 146892 800461

**)**)

15 2019.05000 SIXTEEN THIRTY FUND

<u> </u>		\$6,000,000.	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> </u>		\$3,950,000.	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> </u>		\$3,060,248.	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>   10                                 </u>		\$ <u>2,750,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>11</u>	Name, address, and ZIP + 4	\$2,500,000.	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
923452 11-06-19	· · · ·	\$2,080,139.	Person Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019
320-02 11-00-19		Schedule D (FOIII	330, 330-L2, 01 330-F1 / (2013

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

26-4486735

(c)

**Total contributions** 

## SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I	<b>Contributors</b> (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
		\$2,000,000.	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_		\$ <u>1,750,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,750,000.</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
16_		\$ <u>1,750,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <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
18_		\$ <u>1,250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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13401110 146892 800461

SIXTEEN THIRTY FUND

Page **2** 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
19_		\$ <u>975,000.</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		\$ <u>750,000.</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>690,000.</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
22		\$ <u>550,000.</u> 	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$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
24		- \$\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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800461\_1

SIXTEEN THIRTY FUND

r 990-PF) (2019) 000 000-E7 c dulo B (E

Payroll

Noncash

(Complete Part II for noncash contributions.)

10

923452 11-06-19

13401110 146892 800461

250,000.

\$

2019.05000 SIXTEEN THIRTY FUND

Part I Contri	<b>butors</b> (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
		\$448,458.	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>26</u>		\$435,000.	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>27</u>		\$360,000.	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>28</u>		\$ <u>350,000.</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
		\$\$\$\$	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	· · · · ·		Person X

Employer identification number

26 - 4486735

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

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
31_		\$ <u>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
32		\$ <u>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
33	, , , , , , , , , , , , , , , , ,	\$\$\$	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
34		\$ <u>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
35		\$ <u>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
<u>36</u> 923452 11-06-		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13401110 146892 800461

800461\_1

Part I

SIXTEEN THIRTY FUND

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

800461\_1

20			
2019.05000	SIXTEEN	THIRTY	FUND

\$

(c)

**Total contributions** 

100,000.

13401110 146892 800461

(a) No.

42

923452 11-06-19

(b)

Name, address, and ZIP + 4

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <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
38		\$ <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
<u>39</u>		\$ <u>127,500.</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
40		\$ <u>126,867.</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
41		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

26 - 4486735

F) (2019)

noncash contributions.)

19
1

Employer identification number

26 - 4486735

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
43		\$ <u>100,000.</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
44		\$ <u>75,000.</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
45		\$ <u>75,000.</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
46		\$ <u>75,000.</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
47		\$72,000.	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		\$60,000.	Person X Payroll Noncash (Complete Part II for

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <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
50		\$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>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
52		\$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
53		\$ <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
<u>54</u> 923452 11-06-		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributior	ibution
55		\$    \$ Person     X      \$    \$000.     Payroll       \$    \$000.     Noncash       \$    \$000.     (Complete Part II for noncash contributions.)	l for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ibution
56		\$    \$ Person     X      \$    \$000.    \$      \$    \$000.    \$      \$    \$    \$      \$    \$    \$      \$    \$    \$      \$    \$    \$      \$    \$    \$      \$    \$    \$      \$    \$    \$	l for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributior	ibution
57		\$     50,000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.	l for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ibution
<u>58</u>		\$     50,000.       \$     50,000.   Person Payroll Payroll (Complete Part II for noncash contributions.)	l for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ibution
<u>    59    </u>		\$     45,000.       \$     45,000.   Person       X   Payroll       Noncash   (Complete Part II for noncash contributions.)	l for
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	ibution
60		\$       37,500.         \$       37,500.         Person       X         Payroll       Noncash         (Complete Part II for noncash contributions.)         Schedule B (Form 900, 900, EZ, or 900, BE) (20)	l for utions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

13401110 146892 800461

800461\_1

Part I

SIXTEEN THIRTY FUND

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$30,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u>30,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$ <u>29,452.</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
64		\$ <u>25,379</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
65		\$ <u>25,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

noncash contributions.)

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24 2019.05000 SIXTEEN THIRTY FUND

800461\_1

Employer identification number

26 - 4486735

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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452 11-06-19

13401110 146892 800461

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
67		\$ <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
68		\$ <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
69		\$ <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
70		\$25,000.	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>23,500.</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
72		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

26 - 4486735

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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923452 11-06-19

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ <u>20,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$ <u>20,000.</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
75		\$ <u>20,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$ <u>19,051.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$ <u>13,000.</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
78		\$ <u>12,500.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

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2019.05000 SIXTEEN THIRTY FUND

13401110 146892 800461

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$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
80		\$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
81		\$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
82		\$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
83		\$ <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
84		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.05000 SIXTEEN THIRTY FUND

923452 11-06-19

Employer identification number

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
85		\$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
86		\$6,200.	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
87		\$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
88		\$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
89		\$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
90		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.05000 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 ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$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
92		\$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
93		\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$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
95		\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

noncash contributions.)

13401110 146892 800461

(a) No. from Part I

12

(a) No. from Part I

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### SIXTEEN THIRTY FUND

Part II Noncas

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
PUBLICLY TRADED SECURITIES				
	\$2,080,139.	12/17/19		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
PUBLICLY TRADED SECURITIES				
	\$126,867.	12/26/19		

		\$26,867.	12/26/19
(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

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page 3

Employer identification number

26 - 4486735

30 2019.05000 SIXTEEN THIRTY FUND

\$

Page 4

ame of orga	nization			Employer identification number	
IXTEEN	THIRTY FUND			26-4486735	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ry. For organizations	that total more than \$1,000 for the yea	
a) No. from				cription of how gift is hold	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
a) No.		[			
from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of giff			
	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) Des	cription of how gift is held	
		(e) Transfer of gift	I		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee	
-					
3454 11-06-19			Schedule	B (Form 990, 990-EZ, or 990-PF) (20	

13401110 146892 800461

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

2019 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 of organization	Employe	Employer identification number		
SIXTEEN THIRTY FUND		26-4486735		
Part I-A Complete if the organization is exempt under section 501(c) or is a section \$	527 orgar	nization.		
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.				
2 Political campaign activity expenditures	▶\$	13,240,753.		
3 Volunteer hours for political campaign activities		0.		
Part I-B         Complete if the organization is exempt under section 501(c)(3).				
1 Enter the amount of any excise tax incurred by the organization under section 4955	► \$			
2 Enter the amount of any excise tax incurred by organization managers under section 4955	► \$			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No		
4a Was a correction made?		Yes No		
b If "Yes," describe in Part IV.				
Part I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3	•		
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$	1,190,479.		
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527				
exempt function activities	►\$	12,050,274.		
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,				
line 17b	►\$	13,240,753.		
4 Did the filing organization file Form 1120-POL for this year?		X Yes No		

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> 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
	WASHINGTON, DC			
CHANGE NOW INC	20036	83-1307183	25,000.	0.
FORWARD MAJORITY	WASHINGTON, DC			
ACTION	20003	83-0611104	290,000.	0.
FUTURE FORWARD USA	WASHINGTON, DC			
PAC	20003	83-0791921	1,415,274.	0.
	WASHINGTON, DC			
HOUSE MAJORITY PAC	20005	45-1672898	500,000.	0.
	WASHINGTON, DC			
LCV VICTORY FUND	20005	27-3145176	6,787,500.	0.
	SAN FRANCISCO, CA			
REAL JUSTICE PAC	94110	81-5258100	100,000.	0.
For Department Reduction Act Nation	and the Instructions for Form 000	or 000 E7	Sahadula C	(Earm 000 ar 000 EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 S						486735 Page 2
Part II-A Complete if the orga section 501(h)).	nizatio	on is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
	on belon	gs to an affi	iated group (and list i	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of exces	s lobbying e	expenditures).			
B Check 🕨 🗌 if the filing organization	on check	ked box A ar	nd "limited control" pr	ovisions apply.		<u>.</u>
		bying Exper neans amou	nditures nts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe	nce pub	lic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe	-					
c Total lobbying expenditures (add line						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f _Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,0	000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500	0,000		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00			0 plus 5% of the exce			
Over \$17,000,000	,	\$1,000,		. , ,		
g Grassroots nontaxable amount (ente	er 25% of	f line 1f)				
<b>h</b> Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero o						
j If there is an amount other than zero						
reporting section 4911 tax for this ye	ear?		, J			Yes No
(Some organizations that		a section 5	eraging Period Under D1(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(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) 2019

## Schedule C (Form 990 or 990-EZ) 2019 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 e	s" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	of the lobbying activity.			Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 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)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	5), or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (c) BOTH Part III A lines 1 and 2 are ensured				2 :0	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	NO" UR	(b) Part I	II-A, IINe	3, 15	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
2	expenses for which the section 527(f) tax was paid).	,ai				
а						
	a Current year 2a o Carryover from last year 2b					
3	Total     Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues     3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information. T I-A, LINE 1:	list); Part II-	A, lines 1 a	nd 2 (see		
FUN	IDS EXPENDED TO FURTHER SOCIAL WELFARE.					

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

CHANGE NOW INC

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

932043 11-26-19

Schedule C (Form 990 or 990-EZ) 2019

#### FORWARD MAJORITY ACTION

918 PENNSYLVANIA AVE SE, WASHINGTON, DC 20003

FUTURE FORWARD USA PAC

611 PENNSYLVANIA AVE SE, SUITE 143 WASHINGTON, DC 20003

HOUSE MAJORITY PAC

700 13TH STREET NW, SUITE 600 WASHINGTON, DC 20005

LCV VICTORY FUND

740 15TH STREET NW, SUITE 700 WASHINGTON, DC 20005

REAL JUSTICE PAC

45 POWERS AVE, SAN FRANCISCO, CA 94110

PART I-C CONTINUATION:

NATIONAL DEMOCRATIC COUNTY OFFICIALS

1116 PARK STREET NE WASHINGTON, DC 20002

EIN: 83-1904325 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

SENATE MAJORITY PROJECT

700 13TH ST NW, SUITE 600 WASHINGTON, DC 20005

EIN: 27-2896127 COL (D) AMOUNT: 1000000. COL (E) AMOUNT: 0.

Schedule C (Form 990 or 990-EZ) 2019

13401110 146892 800461

<b>(Forr</b>	CHEDULE D orm 990) partment of the Treasury email Revenue Service → Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. → Attach to Form 990. → Go to www.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047		
-	Name of the organization					Employer identification number		
	SIXTEEN THIRTY FUND					26-4486735		
Pa	rt I Organiza	ations Maintaining Donor Advised	d Funds or Oth	er Similar Funds or A	ccount	ts. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin						
			(a) Donor a	dvised funds	(b) Func	Is and other accounts		
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in v	-					
~		on's property, subject to the organization's of				Yes No		
6	•	on inform all grantees, donors, and donor a loses and not for the benefit of the donor o	•	•	•			
		ate benefit?			•	Yes No		
Pa		ation Easements. Complete if the org						
1		servation easements held by the organization			,			
		of land for public use (for example, recreation		Preservation of a hist	orically i	mportant land area		
		f natural habitat		Preservation of a cer		•		
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	ed conservation co	ontribution in the form of a co	onservati	on easement on the last		
	day of the tax year	r.				Held at the End of the Tax Year		
а	Total number of co	onservation easements			2a			
b	b Total acreage restricted by conservation easements 2b							
С	c Number of conservation easements on a certified historic structure included in (a)							
d		vation easements included in (c) acquired a						
		nal Register			2d			
3		vation easements modified, transferred, rele	eased, extinguished	d, or terminated by the orgar	nization d	luring the tax		
4	year	where property subject to concernation and	amont is located					
4 5		where property subject to conservation eas tion have a written policy regarding the per	-					
5	•					Yes No		
6								
-	•			,		······································		
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, ar	nd enforcing conservation ea	asements	s during the year		
	▶\$		•	·				
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the require	ements of section 170(h)(4)(E	3)(i)			
	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describ	be how the organization reports conservation	on easements in its	revenue and expense stater	nent and			
		d include, if applicable, the text of the footn	ote to the organizat	tion's financial statements th	nat descr	ibes the		
Do	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historiaal	Tracource or Other (	Similor	Aggeta		
Га		f the organization answered "Yes" on Form			Simiai	A33613.		
					lanaa ah	a at works		
19	U U	elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
h	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>							
5	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
		ed in Form 990, Part X						
2								

2	If the organization received or held works of art, historical treasures, or other similar assets for
	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

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Sche		THIRTY FU						26-44	86735	D Pa	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	following that	make s	ignificant (	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how the	y further th	ne organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organizatio	n answered "	Yes" on	n Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for co	ontribution	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						. <u>1c</u>				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						. <b>1</b> f				_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	ustodial accou	unt liabil	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	<b>t V</b> Endowment Funds. Complete		iswered "	Yes" on Fo							
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	's back	(d) Three	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance		(): 4								
2	Provide the estimated percentage of the cur			column (a	)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с	Term endowment	_%									
0-	The percentages on lines 2a, 2b, and 2c sho	•			a al a alua in interv	م ما 4 م بر ام					
38	Are there endowment funds not in the posse	ession of the organiza	alion that	are neiù ar	id administer	ed for tr	ie organiza	ation	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	165	NU
									3a(ii)		
h	(ii) Related organizations								3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		witherit tu	103.							
	Complete if the organization answere		). Part IV.	line 11a. S	See Form 990.	Part X	line 10.				
	Description of property	(a) Cost or c			t or other			ed	(d) Bool	< value	<del>.</del>
	Becchpiter of property	basis (investr		• •	(other)		preciation		(, 2001	. valu	-
<b>1</b> a	Land				· ·						
b	Buildings										
	Leasehold improvements										
d	Equipment			29	8,039.		295,1	37.	2	2,90	02.
	Other				4,957.		117,9			7,03	
	Add lines 1a through 1e. (Column (d) must e		X colum				, , , , , , , , , , , , , , , , , , , ,			9,94	
		i alt			<u>vv</u> ų			<u> </u>	D (F		

Schedule D (Form 990) 2019

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#### 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 "Yes" on Form 990 Part IV line 11d, See Form 990, Part X, line 15

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25,	
1.		(b) Book value
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25,	
1.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1) (2)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1) (2) (3)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
<b>1.</b> (1) (2) (3) (4)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	
1. (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	

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) 2019

13401110 146892 800461

Sche	dule D (Form 990) 2019 SIXTEEN THIRTY FUND	26-	4486735	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
	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	138,530,	750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b 159,066.			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>	2e		066.
3	Subtract line <b>2e</b> from line <b>1</b>	3	138,371,	684.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b			
С	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	138,371,	684.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	98,685,	933.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 159,066.			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		066.
3	Subtract line <b>2e</b> from line <b>1</b>	3	98,641,	867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
С	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5	98,641,	867.
	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

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

JURISDICTIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RETURN OF PRIOR YEAR GRANT EXPENSE	-120,000.
RETURN OF PRIOR YEAR CONTRIBUTION REVENUE	5,000.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-115,000.

932054 10-02-19

(continued)	
	Schedule D (Form 990) 2019

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Nam	e of the organization					Employer identi	fication number
ST	TEEN THIRTY	FUND				26-448673	35
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV			•			
1	-	-		ds to substantiate the amount of its gra		· · · · ·	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
-	<b>.</b>						
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance out	side the
3		ne following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		<b>(e)</b> If actinits a prodescribe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			in the region				
EURC	PE (INCLUDING						
ICEI	AND & GREENLAND)	0	0	GRANTMAKING			16,000.
3 a	Subtotal	0	0				16,000.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				16,000.

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Schedule F (Form 990) 2019

932071 10-12-19

3 a	Subtotal	
	Table	

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

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

OMB No. 1545-0047 Q **Open to Public** Inspection

SIXTEEN THIRTY FUND

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &		16.000	ELECTRONIC			
		GREENLAND)	CAPACITY BUILDING	16,000.	TRANSFER	0.		
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	oreign country,	recognized as tax-ex	empt		
			tion 501(c)(3) equivalency letter					1
			······					0

Schedule F (Form 990) 2019	SIXTEEN	THIRTY	FUND

Part III can be duplicated if additional space is needed.

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

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

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Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019 SIXTEEN THIRTY FUND

Part V Supplemental Information

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

PART I, LINE 2:

FOR FOREIGN GRANTS, THE ORGANIZATION GENERALLY REQUIRES A WRITTEN

PROPOSAL DESCRIBING HOW THE GRANT FUNDS WILL BE USED. THE ORGANIZATION

CONDUCTS A PRE-GRANT INQUIRY TO EVALUATE THE GRANTEE (INCLUDING SCREENING

TO ENSURE COMPLIANCE WITH ANTI-TERRORIST FINANCING GUIDELINES). ALL

GRANTS ARE SUBJECT TO A WRITTEN GRANT AGREEMENT THAT IMPOSES REPORTING

OBLIGATIONS, REQUIRES FUNDS BE USED SOLELY AS SPECIFIED IN THE PROPOSAL,

AND REQUIRES THAT FUNDS BE RETURNED IF NOT SPENT APPROPRIATELY OR IF

REPORTS ARE NOT FILED AS REQUIRED.

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SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990	) or Fo	r <b>m 99</b>	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization								entification number
		THIRTY FUND					26-4486	
	complete this part	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng activ	ities.	Check all that apply.			
a 🔄 Mail solicitat	ions	e 🔄 Solicita	tion of	non-g	overnment grants			
<b>b</b> X Internet and	email solicitations	s f Solicita	tion of	gover	nment grants			
c 📃 Phone solici	tations	g 🔛 Special	l fundra	aising	events			
d 🗌 In-person so	licitations							
2 a Did the organization	on have a written c	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Ye	s 🗌 No
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	ne fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.						
						(.)		
(i) Name and addres	s of individual		(III) fundr	Did	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund	traiser)	(ii) Activity	have c or cor	ntrol of	from activity		fundraiser	to (or retained by) organization
	contributions?						ted in col. (i)	organization
STEVEN BIEL STRATEO	GIES - 31	FUNDRAISING PLANNING AND	Yes	No				
CUSHMAN STREET, UNI	<b>ГТ 2</b> ,	WRITING		x	406,898.		66,000.	. 340,898.
MERREN TECHNOLOGY I	LLC - 3005	PROGRAM MANAGEMENT, GOAL						
S. LAMAR BLVD #D109	9-347,	SETTING, AND OUTREACH		x	0.		18,000.	18,000.
ANN MCGUINESS - 135	5 WILDWOOD	PRODUCTION OF DONOR						
LANE, SELKIRK, NY	12158	MATERIALS		x	0.		6,000.	6,000.
Total	<u></u>				406,898.		90,000.	. 316,898.
<b>3</b> List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, 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, 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) 2019

932081 09-11-19

# Schedule G (Form 990 or 990-EZ) 2019 SIXTEEN THIRTY FUND Part II Fundraising Events. Complete if the organization

	2	6-	44	18	67	735	Page 2
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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-F7, lines 1 and 6b, List events with gross receipts greater than \$5,000	n

ent type) (total number) Col. (c))
IV, line 19, or reported more than
TV, line 19, of reported more than
I tabs/instant gressive bingo(c) Other gaming(d) Total gaming (add col. (a) through col. (c))
s % Yes %
No
►
Yes No
during the tax year? Yes No
Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SIXTEEN THIRTY FUND	26 - 44	86735	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	_	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	1	3a	%
	An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г		
	retain the state gaming license?		Yes	└── No
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Pa	organization's own exempt activities during the tax year ▶ \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part II	. lines 9.	9b. 10b.
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:		
<u>(I</u>	) NAME OF FUNDRAISER: STEVEN BIEL STRATEGIES			
(I	) ADDRESS OF FUNDRAISER: 31 CUSHMAN STREET, UNIT 2, PORTLAN	D, ME	041	02
(I	) NAME OF FUNDRAISER: MERREN TECHNOLOGY LLC			
(I	) ADDRESS OF FUNDRAISER: 3005 S. LAMAR BLVD #D109-347, AUST	דN ייי	x 78	704
<u>,                                     </u>	, include of forgrations, soos by many blyb "blob Str, AUDI		,0	
	Cabadula	0 (F a www. 0		EZ 0040

Schedule G (Form 990 or 990-EZ)

13401110 146892 800461

SCHEDULE I	G	ants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2019
Department of the Treasury	Compr	ete il the organizatio	Attach to For		(1 <b>v</b> , inte 21 of 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	HIRTY FUN	D					Employer identification number 26-4486735
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	1	1
<b>1 (a)</b> 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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCOUNTABLE JUSTICE ACTION FUND 394 PACIFIC AVE, FLOOR 2 SAN FRANCISCO, CA 94111	82-3247136	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANCING AZ 3058 E DERRINGER WAY GILBERT, AZ 85297	83-4665335	501(C)(4)	3,950,000.	0.			CAPACITY BUILDING
ALASKA AFL-CIO 3333 DENALI STREET, SUITE 125 ANCHORAGE, AK 99503	92-0010498	501(C)(5)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR RETIRED AMERICANS 815 SIXTEENTH STREET NW, 4TH FLOOR WASHINGTON, DC 20006	52-2277805	501(C)(4)	25,000.	0.			CAPACITY BUILDING
AMERICA VOTES 1155 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	7,060,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN BRIDGE 21ST CENTURY FOUNDATION - 455 MASSACHUSETTS AVE NW, STE 650 - WASHINGTON, DC 20001	27-5278038	501(C)(4)	150,000.	0.			CAPACITY BUILDING
2 Enter total number of section 501(c)(3) and			e line 1 table				▶ <u>10.</u>
3 Enter total number of other organizations	s listed in the line 1	table					▶ 102.

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

# WASHINGTON, DC 20009 27-0061100 501(C)(4)

Schedule I (Form 990)

SIXTEEN THIRTY FUND

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Schoord	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN WIND ACTION							
1501 M STREET, NW, SUITE 950							
WASHINGTON, DC 20005	81-2212257	501(C)(4)	500,000.	0.			ENVIRONMENTAL PROGRAMS
· · ·							
ARIZONA WINS							
530 E MCDOWELL RD, STE 107-189							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85004	36-4781665	501(C)(4)	61,268.	0.			ACTION, ADVOCACY
ARIZONANS FOR SECURE ELECTIONS							
530 E MCDOWELL RD #108-48	04 0011000	F01 ( G) ( A )		0			CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85004	84-2011998	501(C)(4)	90,000.	0.			ACTION, ADVOCACY
BALLOT INITIATIVE STRATEGY CENTER							
INC - 1660 L ST NW, SUITE 605 -							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	04-3411708	501(C)(4)	25,000.	0.			ACTION, ADVOCACY
,			,				,
BETTER PENNSYLVANIA							
1740 MAIN STREET							CIVIL RIGHTS, SOCIAL
MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
BRADY CAMPAIGN TO PREVENT GUN							
VIOLENCE - 840 FIRST STREET NE,	23-7321017	F01 ( 0) ( 4 )	20.000	0			
SUITE 400 - WASHINGTON, DC 20002	23-7321017	501(C)(4)	20,000.	0.			CAPACITY BUILDING
CEASEFIRE PENNSYLVANIA							
1518 WALNUT STREET, SUITE 1406							CIVIL RIGHTS, SOCIAL
, PHILADELPHIA, PA 19102	46-0483761	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
CENTER FOR AMERICAN PROGRESS							
ACTION FUND - 1333 H ST NW, FLOOR							
10 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	750,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR COMMUNITY CHANGE ACTION							
1536 U STREET NW		501 ( 0) ( 1)		_			CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20009	27-0061100	501(C)(4)	30,000.	0.			ACTION, ADVOCACY

## Schedule I (Form 990) SIXTEEN THIRTY FUND

<b>(b)</b> EIN 45-3860271	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
45-3860271						
45-3860271						CIVIL RIGHTS, SOCIAL
	501(C)(4)	92,000.	0.			ACTION, ADVOCACY
83-1307183	527	25 000	0			CAPACITY BUILDING
		20,000.	••			
01 2204012	501(0)(2)	50.000	0			CIVIL RIGHTS, SOCIAL
01-2294012	501(0)(3)	50,000.				ACTION, ADVOCACY
52-2133517	501(C)(3)	25,000.	0.			CAPACITY BUILDING
84-2407246	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
47-0865736	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
						CIVIL RIGHTS, SOCIAL
81-1303316	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
						CIVIL RIGHTS, SOCIAL
20-4496889	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
						CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
	83-1307183 81-2294812 52-2133517 84-2407246 47-0865736 81-1303316 81-1303316	45-3860271 501(C)(4) 83-1307183 527 81-2294812 501(C)(3) 52-2133517 501(C)(3) 84-2407246 501(C)(4) 47-0865736 501(C)(4) 81-1303316 501(C)(4) 20-4496889 501(C)(4)	83-1307183       527       25,000.         81-2294812       501(C)(3)       50,000.         52-2133517       501(C)(3)       25,000.         84-2407246       501(C)(4)       100,000.         47-0865736       501(C)(4)       60,000.         81-1303316       501(C)(4)       50,000.         20-4496889       501(C)(4)       250,000.	83-1307183       527       25,000.       0.         81-2294812       501(C)(3)       50,000.       0.         52-2133517       501(C)(3)       25,000.       0.         84-2407246       501(C)(4)       100,000.       0.         47-0865736       501(C)(4)       60,000.       0.         81-1303316       501(C)(4)       50,000.       0.         20-4496889       501(C)(4)       250,000.       0.	83-1307183       527       25,000.       0.         81-2294812       501(C)(3)       50,000.       0.         52-2133517       501(C)(3)       25,000.       0.         84-2407246       501(C)(4)       100,000.       0.         47-0865736       501(C)(4)       60,000.       0.         81-1303316       501(C)(4)       50,000.       0.         20-4496889       501(C)(4)       250,000.       0.	83-1307183       527       25,000.       0.         81-2294812       501(c)(3)       50,000.       0.         52-2133517       501(c)(3)       25,000.       0.         84-2407246       501(c)(4)       100,000.       0.         47-0865736       501(c)(4)       60,000.       0.         81-1303316       501(c)(4)       50,000.       0.         20-4496889       501(c)(4)       250,000.       0.

#### (book, FMV, assistance appraisal, other) COMMUNITIES CREATING OPPORTUNITY ACTION - 2400 TROOST AVE #4300 -CIVIL RIGHTS, SOCIAL KANSAS CITY, MO 64108 83-3399593 501(C)(4) 50,000 0. ACTION, ADVOCACY CONNECTICUT CITIZEN ACTION GROUP INC - 30 ARBOR ST, STE 6N -CIVIL RIGHTS, SOCIAL HARTFORD, CT 06106 06-0872695 501(C)(4) 10,000 0 ACTION, ADVOCACY CONSERVATION COLORADO 1536 WYNKOOP ST, SUITE 510 CIVIL RIGHTS, SOCIAL DENVER, CO 80202 30-0037131 501(C)(4) 70,000 0. ACTION, ADVOCACY CONSERVATION MINNESOTA VOTER CENTER, INC. - 1101 WEST RIVER PARKWAY, SUITE 250 - MINNEAPOLIS, CIVIL RIGHTS, SOCIAL MN 55415 41-1949625 501(C)(4) 30,000 0 ACTION, ADVOCACY CULTIVATE TEAM LLC 661 STERLING PL. APT. 2 CIVIL RIGHTS, SOCIAL 0. BROOKLYN, NY 11216 83-4057957 20,000 ACTION, ADVOCACY ENVIRONMENT AMERICA 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108 20-5355252 501(C)(4) ENVIRONMENTAL PROGRAMS 4,900,000 0. FAMILIES AGAINST MANDATORY MINIMUMS - 1100 H STREET NW, SUITE CIVIL RIGHTS, SOCIAL 1000 - WASHINGTON, DC 20005 52-1750248 501(C)(4) 125,000 0. ACTION, ADVOCACY FAMILY FRIENDLY ACTION FUND 114 N. MAIN ST., STE 203 CIVIL RIGHTS, SOCIAL CONCORD, NH 03301 83-1806898 501(C)(4) 194,500, 0. ACTION, ADVOCACY FORWARD FLORIDA ACTION 1427 PIEDMONT DRIVE EAST, SUITE 2 CIVIL RIGHTS, SOCIAL TALLAHASSEE, FL 32308 83-4380076 501(C)(4) 250 000 0. ACTION ADVOCACY

(d) Amount of

cash grant

(e) Amount of

non-cash

(f) Method of

valuation

(g) Description of

non-cash assistance

26-4486735 Page 1

(h) Purpose of grant

or assistance

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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

if applicable

## SIXTEEN THIRTY FUND

Part II Continuation of Grants and Other A	ssistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORWARD MAJORITY ACTION 918 PENNSYLVANIA AVE SE							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	83-0611104	527	290,000.	0.			ACTION, ADVOCACY
FUTURE FORWARD USA PAC							
511 PENNSYLVANIA AVE SE, SUITE 143							CIVIL RIGHTS, SOCIAL
ASHINGTON, DC 20003	83-0791921	527	1,415,274.	0.			ACTION, ADVOCACY
GEORGIA ENGAGED INC							
520RGIA ENGAGED INC 530 DEKALB AVENUE, SUITE A							CIVIL RIGHTS, SOCIAL
TLANTA, GA 30314	81-4037605	501(C)(4)	25,000.	0.			ACTION, ADVOCACY
REEN TECH ACTION FUND 01 BATTERY STREET, 5TH FLOOR							
SAN FRANCISCO, CA 94111	26-3390444	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
,			, ,				
GUN VIOLENCE PREVENTION ACTION							
COMMITTEE - 126 E WING ST, SUITE 205 - ARLINGTON HEIGHTS, IL 60004	81-5180730	F(1/C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL
205 - ARLINGION REIGHTS, IL 60004	81-3180730	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
HEARTLAND FORWARD							
3326 SE DRIFTWOOD COURT							
COPEKA, KS 66605	83-4467448	501(C)(4)	100,000.	0.			CAPACITY BUILDING
HIGH GROUND ACTION FUND							
544 OGDEN AVE, SUITE 700-144							CIVIL RIGHTS, SOCIAL
IILWAUKEE, WI 53202	81-2132531	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
ACTED ACTION INC.							
OOSIER ACTION INC 461 W BLOOMFIELD RD							CIVIL RIGHTS, SOCIAL
SLOOMINGTON, IN 47403	81-5180682	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
NOUSE MAJORITY PAC							
200 13TH STREET NW, SUITE 600 WASHINGTON, DC 20005	45-1672898	527	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

MAINE MOMENTUM 12 MADISON STREET

PORTLAND, ME 04101

IOWA CITIZEN ACTION NETWORK 941 25TH AVE, #335 CORALVILLE, IA 52241	42-1172128	501(C)(4)	170,000.	0.		CAPACITY BUILDING
	42 11/2120	501(0)(4)	170,000.	· · ·		CAFACITI DOILDING
IOWA FORWARD 570 JUNIPER AVE KELLOGG, IA 50135	83-4467448	501(C)(4)	2,900,000.	0.		CAPACITY BUILDING
LCV VICTORY FUND 740 15TH STREET NW, SUITE 700 WASHINGTON, DC 20005	27-3145176	527	6,787,500.	0.		CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEADERS IGNITING TRANSFORMATION ACTION FUND INC - 2201 N DR MARTIN LUTHER KING DR - MILWAUKEE, WI 53212	82-3166802	501(C)(4)	10,000.	0.		CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW, STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	3,500,000.	0.		ENVIRONMENTAL PROGRAMS
LEAGUE OF WOMEN VOTERS OF OHIO 100 EAST BROAD ST, SUITE 1310 COLUMBUS, OH 43215	34-0439175	501(C)(4)	100,000.	0.		CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N 19TH AVE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	165,000.	0.		CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE GUN SAFETY COALITION PO BOX 92 PORTLAND, ME 04112	75-2598308	501(C)(4)	80,000.	0.		CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
	1	1	1	1	1	1

(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

#### SIXTEEN THIRTY FUND Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(b) EIN

83-4606676 501(C)(4)

(c) IRC section

if applicable

(a) Name and address of

organization or government

26-4486735

(h) Purpose of grant

or assistance

Schedule I (Form 990)

CAPACITY BUILDING

3,850,000.

Ο.

#### 932241 04-01-19

Schedule I (Form 990) SIXTEEN THIRTY FUND

(a) Name and address of

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(c) IRC section

(b) EIN

26-4486735 Page 1

(h) Purpose of grant

(a) Name and address of organization or government	( <b>b</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	(n) Purpose of grant or assistance
MAINE PEOPLE'S ALLIANCE							
565 CONGRESS ST., STE 200							CIVIL RIGHTS, SOCIAL
PORTAND, ME 04101	01-0383493	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
MAINERS FOR WORKING FAMILIES							
49 QUEBEC ST. APT 3							CIVIL RIGHTS, SOCIAL
PORTLAND, ME 04101	84-3390123	501(C)(4)	62,498.	0.			ACTION, ADVOCACY
MARYLAND CITIZENS HEALTH							
INITIATIVE - 2600 ST. PAUL STREET							CIVIL RIGHTS, SOCIAL
- BALTIMORE, MD 21218	52-2208746	501(C)(4)	85,000.	0.			ACTION, ADVOCACY
	52 2200,10	501(0)(1)					
MARYLAND FAMILY NETWORK							
1001 EASTERN AVE							CIVIL RIGHTS, SOCIAL
BALTIMORE, MD 21202	52-1486702	501(C)(3)	30,707.	0.			ACTION, ADVOCACY
MOBILIZEAMERICA INC							
87-89 5TH AVENUE SUITE 600							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10003	82-2591412		500,000.	0.			ACTION, ADVOCACY
MOMSRISING TOGETHER							
12011 BEL-RED RD., STE 100A							CIVIL RIGHTS, SOCIAL
BELLEVUE, WA 98005	20-4448446	501(C)(4)	70,000.	0.			ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND							
777 LIVERNOIS							CIVIL RIGHTS, SOCIAL
FERNDALE, MI 48220	82-2828323	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
MOVING NC FORWARD, INC.							
434 FAYETTEVILLE ST. STE 2020							
RALEIGH, NC 27601	81-4767705	501(C)(4)	190,000.	0.			HEALTH
NARAL PRO-CHOICE VIRGINIA							
901 N. WASHINGTON ST., SUITE 603							CIVIL RIGHTS, SOCIAL
ALEXANDRIA, VA 22314	1	501(C)(4)	19,000.	Ο.		1	ACTION, ADVOCACY

(d) Amount of

(e) Amount of

(f) Method of

(g) Description of

#### NEO PHILANTHROPY ACTION FUND INC 45 W. 36TH ST., 6TH FLR NEW YORK, NY 10018 80 - 044NETWORK LOBBY FOR CATHOLIC SOCIAL JUSTICE - 820 FIRST ST NE, SUITE 350 - WASHINGTON, DC 20002 52-098 NEVADA CONSERVATION LEAGUE 2275 RENISSANCE DR, SUITE A LAS VEGAS, NV 89119 88-0497866 501(C)(4) Ο. 50,000. NEW DAY NEVADA INC 7991 HACKBERRY DRIVE 84-3203462 501(C)(4) LAS VEGAS, NV 89123 200,000, 0. NEW JERSEY ORGANIZING PROJECT 128 BARTLETT AVE WEST CREEK, NJ 08092 81-1929749 501(C)(4) 25,000. 0. NEW VENTURE FUND 1201 CONNECTICUT AVE NW, SUITE 300 WASHINGTON, DC 20036 20-5806345 501(C)(3) 476,800. 0.

#### SIXTEEN THIRTY Schedule I (Form 990)

CIVIL RIGHTS, SOCIAL

CIVIL RIGHTS, SOCIAL

CIVIL RIGHTS, SOCIAL

ACTION, ADVOCACY

ACTION, ADVOCACY

ACTION, ADVOCACY

HEALTH

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	HIRTY FUNI						26-4486735 Page 1
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	<u>.rt II.)</u>	<del></del>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
NARAL PRO-CHOICE VIRGINIA	1		· ·	1			
FOUNDATION - 901 N. WASHINGTON	1	1	·   ·	1	1		
STREET, SUITE 603 - ALEXANDRIA, VA	1	1	·   ·	1	1		CIVIL RIGHTS, SOCIAL
22314	77-0611790	501(C)(3)	15,000.	0.	<u> </u>		ACTION, ADVOCACY
	1		, j	1			
NATIONAL DEMOCRATIC COUNTY OFFICIALS - 1116 PARK STREET NE -	1			1			CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20002	83-1904325	527	50,000.	0.			ACTION, ADVOCACY
	· · · · · · · · · · · · · · · · · · ·	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			,
NEBRASKANS FOR RESPONSIBLE LENDING	1			1	1		
66455 PONDEROSA ROAD	1	1	·   ·	1	1		CIVIL RIGHTS, SOCIAL
HYANNIS, NE 69350	84-2988349	501(C)(3)	665,000.	Ο.			ACTION, ADVOCACY
	1'		,	ſ'			
NEO PHILANTHROPY ACTION FUND INC	1	1	·   ·	1	1		
45 W. 36TH ST., 6TH FLR	1	1	·   ·	1	1		CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10018	80-0444461	501(C)(4)	50,000.	0.	1		ACTION, ADVOCACY
	1		,	1			
NETWORK LOBBY FOR CATHOLIC SOCIAL	1	1	·   ·	1	1		
JUSTICE - 820 FIRST ST NE, SUITE	1	1	·   ·	1	1		CIVIL RIGHTS, SOCIAL
350 - WASHINGTON, DC 20002	52-0984255	501(C)(4)	25,000.	0.	1		ACTION, ADVOCACY
	1		· · · ·	1			

#### 932241 04-01-19

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Part II Continuation of Grants and Other			nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	10-4400733 Page
(a) Name and address of organization or government	<b>(b)</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
NORTH FUND 1101 CONNECTICUT AVE. NW, SUITE 450 WASHINGTON, DC 20036	83-4011547	501(C)(4)	9,300,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN ST, SUITE 230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	100,000.	0.			INTERNATIONAL DEVELOPMENT AND FOREIGN AFFAIRS
OHIOANS FOR MAKING EVERY VOTE MATTER - 545 E TOWN ST - COLUMBUS, OH 43215	83-3884913		30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE APIA NEVADA 181 N ARROYO GRANDE BLVD, 140B HENDERSON, NV 89074	83-0846881	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONEVIRGINIA2021 1100 WEST CLAY STREET, UNIT A RICHMOND, VA 23220	46-4670657	501(C)(4)	10,677.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITIES FOR ALL FLORIDIANS INC - 1951 NW 7TH AVE, 6TH FLOOR - MIAMI, FL 33136	84-2952039	501(C)(4)	138,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DRIVE PHOENIX, AZ 85015	84-3103154	501(C)(4)	91,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OUR MISSOURI INC 5114 CHOUTEAUS BLUFF DR. ST. LOUIS, MO 63111	45-1782717	501(C)(4)	27,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OUR VOICE OUR VOTE ARIZONA 1241 E WASHINGTON ST., SUITE 103 PHOENIX, AZ 85034	82-3222019	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

#### Schedule I (Form 990) SIXTEEN THIRTY FUND

### SIXTEEN THIRTY FUND

	HIRTY FUN						6-4486735 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	ırt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATRICK RYNARD DBA PRPR LLC 9401 MEADOW LN							
VEST DES MOINES, IA 50265	47-2284398		10,000.	0.			CAPACITY BUILDING
PIEDMONT RISING INC							
401 SPRUCE STREET, UNIT 1511				_			
PHILADELPHIA, PA 19102	84-2378026	501(C)(4)	1,750,000.	0.			CAPACITY BUILDING
PROGRESS NORTH CAROLINA ACTION							
3739 NATIONAL DRIVE #105	45 2962217	E01(G)(A)	74.000	0			
RALEIGH, NC 27612	45-2862217	501(C)(4)	74,000.	0.			CAPACITY BUILDING
PROGRESS TEXAS							
L023 SPRINGDALE #11D							
AUSTIN, TX 78721	80-0687741	501(C)(4)	24,000.	0.			CAPACITY BUILDING
PROGRESSIVE STATE LEADERS							
COMMITTEE - 1401 H STREET NW #750							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	05-0623909	501(C)(4)	10,000.	0.			ACTION, ADVOCACY
PROGRESSNOW							
215 S WASHINGTON SQ, STE 100							
ANSING, MI 48933	20-8720230	501(C)(4)	33,750.	0.			CAPACITY BUILDING
ROGRESSNOW COLORADO 536 WYNKOOP ST., STE 300							
DENVER, CO 80202	65-1244918	501(C)(4)	40,000.	0.			CAPACITY BUILDING
PROSPERITY MICHIGAN							
3265 SKY BLUE LANE	84-3158975	F(1/C)(4)	100 000	0			CIVIL RIGHTS, SOCIAL
SAULT STE. MARIE, MI 49783	04-31383/5	501(C)(4)	100,000.	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.	Ο.			ACTION, ADVOCACY

## SIXTEEN THIRTY FUND

Schedule I (Form 990) SIXTEEN Part II Continuation of Grants and Othe	THIRTY FUN		nizations in the LIn	itad States (Sch	adula I (Form 990) Pa		26-4486735 р
(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
REAL JUSTICE PAC							
45 POWERS AVE SAN FRANCISCO, CA 94110	81-5258100	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RENEW OREGON ACTION FUND							
PO BOX 5999							CIVIL RIGHTS, SOCIAL
PORTLAND, OR 97228	47-3840696	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
REPRESENT.US 296 NONOTUCK ST. 3RD FL FLORENCE, MA 01062	26-2369596	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROCKY MOUNTAIN VALUES							
635 HILL AVENUE							
GRANT JUNCTION, CO 81501	84-1860320	501(C)(4)	4,050,000.	0.			CAPACITY BUILDING
RURALORGANIZING.ORG 191 CLINTON ST							CIVIL RIGHTS, SOCIAL
COLUMBUS, OH 43202	82-5040665	501(C)(4)	70,000.	0.			ACTION, ADVOCACY
SAVE MY COUNTRY ACTION FUND WEWORK, 80 M STREET SE							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	84-1785352	501(C)(4)	125,000.	0.			ACTION, ADVOCACY
SECURE DEMOCRACY							
611 PENNSYLVANIA AVE SE, #143							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	82-3846342	501(C)(4)	175,000.	0.			ACTION, ADVOCACY
SECURE ELECTIONS PROJECT							
130 NEILL AVE, STE H HELENA, MT 59601	83-3296530	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
	03 3230330	501(0)(1)	,30,000.	0.			ADVOCACI
SENATE MAJORITY PROJECT 700 13TH ST NW, SUITE 600							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	27-2896127	527	1,000,000.	0.			ACTION, ADVOCACY

## 932241 04-01-19

42,238.	0.	

Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOCIAL GOOD FUND 12651 SAN PABLO AVE, UNIT 5473 RICHMOND, VA 94805	46-1323531	501(C)(3)	6,000.	0.			CAPACITY BUILDING
STAND UP FOR OHIO 25 E. BOARDMAN STREET, SUITE 230 YOUNGSTOWN, OH 44503	26-3064170		50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE ENGAGEMENT FUND 1101 HAYNES ST, STE 205 RALEIGH, NC 27604	81-0865943		35,000.	0.			ENVIRONMENTAL PROGRAMS
TAKEACTION MINNESOTA 705 RAYMOND AVE, #100 ST. PAUL, MN 55114	20-3338691		25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ARENA 611 PENNSYLVANIA AVE SE, #143 WASHINGTON, DC 20003	81-5171259	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
THE COALITION TO STOP GUN VIOLENCE 805 15TH ST NW, SUITE 410 WASHINGTON, DC 20005	52-1106316	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COOPERATIVE IMPACT LAB 315 FLATBUSH AVE #304 BROOKLYN, NY 11217	83-1002641	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE FAIRNESS PROJECT 1342 FLORIDA AVE NW WASHINGTON, DC 20009	37-1779557	501(C)(4)	625,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPEWELL FUND 1201 CONNECTICUT AVE NW, STE 300 WASHINGTON, DC 20036	47-3681860	501(C)(3)	42,238.	0.			ENVIRONMENTAL PROGRAMS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

#### SIXTEEN THIRTY FUND Schedule I (Form 990)

## SIXTEEN THIRTY FUND

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MOVEMENT COOPERATIVE 200 SCHERMERHORN ST., SUITE 326 BROOKLYN, NY 11201	82-2905563	501(C)(3)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE WOMAN PROJECT 13 MECHANIC STREET WAKEFIELD, RI 02879	82-2623685	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	109,137.	0.			ENVIRONMENTAL PROGRAMS
VIRGINIA NEW MAJORITY 3801 MT VERNON AVE ALEXANDRIA, VA 22304	26-1377619	501(C)(4)	149,000.	0.			ENVIRONMENTAL PROGRAMS
WAY TO WIN ACTION FUND INC 340 S LEMON AVE #1940 WALNUT, CA 91789	82-5528039	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE THE PEOPLE PENNSYLVANIA ACTION 412 NORTH THIRD STREET HARRISBURG, PA 17101	83-1155241	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
YOUNG WOMEN UNITED 309 GOLD AVENUE SW ALBUQUERQUE, NM 87102	85-0481224	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

932102 10-26-19

# Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: SIXTEEN THIRTY FUND GENERALLY REQUIRES A WRITTEN APPLICATION FOR GRANTS, DESCRIBING THE PURPOSES TO WHICH GRANT FUNDS WILL BE PUT. GRANTS ARE ISSUED ONLY AFTER AN EVALUATION OF THE GRANTEE AND THE PROPOSED USE OF GRANTS SPECIFY THE PURPOSES TO WHICH GRANT FUNDS MAY BE PUT, AND FUNDS. REQUIRE REPORTING AT THE END OF THE GRANT TERM TO CONFIRM THAT FUNDS WERE

63

(c) Amount of

cash grant

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of

recipients

SIXTEEN THIRTY FUND

(a) Type of grant or assistance

USED FOR THE PURPOSES DESCRIBED IN THE GRANT.

Schedule I (Form 990) (2019)

(e) Method of valuation

(book, FMV, appraisal, other)

(d) Amount of non-

cash assistance

26-4486735

(f) Description of noncash assistance

SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	•
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	)
Department of the Treas	NAME AND A DOOD		Open to		ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the orga		Employer			nber
Daut L Our	SIXTEEN THIRTY FUND	26-4	148673	5	
Part I Que	tions Regarding Compensation				
				Yes	No
-	propriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	on A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	s or charter travel Housing allowance or residence for person				
	r companions Payments for business use of personal re mnification and gross-up payments Health or social club dues or initiation fee				
	nary spending account Personal services (such as maid, chauffe				
		ur, chei)			
<b>b</b> If any of the	oxes on line 1a are checked, did the organization follow a written policy regarding payment or				
•	It or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	zation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
•	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate whi	n, if any, of the following the organization used to establish the compensation of the organization?	6			
CEO/Execut	e Director. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	pensation of the CEO/Executive Director, but explain in Part III.				
	sation committee Written employment contract				
	lent compensation consultant Compensation survey or study				
Form 99	) of other organizations Approval by the board or compensation	committee			
4 During the ye	ar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization	r a related organization:				
a Receive a se	erance payment or change-of-control payment?		4a		X
<b>b</b> Participate ir	or receive payment from, a supplemental nonqualified retirement plan?		4b		X
c Participate in	or receive payment from, an equity-based compensation arrangement?		4c		X
If "Yes" to ar	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
•	the revenues of:				37
	on?				X
	ganization?		5b		X
	e 5a or 5b, describe in Part III.				
	sted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	the net earnings of:		0.		v
	on?				X X
	ganization? e 6a or 6b, describe in Part III.		<u>6b</u>		
	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments on lines 5 and 6? If "Yes," describe in Part III		7		x
	punts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
-			8		x
	e 8, did the organization also follow the rebuttable presumption procedure described in				
	ection 53.4958-6(c)?		9		
	brk Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2019
		001100			0

932111 10-21-19

#### 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			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) BRAD WOODHOUSE	(i)	199,730.	0.	709.	3,553.	0.	203,992.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN JOHNSON	(i)	187,500.	0.	312.	4,688.	18,451.	210,951.	0.
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							l

#### 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.

Name of the organization       Employee identification number 266-4486735         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization number and organization answered "Ves" on Form 990, Part IV, line 26a or 26b, or Form 900-EZ, Part V, line 40b.       (d) Corrected? Yes       No.         1 (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected? Yes       No.         2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4859       \$       \$         3 Enter the amount of tax incurred by the organization reported an amount on Form Interested Persons.       \$       \$       \$         Complete if the cognization answered "Ves" on Form 900-EZ, Part V, line 38a or Form 900, Part IV, line 28; or if the organization reported an amount on Form Parce Ves" on Form 900-EZ, Part V, line 38a or Form 900, Part IV, line 28; or if the organization       \$       \$         (a) Name of (b) Form 100-Part X, line 5, 6, 22.       (c) Grant (f) Baance due (f) In (f) Approved (f) Written (for line)       (f) In (f) Approved (f) Written (for line)       No Yes No         ARABELLA ADVISO 35% CONT CREDITS       To Tom       X       2, 670.       2, 670.       X       X       X         Total       Interested person.       Interested Persons.       Interested person and the organization       <	SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	,	if the c	28b, or 28c, o	were or For ch to	d "Yes m 990 Form	s" on F -EZ, P 990 or	orm 990, Par art V, line 38a Form 990-E2	t IV, a or - Z.	line 25a, 25b, 2 40b.	6, 27,	28a,	O	AB No	<b>1</b> 9 • Put	)
Excess Benefit Transactions 501(c)(3), section 501(c)(3), and section 501(c)(2), and section 5	Name of the organizatio	n									Em	ploye	r ident	ificati	on nu	mber
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25b, or Form 990-FZ, Part V, line 40b.         1 (a) Name of disqualified person       (b) Relationship between disqualified (e) Description of transaction       (c) Description of transaction       (d) Corrected?.         2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       5														35		
1       (e) Relationship between disqualified person and organization       (e) Description of transaction       (d) Corrected?         1       (e) Name of disqualified person       (e) Description of transaction       (e) Description of transaction       (e) Description of transaction       (e) Description of transaction         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       5	Part I Excess I	Benefit Tra	nsacti	ons (section 50	)1(c)(3	8), sect	ion 50	1(c)(4), and se	ctior	n 501(c)(29) orgai	nizatio	ons on	ıly).			
(a) Name of disqualitied person       Person and organization       (c) Description of transaction       Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       >	Complete i	f the organizat						ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	)b.			
	1 (a) Name of disqual	ified person	(b) F	•		•	lified	(0	c) De	escription of tran	sactio	n				
section 4958       3       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       \$         Part II       Loans to and/or From Interested Persons.         Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.       (e) Original interested person       (f) Balance due (g) in the by bact of orgenement?       (f) Approved (g) Written (g) amount of form 990, Part X, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount of form 990, Part X, line 5, 6, or 22.         (a) Name of (b) Relationship (c) Purpose (d) Lamits or brown going amount of the organization or form 990, Part X, line 5, 6, or 22.       (e) Original mount of form 990, Part X, line 5, 6, or 22.       (f) Balance due (g) in the by bact of a greement?         ARABELLA ADVISO 35% CONTCREDITS       X       2, 670.       2, 670.       X       X       X         ARABELLA ADVISO 35% CONTSERVICES X       1, 086, 296.       1, 086, 296.       X       X       X         Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.       (e) Anount of assistance interested person and the organization dissistance interested person and the organization       (c) Anount of assistance interested person and the organization       (c) Anount of assistance interested person and the organization       (e) Purpose of assistance interested person and the organization					5										es	NO
section 4958       3       Enter the amount of tax, if any, on line 2, above, relimbursed by the organization       \$       \$         Part II       Loans to and/or From Interested Persons.       Complete if the organization answered 'Yes' on Form 90-EZ, Part V, line 38a or Form 900, Part IV, line 26; or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22.         (a) Name of       (b) Relationship       (c) Purpose (d) Lamb or go of loginal form the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization       (c) Original form the organization       (c) Interested person       (c) Interested Persons.         ARABELLA ADVISO 35%       CONTSERVICES X       1,086,296.1,086,296.1       X       X       X       X         Interested person       Interested Persons.       Interested Persons.       Interested Persons.       Interested Person and the organization       (c) Arnount of assistance assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnou																
section 4958       3       Enter the amount of tax, if any, on line 2, above, relimbursed by the organization       \$       \$         Part II       Loans to and/or From Interested Persons.       Complete if the organization answered 'Yes' on Form 90-EZ, Part V, line 38a or Form 900, Part IV, line 26; or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22.         (a) Name of       (b) Relationship       (c) Purpose (d) Lamb or go of loginal form the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization       (c) Original form the organization       (c) Interested person       (c) Interested Persons.         ARABELLA ADVISO 35%       CONTSERVICES X       1,086,296.1,086,296.1       X       X       X       X         Interested person       Interested Persons.       Interested Persons.       Interested Persons.       Interested Person and the organization       (c) Arnount of assistance assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnou																
section 4958       3       Enter the amount of tax, if any, on line 2, above, relimbursed by the organization       \$       \$         Part II       Loans to and/or From Interested Persons.       Complete if the organization answered 'Yes' on Form 90-EZ, Part V, line 38a or Form 900, Part IV, line 26; or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22.         (a) Name of       (b) Relationship       (c) Purpose (d) Lamb or go of loginal form the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization of log non the organization       (c) Original form the organization       (c) Original form the organization       (c) Interested person       (c) Interested Persons.         ARABELLA ADVISO 35%       CONTSERVICES X       1,086,296.1,086,296.1       X       X       X       X         Interested person       Interested Persons.       Interested Persons.       Interested Persons.       Interested Person and the organization       (c) Arnount of assistance assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnount of assistance interested person and the organization       (c) Arnou																
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(a) Name of interested person       (b) Relationship with organization       (c) Purpose of loan       (f) Loan to or granization       (e) Original principal amount organization       (f) Balance due (g) In default?       (g) In default?       (h) Approved by Deard of committee?       (g) Witten default?         ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       2,670.       X       X       X         ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       2,670.       X       X       X         ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       2,670.       X       X       X         ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       X       X       X       X         Image: Control of the organization	•	0					, Part V	V, line 38a or F	orm	990, Part IV, line	e 26; o	or if th	ie orga	nizatio	n	
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To       From       Yes       No       Yes       No       Yes       No         ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       2,670.       X <td>( )</td> <td></td> <td></td> <td></td> <td>fror</td> <td>m the</td> <td>1 16</td> <td>, .</td> <td>  "</td> <td>) Balarice due</td> <td></td> <td></td> <td>by bo</td> <td>ard or</td> <td></td> <td></td>	( )				fror	m the	1 16	, .	"	) Balarice due			by bo	ard or		
ARABELLA ADVISO 35% CONTCREDITS       X       2,670.       2,670.       X       X       X         ARABELLA ADVISO 35% CONTSERVICES       X       1,086,296.       1,086,296.       X       X       X       X         ARABELLA ADVISO 35% CONTSERVICES       X       1,086,296.       1,086,296.       X       X       X       X         Image: Second					<u> </u>	1					Yes	No			Yes	No
Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27.       (d) Type of assistance         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance	ARABELLA ADV	ISO35%	CONT	CREDITS				2,670.		2,670.		Х	-		Х	
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: state of interested person       Image: state of interested person and the organization       Image: state of	ARABELLA ADV	ISO35%	CONT	SERVICES	X		1,0	86,296.	1,	086,296.		X	X		Х	<u> </u>
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: state of interested person       Image: state of interested person and the organization       Image: state of																<b> </b>
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Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answerd "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         Image: state of interested person       Image: state of interested person and the organization       Image: state of																
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(a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance				-												
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LHA. For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990_E7																
LHA For Paperwork Reduction Act Notice see the Instructions for Form 900 or 900_F7																
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SEE PART V FOR CONTINUATIONS

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Part IV	Business Transacti	ons Involvinc	Interested	d Persons.	
Schedule L	(Form 990 or 990-EZ) 2019	SIXTEEN	THIRTY	FUND	

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	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARABELLA ADVISORS, LLC	35% CONTROLLED ENTI	3,462,967.	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.

932132 10-21-19

Schedule L (Form 990 or 990-EZ) 2019

# 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 CREDITS AND LIABILITIES 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)

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#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Daut

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.

2019
Open to Public

Name of the organization			
	SIXTEEN	THIRTY	FUND

Employer identification number
26-4486735

Pa	rt I   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash contrib	determinir		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	2,207,000	5.FAIR MARKE	VALU	ΓE	
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 organ	ization during	, g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contr	butions?	31	X	
	Does the organization hire or use third parties		-	•				
	contributions?		•			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in a	column (c) fo	r a type of property	for which column (a) is c	hecked,			
	describe in Part II.	( )	,, , , , , , , ,	( )				
LHA		the Instruc	tions for Form 990	).	Schedule	M (Form	990)	2019

Schedule M (Form 990) 2019 SIXTEEN THIRTY FUND	26-4	486735	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 contribution part for any additional information.	33, and whetl mbination of	her the organizati both. Also compl	on ete
SCHEDULE M, PART I, COLUMN (B):			
THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIE	<u> 3UTED (</u>	DEFINED	
AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) ]	IN SCHE	DULE M,	
PART I, COLUMN (B).			
932142 09-27-19	Sch	nedule M (Form §	990) 2019
71			

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection Employer identification number 26-4486735

OMB No. 1545-0047

SIXTEEN THIRTY FUND

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

TYPICAL OF 501(C)4 ORGANIZATIONS.

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

OTHER PROGRAMS.

EXPENSES \$ 5,989,333. INCLUDING GRANTS OF \$ 835,000. 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 2:

ERIC KESSLER, WILBUR PRIESTER, AND ANDREW SCHULZ HAVE A BUSINESS

RELATIONSHIP.

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

SIXTEEN THIRTY FUND CONTRACTED WITH ARABELLA ADVISORS, A PROFESSIONAL

SERVICES FIRM THAT SUPPORTS PHILANTHROPISTS, IMPACT INVESTORS, AND

NONPROFIT ORGANIZATIONS, TO PROVIDE BUSINESS AND ADMINISTRATIVE SERVICES

UNDER AN ADMINISTRATIVE AGREEMENT. IN THAT CAPACITY, ARABELLA SUPPLIES THE

SYSTEMS AND SERVICES TO ENSURE COMPLIANCE WITH FEDERAL, STATE, AND LOCAL

REGULATIONS RELATED TO CHARITABLE SOLICITATION AND PROVIDES HR, LEGAL,

PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR SIXTEEN THIRTY FUND,

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

13401110 146892 800461

2019.05000 SIXTEEN THIRTY FUND

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization SIXTEEN THIRTY FUND	Employer identification number $26-4486735$
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 NECE	SSARY. THE
ORGANIZATION THEN SENDS THE COMPLETED FORM 990 TO ALL MEMB	ERS OF THE BOARD
OF DIRECTORS FOR REVIEW AND COMMENT AND, UPON ADDRESSING A	LL COMMENTS, 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, 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

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PA, RI, SC, TN, UT, VA, WI, WV

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O	(Form 990	or 990-EZ	(2019)
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Name of the organization

SIXTEEN THIRTY FUND

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:RETURN OF PRIOR YEAR GRANT EXPENSE120,000.RETURN OF PRIOR YEAR CONTRIBUTION REVENUE-5,000.TOTAL TO FORM 990, PART XI, LINE 9115,000.

932212 09-06-19

Torm     990-T     Exempt Organization Business Income Tax Return (and proxy tax under section 003(0)) (and tay and tay tay and tay and tay and tay and tay tay and tay and tay a	000 T	<b>Eva</b>		IDED TO NOVE				av Poturr	<b>.</b>	OMB N	lo. 1545-0047
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describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts II-V.       \vert with the same and dentifying number of the parent corporation. ►         Unright tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       \vert with the same and dentifying number of the parent corporation. ►         Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross precipts or sales       c       c       c       (A) Income       (B) Expenses       (C) Net         1a       Gross precipts or sales       c       c       c       (A) Income       (B) Expenses       (C) Net         1a       Gross precipts or sales       c       c       d       (C) Net       (C) Net         1a       Gross precipts or sales       (C) Net       4       (C) Net       (C) Net       (C) Net         1a       Gross precipts (Schedule C)       (E) Advertsing or an S corporation (attach statement)       5       (C) Net       (C) Net         1a       Interest, anchies, royates, and rents from a controlled organization (Schedule C)       (E) (D)       (E)		-		· · ·	1			- ( )			
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?       \vec{\vec{V}} \vec{V} \ve		-	he end of the previou	s sentence, complete Pa	rts I an	d II, complete a	Schedule	M for each addition	hal trade (	)r	
II 'tes' enter the name and identifying number of the parent comportation. ►  I the tools are in care of ► ARABELLA ADVISORS, LLC Telephone number ► (202) 595-1020  Part I Unrelated Trade or Business income (A) Income (B) Expenses (C) Net  a Gross receipts or sales c Baance c C of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule A, line 7) c Cost of goods soid (Schedule C) c Capital loss of deduction for trusts c Cost of goods soid (Schedule C) c Unrelated defu-financed income (Schedule E) c Income (Schedule C) c Unrelated defu-financed income (Schedule E) c Evolute exempt activity income (Schedule E) c Cost of goods and rents from a controlled organization (Schedule G) c Evolute exempt activity income (Schedule B) c Evolute exempt activity income (Schedule B) c Cost of Cost of Cost Cost of			n a cubeidiany in an a	ffiliated group or a paren	t cubci	diany controlled	aroun?	<b></b>		<u> </u>	
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b       Less returns and allowances       c       Balance       10         2       Cost of goods sold (Schedule A, line 7)       2       2         3       3       3       3         4       Capital gain net income (attach Schedule D)       4a       4a         4       Capital loss (form 4797, Part II, line 17) (attach Form 4797)       4b       4c         5       Income (loss) (form a partnership or an S corporation (attach statement)       5       5         6       Rent income (Schedule C)       6       7         10       Increased action to firt trusts       6       7         11       Increased action (Schedule C)       6       7         11       Increased action (Schedule C)       10       10         11       Acvertising income (Schedule J)       11       19,000.       19,000.         12       Other income (Schedule J)       11       19,000.       19,000.         13       19,000.       19,000.       19,000.       19,000.         14       Compensation of officers, directors, and trustees (Schedule K)       14       15         15       Stations and wages       16       16       17         16       Depreciation claimed on Schedule A and elsewhere on r	Part I Unrelate	d Trade or	Business Inc	ome		(A) Incon	ne	(B) Expense	S		(C) Net
2       Cost of goods sold (Schedule A, line 7)       2       3         3       Gross profit. Subtract line 2 from line 1c       3       3       4         4       Capital gas deduction for trusts       4       4       4         5       Income (loss) form a partnership or an S corporation (attach statement)       5       6       6         6       Reprint gas deduction for trusts       6       7       7       6         7       Unrelated debt-finance (income (Schedule E))       7       7       7       7       7         9       Investment income of a section 601(c)(7), (9), or (17) organization (Schedule F)       8       8       9       10       10       10       10       10       10       10       10       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       10       11       10       10       10       11       10<	1a Gross receipts or sale	es									
3       Gross profit. Subtract line 2 from line 1c       3         4a       Capital gain net income (attach Schedule D)       4a         5       Net gain (loss) (Form 477, Part II, line 17) (attach Form 4737)       4a         6					1c						
4a       4a         b Net gain (tess) (form 4797, Part II, Inn 7) (attach Form 4797)       4a         c Capital loss deduction for trusts       4a         5 Income (loss) form a partnership or an S corporation (attach statement)       5         6 Rent income (Schedule C)       6         7 Umrelated debt-finance dincome (Schedule E)       7         8 Interest, annuties, royaties, and rents from a controlled organization (Schedule G)       9         9 Investment income of a section 501(C/17), (9), or (17) organization (Schedule G)       9         11 Advertising income (Schedule J)       10         12 Other income (Schedule J)       11         13 10, 00.0.       19,000.0.         13 12, 00.0.       19,000.0.         14 Compensation of officers, directors, and furstees (Schedule K)       14         15 Salaries and wages       15         16 Repairs and maintenance       16         17 Tasta. Combine lines 3 through 12       11         18 Interest (attach schedule) (see instructions)       18         19 Deductions must be directly connected with the unrelated business income.)       14         15 Salaries and wages       16         19 Tases and licenses       17         10 Depreciation of attech Form 4562)       20         12 Less depreciation claimed on Schedule A a											
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16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule) (see instructions)       18         19       Taxes and licenses       19         20       20       21         21       Less depreciation claimed on Schedule A and elsewhere on return       21a       21b         22       23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess readership costs (Schedule I)       26         27       Other deductions (attach schedule)       SEE STATEMENT 2         27       1, 500.       28         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17, 500.         30       O.       31       17, 500.       31       17, 500.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17, 500.       50         32701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)									15		
18       Interest (attach schedule) (see instructions)       18         19       Taxes and licenses       19         20       Depreciation (attach Form 4562)       21         21       Less depreciation claimed on Schedule A and elsewhere on return       21a       21b         22       Depletion       22       23         23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess readership costs (Schedule I)       25         26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       25         28       Total deductions. Add lines 14 through 27       28       1, 500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17, 500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17, 500.         923701 01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)									16		
19       Taxes and licenses       19         20       Depreciation (attach Form 4562)       20         21       Less depreciation claimed on Schedule A and elsewhere on return       21a       21b         22       Depletion       22         23       Contributions to deferred compensation plans       23         24       23       24         25       Excess exempt expenses (Schedule I)       26         26       27       1,500.         27       Other deductions (attach schedule)       28         28       Total deductions. Add lines 14 through 27       28         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17, 500.         30       Oe.       31       17, 500.       31       17, 500.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17, 500.       50.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17, 500.       50.         32301       0.       0.       31       17, 500.       50.         32301       0.       0.       31       17, 500.       50.									17		
20       Depreciation (attach Form 4562)       20         21       Less depreciation claimed on Schedule A and elsewhere on return       21a       21b         22       Depletion       22         23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess exempt expenses (Schedule I)       25         26       27       Other deductions (attach schedule)       28         27       Other deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       O.       31       17,500.       31       17,500.         31       Unrelated business taxable income. Subtract line 29       31       17,500.	18 Interest (attach sche	edule) (see inst	ructions)						18		
21       Less depreciation claimed on Schedule A and elsewhere on return       21a       21b         22       Depletion       22         23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess exempt expenses (Schedule I)       25         26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       27       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701 01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)									19		
22       Depletion       22         23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess exempt expenses (Schedule I)       25         26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       28       1,500.         28       Total deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       O.       30       0.       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.       31       17,500.         923701 01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
23       Contributions to deferred compensation plans       23         24       Employee benefit programs       24         25       Excess exempt expenses (Schedule I)       25         26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       27       1,500.         28       Total deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701 01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
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25       Excess exempt expenses (Schedule I)       25         26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       SEE STATEMENT 2       27       1,500.         28       Total deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
26       Excess readership costs (Schedule J)       26         27       Other deductions (attach schedule)       SEE STATEMENT 2       27       1,500.         28       Total deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
27       Other deductions (attach schedule)       SEE       STATEMENT       2       27       1,500.         28       Total deductions. Add lines 14 through 27       28       1,500.       29       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
28       Total deductions. Add lines 14 through 27       28       1,500.         29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)	20 EXCESS readerShip C	usis (Schedule)	J)			ਧਧ2	ሮሞኔጦ	ЕМЕИТ 2			1 500
29       Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13       29       17,500.         30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17,500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
30       Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)       30       0.         31       Unrelated business taxable income. Subtract line 30 from line 29       31       17, 500.         923701       01-27-20       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2019)											
(see instructions)300.31Unrelated business taxable income. Subtract line 30 from line 293117,500.92370101-27-20LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2019)									23		_ , ,
31       Unrelated business taxable income. Subtract line 30 from line 29         923701       01-27-20         LHA       For Paperwork Reduction Act Notice, see instructions.         Form       990-T         (2019)		-		-	-				30		0.
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)											
				, see instructions.					ł		

13401110 146892 800461

75 2019.05000 SIXTEEN THIRTY FUND

Form 990	D-T (2019)	SIXTEEN THIRTY FUND				26-	-4486735 Page 2
Part		Total Unrelated Business Taxab	le Income				
32	Total of	unrelated business taxable income computed	from all unrelated trades or businesses (s	ee instructions)		32	17,500.
						33	
34	Charita	ts paid for disallowed fringes ble contributions (see instructions for limitation	n rules) STMT 3	STMT 4		34	1,650.
35		nrelated business taxable income before pre-20				35	15,850.
36	Deducti	on for net operating loss arising in tax years be	eginning before January 1, 2018 (see inst	ructions)		36	
37		unrelated business taxable income before spe				37	15,850.
38		, c deduction (Generally \$1,000, but see line 38 i				38	1,000.
		ed business taxable income. Subtract line 38	. ,				i
				,		39	14,850.
Part	IV	Tax Computation					
40		zations Taxable as Corporations. Multiply line	39 by 21% (0.21)		•	40	3,119.
		<b>Faxable at Trust Rates.</b> See instructions for ta					
			1041)		▶	41	
42		ax. See instructions			·····	42	
43	Alternat	tive minimum tax (trusts only)				43	
44	Tay on	Noncompliant Facility Income. See instructio	ne			44	
		Add lines 42, 43, and 44 to line 40 or 41, which				45	3,119.
		Tax and Payments	ever applies			40	
		tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	46a			
		, , , , , , , , , , , , , , , , , , ,					
			Nr 0007\				
		or prior year minimum tax (attach Form 8801 c				40.	
		redits. Add lines 46a through 46d				46e	3,119.
47	Subtrac	t line 46e from line 45 axes. Check if from: Form 4255 I				47	
48						48	2 110
		x. Add lines 47 and 48 (see instructions)				49	3,119.
50		et 965 tax liability paid from Form 965-A or For		1 1		50	0.
		ts: A 2018 overpayment credited to 2019					
		stimated tax payments			0 000		
		posited with Form 8868			8,000.		
		organizations: Tax paid or withheld at source (					
e	Backup	withholding (see instructions)		51e			
		or small employer health insurance premiums		51f			
g			rm 2439				
			her Total				
52		ayments. Add lines 51a through 51g				52	8,000.
53		ed tax penalty (see instructions). Check if Form				53	122.
54		e. If line 52 is less than the total of lines 49, 50,			►	54	
55		yment. If line 52 is larger than the total of lines			-	55	4,759.
56		e amount of line 55 you want: Credited to 202			Refunded 🕨 🕨	56	0.
Part		Statements Regarding Certain	Activities and Other Informa	tion (see instr	ructions)		
57	At any t	ime during the 2019 calendar year, did the org	anization have an interest in or a signatur	e or other authorit	у		Yes No
		inancial account (bank, securities, or other) in a		-			
	FinCEN	Form 114, Report of Foreign Bank and Financia	al Accounts. If "Yes," enter the name of th	e foreign country			
	here	▶					X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or <sup>1</sup>	transferor to, a for	eign trust?		X
	lf "Yes,"	see instructions for other forms the organizati	on may have to file.				
59	Enter th	e amount of tax-exempt interest received or ac	crued during the tax year 🕨 💲				
<u> </u>		nder penalties of perjury, I declare that I have examined t prect, and complete. Declaration of preparer (other than				lge and be	elief, it is true,
Sign					M	w the IPS	discuss this return with
Here			EXECU	TIVE DIR	ECTOR the		r shown below (see
		Signature of officer	Date Title		ins	structions)	)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check if	f PTIN	N
Paid			· •		self- employed		
	) Darer	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/10/20		P(	01262236
-	Only	Firm's name ► MOSS ADAMS L			Firm's EIN 🕨		1-0189318
0.56	Unity	101 SECOND					
		Firm's address <b>SAN FRANCI</b>			Phone no. 4	15-9	956-1500
923711	01-27-20						Form <b>990-T</b> (2019)
	•		76				

2019.05000 SIXTEEN THIRTY FUND

#### Form 990-T (2019) SIXTEEN THIRTY FUND

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation 🕨 N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)			8	Do the rules of section				Ye	s No
<b>b</b> Other costs (attach schedule)				property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perc rent for personal property is more t 10% but not more than 50%)	entage of than	` of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) a	r conneo nd 2(b) (	cted with the income attach schedule)	e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	►			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)		_			
			2	Gross income from		<ol> <li>Deductions directly con to debt-finance</li> </ol>			
1. Description of debt-fina	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedul	ions e)
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		<ul><li>7. Gross income reportable (column 2 x column 6)</li></ul>		<b>8.</b> Allocable dedu (column 6 x total of 3(a) and 3(b	columns
(1)			1	%					
(2)				%					
(3)				%					
(4)				%					
_ · ·						nter here and on page 1, Part I, line 7, column (A).		Enter here and on p Part I, line 7, colum	
Totals Total dividends-received deductions inc			· · · · · · · · · · · · · · · · · · ·	►	<u> </u>	0	•		0.

Form **990-T** (2019)

26-4486735

Page 3

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orm 990-T (2019) SIXTE	EN THIRTY F	UND						26-44	8673	5 Pag
chedule F - Interest,	Annuities, Roya	lties, an	d Rents	From Co	ntrolle	d Organiza	ntions	(see ins	struction	s)
			Exempt C	Controlled O	rganizatio	ons				
<b>1.</b> Name of controlled organiza	ident	mployer ification Imber		elated income instructions)		al of specified nents made	include	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
1)										
<u>2)</u>										
3)										
4)										
onexempt Controlled Orgar	nizations		1							
7. Taxable Income	8. Net unrelated inco (see instructio		9. Total o	of specified payn made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	is included ization's		ductions directly connect income in column 10
1)										
2)										
3)										
4)										
						Add colun Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
tala							,	0.		(
chedule G - Investme	ent Income of a	Section	501(c)(7	) (9) or (*	17) Oro	anization		0.		
	structions)	Section	501(0)(7	, ( <b>3</b> ), 01 (		Janization				
<b>1</b> . Des	scription of income			2. Amount of	income	3. Deductio directly conne (attach scheo	ected	<b>4.</b> Set- (attach s	asides schedule)	<b>5.</b> Total deduction and set-asides (col. 3 plus col. 4
)							,			
2)										
3)										
4)										
				Enter here and o Part I, line 9, co						Enter here and on pag Part I, line 9, column (I
										,
otals			▶		0.					(
chedule I - Exploited (see instr	-	y Incom	e, Other	Than Adv	ertisin	g Income				- -
		2 -		4. Net incom	ie (loss)					7 -
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of un	penses connected oduction related is income	from unrelated business (co minus columi gain, compute through	lumn 2 n 3). If a e cols. 5	<ol> <li>Gross inco from activity is not unrelat business inco</li> </ol>	that ted	<b>6.</b> Exp attribut colur		<ol> <li>Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ol>
4)				anough	<i>.</i>					
1)		_								
2)										
3)										
4)										
	Enter here and on		re and on							Enter here and
	page 1, Part I, line 10, col. (A).		1, Part I, , col. (B).							on page 1, Part II, line 25.
otals			0.							
<sup>btals</sup> ► Schedule J - Advertis										
	Periodicals Rep			batabilo	Rasis					
				onduced	Buolo					
	2. Gross		3. Direct	4. Advert	ising gain ol. 2 minus	5. Circula	tion	<b>6</b> . Read	ership	7. Excess readership costs (column 6 minu
1. Name of periodical	advertising income		ertising costs	col. 3). If a ga cols. 5 th	ain, compute			cost		column 5, but not mor than column 4).
1)										
2)										
3)				-						
				-						
4)										
			-			1				
otals (carry to Part II, line (5))	►	0.	0	•						(

0 • Form **990-T** (2019)

923731 01-27-20

#### Form 990-T (2019) SIXTEEN THIRTY FUND

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Fotals from Part I 🛛 🕨 🕨	0.	C	•				C
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and or page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.
Fotals, Part II (lines 1-5)	0.	C					C
Schedule K - Compensation	n of Officers, D	Directors, ar	d Trustees (see in	nstructions)			
1. Name			2. Title	3. Perce time devo busine	ted to		ensation attributable related business
(1)					%		
(2)					%		
(3)					%		
(4)					%		
Fotal. Enter here and on page 1, Part II, li	ine 14	•					C

Form **990-T** (2019)

923732 01-27-20

SIXTEEN THIRTY FUND

26 - 4486735

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
CONSULTING REVENUE		19,000.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	19,000.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,500.
TOTAL TO FORM 990-T, PAGE	1 I TNE 27	1,500.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS	N/A	2,330,745.
TOTAL TO FORM 990-T, PAGE 2, LI	INE 34	2,330,745.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2,330,745	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2,330,745 1,650	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	2,329,095 0 2,329,095	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		_ 1,650
TOTAL CONTRIBUTION DEDUCTION		1,650