

PUBLIC DISCLOSURE COPY

**Form 990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> HOPEWELL FUND		<b>D Employer identification number</b> 47-3681860
	Doing business as		<b>E Telephone number</b> (202) 664-8763
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1201 CONNECTICUT AVENUE NW Room/suite 300		<b>G Gross receipts \$</b> 159,029,026.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
<b>F Name and address of principal officer:</b> LEE BODNER SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ WWW.HOPEWELLFUND.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 2015 **M State of legal domicile:** DC

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE HOPEWELL FUND SPECIALIZES IN HELPING SOCIAL/CORPORATE ENTREPRENEURS AND OTHER CHANGEMAKERS LAUNCH		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	3
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	3
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	137
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	320
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	64,615,634.	84,219,888.
	<b>9</b> Program service revenue (Part VIII, line 2g)	254,796.	194,869.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,848,109.	2,294,026.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,875.	255,943.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,892,414.	86,964,726.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,039,868.	78,913,765.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,843,321.	11,027,778.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	78,981.	17,082.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,287.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,151,067.	17,730,683.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,113,237.	107,689,308.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-11,220,823.	-20,724,582.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 130,298,757.	<b>End of Year</b> 135,001,987.
	<b>21</b> Total liabilities (Part X, line 26)	24,876,227.	49,894,785.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	105,422,530.	85,107,202.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	LEE BODNER, BOARD CHAIR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHAEL LUMSDEN	Preparer's signature MICHAEL LUMSDEN	Date 11/11/20	Check if self-employed <input type="checkbox"/>	PTIN P01262236
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Phone no. 415-956-1500		
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE HOPEWELL FUND IS A 501(C)(3) NONPROFIT THAT USES FISCAL SPONSORSHIP AND CHARITABLE GRANT-MAKING TO SUPPORT DOMESTIC AND INTERNATIONAL INITIATIVES AIMED AT ADVANCING PUBLIC GOOD AND ACHIEVING EQUITY FOR ALL PEOPLE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 75,635,286. including grants of \$ 60,824,440. ) (Revenue \$ 30,000. ) CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY: HOPEWELL'S PORTFOLIO OF CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY FOCUS AREAS INCLUDE ADDRESSING INCOME INEQUALITY, IMPROVING CIVIC ENGAGEMENT AMONG TRADITIONALLY UNDERREPRESENTED GROUPS, AND ADVANCING STATE LEVEL ECONOMIC AND DEMOCRACY REFORMS.

4b (Code: ) (Expenses \$ 22,600,310. including grants of \$ 17,309,790. ) (Revenue \$ 14,047. ) HEALTH: HOPEWELL'S PORTFOLIO OF HEALTH FOCUS AREAS INCLUDES WOMEN'S HEALTH, HEALTHCARE ACCESS, AND REDUCING HEALTH DISPARITIES AND AVOIDABLE INFANT MORTALITY.

4c (Code: ) (Expenses \$ 5,111,705. including grants of \$ 779,535. ) (Revenue \$ 150,822. ) OTHER PROGRAM SERVICES.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 103,347,301.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting 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 other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE BODNER BOARD CHAIR AND PRESIDENT	1.00	X		X				0.	0.	0.
(2) MICHAEL SLABY SECRETARY	1.00	X		X				0.	0.	0.
(3) SAMPRITI GANGULI TREASURER THROUGH 12/31/2019	1.00	X		X				0.	0.	0.
(4) ANDREW SCHULZ GENERAL COUNSEL	1.00			X				3,278.	0.	0.
(5) WILBUR PRIESTER CFO THROUGH 9/1/2019	1.00			X				0.	0.	0.
(6) COURTNEY CUFF PROJECT DIRECTOR	40.00					X		300,975.	0.	46,274.
(7) RENAISSA S. ANTHONY PROJECT DIRECTOR	40.00					X		255,552.	0.	13,186.
(8) TAMER MOKHTAR PROJECT DIRECTOR	40.00					X		242,100.	0.	766.
(9) NATALIE FOSTER PROJECT CO-CHAIR	36.00					X		209,027.	0.	1,057.
(10) MEAGAN CAVANAUGH PROJECT DIRECTOR	40.00					X		204,500.	0.	29,590.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....								1,215,432.	0.	90,873.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,215,432.	0.	90,873.

**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 **28**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARABELLA ADVISORS, 1201 CONNECTICUT AVE NW, STE 300, WASHINGTON, DC 20036	ADMIN., OPERATIONS & MANAGEMENT SERVICES	4,858,669.
THE OPERATIONS GROUP, 1629 K ST NW, SUITE 300, WASHINGTON, DC 20006	CONSULTING: PROJECT SUPPORT	899,981.
PERKINS COIE LLP, 1201 THIRD AVE, SUITE 4900, SEATTLE, WA 98101	LEGAL FEES	654,683.
THE MOVEMENT COOPERATIVE, 200 SCHERMERHORN ST, SUITE 326, BROOKLYN, NY 11201	CONSULTING: PROJECT MANAGEMENT	634,825.
HCM STRATEGISTS, LLC, 1156 15TH ST. NW, SUITE 850, WASHINGTON, DC 20005	CONSULTING: PROJECT MANAGEMENT	382,000.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>24</b>		

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	84,219,888.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 13,632,498.				
	<b>h Total.</b> Add lines 1a-1f .....			84,219,888.			
Program Service Revenue	<b>2 a</b> CONSULTING REVENUE .....	<b>Business Code</b>					
		541900	180,822.	180,822.			
	<b>b</b> PRI INTEREST INCOME .....	900099	14,047.	14,047.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			194,869.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,719,773.			1,719,773.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	72,638,553.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	72,007,706.	56,594.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	630,847.	-56,594.			
	<b>d</b> Net gain or (loss) .....			574,253.		574,253.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> GENERAL ADMIN RETAINER .....	<b>Business Code</b>					
		541900	209,181.		209,181.		
	<b>b</b> MISCELLANEOUS REVENUE .....	900099	46,762.		46,762.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			255,943.				
<b>12 Total revenue.</b> See instructions .....			86,964,726.	194,869.	0.	2,549,969.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	76,024,765.	76,024,765.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,889,000.	2,889,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,278.		3,278.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,943,952.	8,889,078.	24,664.	30,210.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	311,144.	308,867.	1,227.	1,050.
<b>9</b> Other employee benefits .....	1,090,855.	1,075,871.	11,327.	3,657.
<b>10</b> Payroll taxes .....	678,549.	672,969.	3,292.	2,288.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	9,119,491.	5,167,032.	3,952,459.	
<b>b</b> Legal .....	916,160.	893,884.	22,276.	
<b>c</b> Accounting .....	27,500.		27,500.	
<b>d</b> Lobbying .....	141,314.	141,314.		
<b>e</b> Professional fundraising services. See Part IV, line 17	17,082.			17,082.
<b>f</b> Investment management fees .....	136,208.		136,208.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,128,321.	3,112,626.	15,695.	
<b>12</b> Advertising and promotion .....	639,119.	629,669.	9,450.	
<b>13</b> Office expenses .....	111,222.	107,725.	3,497.	
<b>14</b> Information technology .....	273,853.	232,743.	41,110.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	359,990.	359,990.		
<b>17</b> Travel .....	899,761.	899,400.	361.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	643,804.	643,650.	154.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	56,121.	27,979.	28,142.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LOSS ON PROGRAM LOAN	748,000.	748,000.		
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	529,819.	522,739.	7,080.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	107,689,308.	103,347,301.	4,287,720.	54,287.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,605,086.	<b>1</b>	5,386,387.
	<b>2</b> Savings and temporary cash investments .....	33,110,025.	<b>2</b>	48,767,572.
	<b>3</b> Pledges and grants receivable, net .....	1,620,416.	<b>3</b>	10,584,895.
	<b>4</b> Accounts receivable, net .....	63,624.	<b>4</b>	170,384.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	3,440.	<b>5</b>	30,046.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	3,965.	<b>9</b>	41,115.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 106,338.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 24,256.	112,024.	<b>10c</b> 82,082.
	<b>11</b> Investments - publicly traded securities .....	86,995,304.	<b>11</b>	64,267,345.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	1,768,413.	<b>13</b>	5,652,858.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	16,460.	<b>15</b>	19,303.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	130,298,757.	<b>16</b>	135,001,987.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,003,475.	<b>17</b>	1,791,183.
	<b>18</b> Grants payable .....	23,007,467.	<b>18</b>	46,656,098.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	865,285.	<b>22</b>	1,447,504.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,876,227.	<b>26</b>	49,894,785.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	69,288,428.	<b>27</b>	42,157,401.
	<b>28</b> Net assets with donor restrictions .....	36,134,102.	<b>28</b>	42,949,801.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	105,422,530.	<b>32</b>	85,107,202.
<b>33</b> Total liabilities and net assets/fund balances .....	130,298,757.	<b>33</b>	135,001,987.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	86,964,726.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	107,689,308.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-20,724,582.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	105,422,530.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,756.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	392,498.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	85,107,202.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>		X
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> HOPEWELL FUND	<b>Employer identification number</b> 47-3681860
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,895,270.	16,579,022.	130,409,341.	64,615,634.	84,219,888.	302,719,155.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6,895,270.	16,579,022.	130,409,341.	64,615,634.	84,219,888.	302,719,155.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						123,473,525.
<b>6 Public support.</b> Subtract line 5 from line 4.						179,245,630.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	6,895,270.	16,579,022.	130,409,341.	64,615,634.	84,219,888.	302,719,155.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1.	833.	24,883.	1,348,857.	1,719,773.	3,094,347.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		1,052.	24,647.	173,875.	255,943.	455,517.
<b>11 Total support.</b> Add lines 7 through 10						306,269,019.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	545,665.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 1,052.

2017 AMOUNT: \$ 24,647.

2018 AMOUNT: \$ 173,875.

2019 AMOUNT: \$ 255,943.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2019

Name of the organization

HOPEWELL FUND

Employer identification number

47-3681860

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  HOPEWELL FUND	Employer identification number  47-3681860
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 36,284,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 702,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 12,589,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 8,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 460,531.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 2,784,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HOPEWELL FUND	Employer identification number  47-3681860
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,740,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  HOPEWELL FUND	Employer identification number  47-3681860
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 12,589,600.	01/23/19
5	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 460,531.	07/22/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  HOPEWELL FUND	Employer identification number  47-3681860
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">HOPEWELL FUND</p>	Employer identification number <p style="text-align: center;">47-3681860</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		21,863.
<b>d</b> Mailings to members, legislators, or the public?	X		34,982.
<b>e</b> Publications, or published or broadcast statements?	X		2,913.
<b>f</b> Grants to other organizations for lobbying purposes?	X		3,653,692.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		153,805.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		11,826.
<b>i</b> Other activities?	X		2,752,983.
<b>j</b> Total. Add lines 1c through 1i			6,632,064.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

HOPEWELL HAS CONDUCTED LOBBYING ACTIVITIES WITH RESPECT TO LEGISLATION

RELATED TO EDUCATION, HEALTH, TAX REFORM, AND OTHER ISSUES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization HOPEWELL FUND Employer identification number 47-3681860

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a list of questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		12,440.	3,239.	9,201.
e Other		93,898.	21,017.	72,881.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				82,082.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	87,354,322.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 16,756.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b> 452,454.		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	469,210.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	86,885,112.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 136,208.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -56,594.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	79,614.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	86,964,726.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	107,669,650.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 116,550.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	116,550.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	107,553,100.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 136,208.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	136,208.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	107,689,308.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE FUND DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS OR UNRELATED

BUSINESS INCOME. THE FUND FILES EXEMPT FUND RETURNS AND, IF APPLICABLE,

UNRELATED BUSINESS INCOME TAX RETURNS IN THE U.S. FEDERAL AND STATE

JURISDICTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSET -56,594.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS IN DISPOSAL OF FIXED ASSETS 56,594.

REVERSAL OF PRIOR YEAR CONTRIBUTION/PLEDGE REVENUE 59,956.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 116,550.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Employer identification number

HOPEWELL FUND

47-3681860

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		2,889,000.
<b>3 a</b> Subtotal .....	0	0			2,889,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,889,000.

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

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	2,850,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	39,000.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities ..... **0**

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

THE ORGANIZATION GENERALLY REQUIRES A WRITTEN PROPOSAL DESCRIBING HOW THE

GRANT FUNDS WILL BE USED, AND PRE-GRANT INQUIRY IS THEN CONDUCTED TO

EVALUATE THE GRANTEE. 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.

Multiple horizontal lines for supplemental information input.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization: **HOPEWELL FUND** Employer identification number: **47-3681860**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAMPAIGN FINANCE CONSULTANTS - 750 FIRST STREET NE #1080, KATZ WATSON GROUP - 201 MASSACHUSETTS AVENUE NE,	PERSONAL OUTREACH		X	12,500.	6,250.	6,250.
	PERSONAL OUTREACH		X	12,500.	6,250.	6,250.
<b>Total</b>				25,000.	12,500.	12,500.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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



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

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

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

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

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: CAMPAIGN FINANCE CONSULTANTS

(I) ADDRESS OF FUNDRAISER:

750 FIRST STREET NE #1080, WASHINGTON, DC 20002

(I) NAME OF FUNDRAISER: KATZ WATSON GROUP

(I) ADDRESS OF FUNDRAISER:

201 MASSACHUSETTS AVENUE NE, SUITE C8, WASHINGTON, DC 20002



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **HOPEWELL FUND** Employer identification number **47-3681860**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN - 207 E BUFFALO STREET - MILWAUKEE, WI 53202	34-1246311	501(C)(3)	32,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
A WOMAN'S CHOICE OF JACKSONVILLE, INC - 4131 UNIVERSITY BLVD - JACKSONVILLE, FL 32216	04-3590126		33,250.	0.			HEALTH
ABORTION ACCESS FOR ALL INC 37 POCHA RD EDGARTOWN, MA 02439	84-1748548		23,750.	0.			HEALTH
ACCELERATE CHANGE, INC. 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108	84-3400062		2,075,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCESS HEALTH CENTER 1700 75TH ST DOWNERS GROVE, IL 60516	74-2611798		233,306.	0.			HEALTH
ACTIONN 627 SUNNYSIDE DRIVE RENO, NV 81501	80-0732126	501(C)(3)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 169.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 51.

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTUATE INNOVATION INC 555 BRYANT STREET, #878 PALO ALTO, CA 94301	35-2668523	501(C)(3)	481,530.	0.			OTHER PROGRAMS
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	37,084.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANTAGE HEALTH CARE LTD P.O. BOX 1025 ARLINGTON HEIGHTS, IL 60006	36-4167859		160,101.	0.			HEALTH
AIDS HEALTHCARE FOUNDATION 1951 NW 7 AVE, SUITE 600 MIAMI, FL 33136	95-4112121	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLEGHENY REPRODUCTIVE HEALTH CENTER - 5910 KIRKWOOD ST - PITTSBURGH, PA 15206	82-0598328		60,000.	0.			HEALTH
ALLENTOWN WOMEN'S CENTER 31 S COMMERCE WAY BETHLEHEM, PA 18017	23-2073222		20,000.	0.			HEALTH
ALLIANCE FOR A JUST SOCIETY 3518 S EDMUNDS STREET SEATTLE, WA 98118	91-1635554	501(C)(3)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA VOTES 1155 CONNECTICUT AVE NW WASHINGTON, DC 20036	26-4568349	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC - 125 BROAD STREET - NEW YORK, NY 10004	13-6213516	501(C)(3)	1,992,174.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
AMERICAN CONSTITUTION SOCIETY FOR LAW AND POLICY - 1899 L STREET NW - WASHINGTON, DC 20036	52-2313694	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN SUSTAINABLE BUSINESS INSTITUTE INC - 1140 3RD STREET NE - WASHINGTON, DC 20002	45-2384297	501(C)(3)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA ADVOCACY FOUNDATION 221 E INDIANOLA AVENUE PHOENIX, AZ 85012	02-0565840	501(C)(3)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA CENTER FOR EMPOWERMENT 3120 N 19TH AVE PHOENIX, AZ 85015	27-2366780	501(C)(3)	23,605.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARMADA NONPROFIT 46235 SE 139TH PL NORTH BEND, WA 98045	83-4410133	501(C)(3)	11,861.	0.			HEALTH
ASIAN COMMUNITY DEVELOPMENT COUNCIL - 2610 S. JONES BLVD. SUITE #3 - LAS VEGAS, NV 89146	47-2438087	501(C)(3)	152,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASOCIACION PUERTORRIQUENA PRO BIENESTAR DE LA FAMILIA - 117 CALLE PADRE LAS CASAS - SAN JUAN, PR 00918	23-7034732	501(C)(3)	52,000.	0.			HEALTH
ASPEN INSTITUTE 1 DUPONT CIRCLE NW, SUITE 700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BATTLE BORN PROGRESS 2275 RENAISSANCE DRIVE, SUITE A LAS VEGAS, NV 89119	27-0854852	501(C)(4)	178,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
BELL POLICY CENTER 1905 SHERMAN ST. DENVER, CO 80203	84-1550841	501(C)(3)	199,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER PENNSYLVANIA INC 1740 MAIN STREET MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	186,400.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLUE MOUNTAIN CLINIC 610 N. CALIFORNIA MISSOULA, MT 59802	81-0365291	501(C)(3)	36,779.	0.			HEALTH
BRANDEIS UNIVERSITY 415 SOUTH STREET MS035 WALTHAM, MA 02453	04-2103552	501(C)(3)	22,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BUSINESS FOR AMERICA EDUCATION FUND - 1233 20TH ST NW - WASHINGTON, DC 20036	81-5068429	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BVM CAPACITY BUILDING INSTITUTE INC - 4751 BEST ROAD - ATLANTA, GA 30337	82-3835203	501(C)(3)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET SACRAMENTO, CA 95814	68-0346784	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CALIFORNIA COMMISSION ON THE STATUS OF WOMEN AND GIRLS - 900 N STREET - SACRAMENTO, CA 95814		STATE OF CA	10,290,000.	0.			HEALTH
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA ST. LOS ANGELES, CA 90012	95-3510055	501(C)(3)	2,110,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD PASADENA, CA 91125	95-1643307	501(C)(3)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CAROLINA ABORTION FUND 1411-B CLARENDON ST DURHAM, NC 27705	45-3810502	501(C)(3)	6,735.	0.			OTHER PROGRAMS
CEDAR RIVER CLINIC 106 EAST E STREET YAKIMA, WA 98901	91-1083929	501(C)(3)	120,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTENNIAL STATE PROSPERITY 1274 ADAMS ST DENVER, CO 80206	84-3973327	501(C)(4)	195,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR MEDIA AND DEMOCRACY, INC. - 122 W WASHINGTON AVENUE, SUITE 830 - MADISON, WI 53703	39-1777402	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET NEW YORK, NY 10038	13-3669731	501(C)(3)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR TECHNOLOGY AND CIVIC LIFE - 233 N MICHIGAN AVE - CHICAGO, IL 60601	47-2158694	501(C)(3)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTRAL ARIZONANS FOR A SUSTAINABLE ECONOMY - 801 N 2ND AVE - PHOENIX, AZ 85003	26-1689914	501(C)(3)	34,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHILDREN'S ACTION ALLIANCE 3030 N. 3RD ST. SUITE 650 PHOENIX, AZ 85012	86-0594785	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
CHILDRENS GUILD 6802 MCCLEAN BLVD PARKVILLE, MD 21234	52-0634411	501(C)(3)	77,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHOOSE LOVE INC 45 WEST 36TH ST., 6TH FLOOR NEW YORK, NY 10018-7635	83-1378746	501(C)(3)	975,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CIVIC NATION 1156 15TH ST. NW WASHINGTON, DC 20005	47-3576918	501(C)(3)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CIVIL RIGHTS CORPS 910 17TH STREET NW WASHINGTON, DC 20006	81-3422012	501(C)(3)	646,870.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO CIVIC EDUCATION PO BOX 1377 DENVER, CO 80201	27-4388372	501(C)(3)	264,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLOROFCHANGE.ORG EDUCATION FUND 1714 FRANKLIN ST. OAKLAND, CA 94612	45-5569879	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON CAUSE EDUCATION FUND 805 15TH STREET NW WASHINGTON, DC 20005	31-1705370	501(C)(3)	190,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMUNITY FOUNDATION OF SAN JOAQUIN, INC - 6753 HERNDON PLACE, SUITE B - STOCKTON, CA 95219	26-1476916	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONGREGATION OF ST. JOSEPH-MINISTRY AGAINST THE DEATH - 3009 GRAND RTE. ST. JOHN #6 - NEW ORLEANS, LA 70119	04-3588640	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
CONSUMERS FOR AFFORDABLE HEALTH CARE - 12 CHURCH STREET - AUGUSTA, ME 04330	04-3366975	501(C)(3)	6,677.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COUNT MI VOTE P.O. BOX 16180 LANSING, MI 48901	82-1389940	501(C)(4)	42,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COUNT MI VOTE EDUCATION FUND P.O. BOX 16180 LANSING, MI 48901	83-1771426	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMOCRACY 21 EDUCATION FUND 1913 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	52-1956824	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ECOAMERICA 1730 RHODE ISLAND AVE NW WASHINGTON, DC 20036	20-3895611	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ECONOMIC POLICY INSTITUTE 1225 I ST NW SUITE 600 WASHINGTON, DC 20005	52-1368964	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ECONOMIC SECURITY PROJECT ACTION INC - 51 EAST 12TH ST, 2ND FLOOR - NEW YORK, NY 10003	83-2050594	501(C)(4)	190,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EMMA GOLDMAN CLINIC 227 N. DUBUQUE ST. IOWA CITY, IA 52445	42-1009939	501(C)(3)	143,095.	0.			HEALTH
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S. NEW YORK, NY 10010	11-6107128	501(C)(3)	2,055,042.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
EQUAL JUSTICE WORKS 1730 M ST NW WASHINGTON, DC 20036	52-1469738	501(C)(3)	372,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EQUALITY HEALTH CENTER 38 S. MAIN ST. CONCORD, NH 03301-4817	23-7368251	501(C)(3)	143,720.	0.			HEALTH
EQUALITY NOW, INC 125 MAIDEN LANE NEW YORK, NY 10038	13-3660566	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ESSENTIAL ACCESS HEALTH 3600 WILSHIRE BOULEVARD LOS ANGELES, CA 90010	95-2564024	501(C)(3)	7,000.	0.			OTHER PROGRAMS
FAIR DISTRICTS FUND 1223 EYE ST NW #1250 WASHINGTON, DC 20005	82-2031949	501(C)(3)	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FUTURE NC 8 ST. MARY'S STREET #4 RALEIGH, NC 27605	84-3038674	501(C)(4)	573,484.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR WORK CENTER 116 WARREN AVE N, SUITE A SEATTLE, WA 98109	47-5249092	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY PLANNING ASSOCIATES MEDICAL GROUP LTD - 659 W. WASHINGTON BLVD. - CHICAGO, IL 60661	94-3160268		1,192,174.	0.			HEALTH
FAMILY PLANNING ASSOCIATION OF MAINE - PO BOX 587 - AUGUSTA, ME 04332	01-0317679	501(C)(3)	172,112.	0.			HEALTH

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.)

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FAMILY REPRODUCTIVE HEALTH 700 E HEBRON ST CHARLOTTE, NC 28273	56-1799881		142,008.	0.			HEALTH
FAMM FOUNDATION 1100 H STREET NW WASHINGTON, DC 20005	52-1750246	501(C)(3)	187,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FEMINIST WOMEN'S HEALTH CENTER INC 1924 CLIFF VALLEY WAY NE ATLANTA, GA 30329	58-1273243	501(C)(3)	226,974.	0.			HEALTH
FICTILIS, LLC 817 WOOD ST OAKLAND, CA 94607	27-4859769		10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA PHILANTHROPIC NETWORK INC 5421 BEAUMONT CENTER BLVD STE 655 TAMPA, FL 33634	20-1328734	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA VOICES FOR HEALTH INC 12978 SE 44TH ST MIRAMAR, FL 33027	82-0921929	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOR OUR FUTURE ACTION FUND 1411 K STREET NW, STE. 900 WASHINGTON, DC 20005	81-2638345	501(C)(4)	291,174.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FRIENDS OF LACOE: A FOUNDATION FOR LEARNING - 9300 IMPRIAL HIGHWAY - DOWNEY, CA 90242	47-4426889	501(C)(3)	621,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUND FOR EDUCATIONAL EXCELLENCE 800 N. CHARLES ST. SUITE 400 BALTIMORE, MD 21201	52-1129402	501(C)(3)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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FUSE WASHINGTON 1402 THIRD AVE #406 SEATTLE, WA 98101	26-0573960	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE NOW ACTION 700 13TH ST NW WASHINGTON, DC 20005	82-2390410	501(C)(4)	197,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FWD.US EDUCATION FUND INC 1101 K STREET NW WASHINGTON, DC 20005	82-0962378	501(C)(3)	1,187,914.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GENDER JUSTICE 200 UNIVERSITY AVE W SAINT PAUL, MN 55103	80-0603630	501(C)(3)	11,845.	0.			OTHER PROGRAMS
GIRL RISING 114 W 26TH ST NEW YORK, NY 10001	82-2862554	501(C)(3)	125,000.	0.			OTHER PROGRAMS
GLOBAL IMPACT 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	8,475.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GOODMAN ACKER PC 17000 W. 10 MILE ROAD SOUTHFIELD, MI 48075	38-3438703		25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GRAMEEN AMERICA, INC 150 WEST 30TH ST NEW YORK, NY 01001	20-8497991	501(C)(3)	95,000.	0.			OTHER PROGRAMS
GRAND CANYON INSTITUTE INC 15820 N. 35TH AVENUE PHOENIX, AZ 85053	45-0671339	501(C)(3)	29,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G STREET NW - WASHINGTON, DC 20005	23-7343119	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GUNS DOWN AMERICA 641 S ST. NW WASHINGTON, DC 20001	82-2687652	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GYNECOLOGY AND MORE, INC. 1933 W 60TH STREET HIALEAH, FL 33012	47-3182343		34,399.	0.			HEALTH
HEALTHQUARTERS PO BOX 7050 BEVERLY, MA 01915	04-2475363	501(C)(3)	285,063.	0.			HEALTH
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH - 1339 S WOOD ST - CHICAGO, IL 60608	36-2244897	501(C)(3)	157,500.	0.			HEALTH
INEQUALITY MEDIA PO BOX 9323 BERKELEY, CA 94709	46-5544528	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INSTITUTE FOR A PROGRESSIVE NEVADA 2275 RENAISSANCE DR LAS VEGAS, NV 89119	27-0854756	501(C)(3)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INSTITUTE ON TAXATION AND ECONOMIC POLICY - 1616 P ST NW - WASHINGTON, DC 20036	04-3688165	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INTERNATIONAL REFUGEE ASSISTANCE PROJECT INC - 40 RECTOR ST., 9TH FLOOR - NEW YORK, NY 10006	82-2167556	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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ISSUE ONE 1401 K ST. NW #350 WASHINGTON, DC 20005	32-0384285	501(C)(3)	112,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JANE'S DUE PROCESS INC PO BOX 685137 AUSTIN, TX 78768	75-2917844	501(C)(3)	8,430.	0.			OTHER PROGRAMS
JANNUS, INC 1607 W. JEFFERSON ST. BOISE, ID 83702	81-6035382	501(C)(3)	42,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JILL SOFFER FAMILY FOUNDATION (OUR PART) - 561 SPRING PARK RANCH RD. - CARBONDALE, CO 81623	47-4403495	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JOAN G. LOVERING HEALTH CENTER 559 PORTSMOUTH AVE GREENLAND, NH 03840	22-2572590	501(C)(3)	24,214.	0.			HEALTH
KENNY GUINN CENTER FOR POLICY PRIORITIES - 3281 S. HIGHLAND DRIVE - LAS VEGAS, NV 89109	46-4075622	501(C)(3)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KENTUCKY HEALTH JUSTICE NETWORK INC. - 933 VINE ST. - LOUISVILLE, KY 40203	27-1246514	501(C)(3)	7,000.	0.			OTHER PROGRAMS
KEYSTONE RESEARCH CENTER 412 N. THIRD ST. HARRISBURG, PA 17101	25-1776998	501(C)(3)	130,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KRUG LLC 150 CENTRAL PARK SQUARE LOS ALAMOS, NM 87544	82-3466814		2,678,756.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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LEADERSHIP NOW PROJECT 1401 K ST NW SUITE 900 WASHINGTON, DC 20005	82-1780610	501(C)(4)	338,790.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LELAND STANFORD JUNIOR UNIVERSITY 1705 EL CAMINO REAL PALO ALTO, CA 94306	94-1156365	501(C)(3)	232,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LITTLE ROCK FAMILY PLANNING SERVICES PLLC - 4 OFFICE PARK DR - LITTLE ROCK, AR 72211	27-1499789		39,700.	0.			HEALTH
LYDIAN ACCELERATOR 5335 LAWTON AVENUE OAKLAND, CA 94618	83-4634227	501(C)(3)	1,914,991.	0.			HEALTH
MABEL WADSWORTH WOMEN'S HEALTH CENTER - 700 MT HOPE AVE - BANGOR, ME 04401	22-2667466	501(C)(3)	124,440.	0.			HEALTH
MAINE CENTER FOR ECONOMIC POLICY ONE WESTON CT. SUITE 103 AUGUSTA, ME 04330	22-3317572	501(C)(3)	93,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE CITIZENS FOR CLEAN ELECTIONS PO BOX 18187 PORTLAND, ME 04112	27-2646667	501(C)(3)	47,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE EQUAL JUSTICE 126 SEWALL STREET AUGUSTA, ME 04330	04-3346273	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE PEOPLES RESOURCE CENTER 565 CONGRESS ST, #200 PORTLAND, ME 04101	22-2586108	501(C)(3)	323,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MAINE PEOPLES RESOURCE CENTER 565 CONGRESS ST, #200 PORTLAND, ME 04101	22-2586108	501(C)(3)	65,375.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE WOMEN'S LOBBY 295 WATER ST #10 AUGUSTA, ME 04330	01-0357336	501(C)(4)	23,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE WOMEN'S LOBBY EDUCATION FUND 295 WATER ST, SUITE 10 AUGUSTA, ME 04330	22-3093407	501(C)(3)	116,445.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINERS FOR WORKING FAMILIES 49 QUEBEC ST. APT 3 PORTLAND, ME 04101	84-3390123	501(C)(4)	126,734.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARCH ON MARYLAND 15800 CRABBS BRANCH PKWY ROCKVILLE, MD 20855	82-0958114	501(C)(3)	50,769.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLAND CENTER ON ECONOMIC POLICY 1800 N. CHARLES ST. BALTIMORE, MD 21201	90-0999151	501(C)(3)	170,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLAND CITIZENS HEALTH INITIATIVE EDUCATION FUND INC - 2600 ST. PAUL STREET - BALTIMORE, MD 21218	52-2173223	501(C)(3)	11,600.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MEASURES FOR JUSTICE INSTITUTE 421 UNIVERSITY AVE ROCHESTER, NY 14607	45-2119421	501(C)(3)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN ST CHICAGO, IL 60603	36-2382849	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MIAMI FREEDOM PROJECT INC 937 NW 3RD AVENUE MIAMI, FL 33136	84-3808281	501(C)(4)	47,581.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN AVENUE CENTER FOR HEALTH, LTD - P.O. BOX 1025 - ARLINGTON HEIGHTS, IL 60006	61-1466865		120,950.	0.			HEALTH
MOMSRISING EDUCATION FUND 12011 BEL-RED RD STE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	401,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA CONSERVATION VOTERS EDUCATION FUND - PO BOX 853 - BILLINGS, MT 59103	81-0525336	501(C)(3)	42,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA WILDERNESS ASSOCIATION 80 S WARREN ST HELENA, MT 59601	51-0198932	501(C)(3)	21,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA WILDLIFE FEDERATION PO BOX 1175 HELENA, MT 59624	81-0303948	501(C)(3)	14,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT - 433 CHESTNUT STREET - BERA, KY 40403	31-0900246	501(C)(3)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVEMENT STRATEGY CENTER 436 14TH ST OAKLAND, CA 94612	20-1037643	501(C)(3)	220,501.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NAACP EMPOWERMENT PROGRAMS 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NAF HOTLINE FUND 1090 VERMONT AVE NW WASHINGTON, DC 20005	26-4703759	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NARAL PRO-CHOICE MISSOURI FOUNDATION - 1210 S. VANDEVENTER - ST LOUIS, MO 63110	43-1770549	501(C)(3)	125,200.	0.			HEALTH
NATIONAL ACADEMY OF SOCIAL INSURANCE - 1200 NEW HAMPSHIRE AVE NW - WASHINGTON, DC 20036	52-1451753	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY - 1776 MASSACHUSETTS AVE NW - WASHINGTON, DC 20036	52-1974611	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL REDISTRICTING FOUNDATION 700 13TH STREET NW WASHINGTON, DC 20005	82-0757693	501(C)(3)	683,330.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL VOTE AT HOME INSTITUTE PO BOX 65752 WASHINGTON, DC 20035	82-5515680	501(C)(3)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NC CHILD 3109 POPLARWOOD CT, STE 300 RALEIGH, NC 27604	58-1534066	501(C)(3)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NC JUSTICE CENTER 224 S. DAWSON ST. RALEIGH, VA 27601	56-1348186	501(C)(3)	395,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NETWORK EDUCATION PROGRAM 820 FIRST ST NE WASHINGTON, DC 20002	52-1307764	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NEW DAY NEVADA INC 7991 HACKBERRY DRIVE LAS VEGAS, NV 89123	84-3203462	501(C)(4)	163,746.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW ERA COLORADO FOUNDATION PO BOX 181153 DENVER, CO 80218	26-1389272	501(C)(3)	57,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW MEXICO RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE - PO BOX 66433 - ALBUQUERQUE, NM 87193	85-0391823	501(C)(3)	6,421.	0.			OTHER PROGRAMS
NEW VENTURE FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036	20-5806345	501(C)(3)	419,577.	0.			OTHER PROGRAMS
NEW VIRGINIA MAJORITY EDUCATION FUND - 3801 MOUNT VERNON AVENUE - ALEXANDRIA, VA 22305	27-1705920	501(C)(3)	86,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEXTGEN CLIMATE AMERICA INC 111 SUTTER STREET, 10TH FLOOR SAN FRANCISCO, CA 94104	46-2525580	501(C)(3)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH FLORIDA WOMEN'S CENTER 2412 WEST PLAZA DR TALLAHASSEE, FL 32308	46-3400566		87,600.	0.			HEALTH
OHIO CAMPUS COMPACT 615 NORTH PEARL ST GRANVILLE, OH 43023	31-1577478	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE APIA NEVADA 181 N ARROYO GRANDE BLVD HENDERSON, NV 89074	83-0846881	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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ONEVIRGINIA2021 1100 WEST CLAY STREET RICHMOND, VA 23220	46-4670657	501(C)(4)	42,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPEN MARKETS INSTITUTE 1440 G ST NW WASHINGTON, DC 20005	82-2529375	501(C)(3)	76,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPENSKY POLICY INSTITUTE 1327 H STREET, SUITE 102 LINCOLN, NE 68508	45-3327969	501(C)(3)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITIES FOR ALL FLORIDIANS INC - 4151 PARK AVENUE - MIAMI, FL 33136	84-2952039	501(C)(4)	794,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DRIVE PHOENIX, AZ 85015	84-3103154	501(C)(4)	555,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OREGON CENTER FOR PUBLIC POLICY 6420 SW MACADAM AVE #200 PORTLAND, OR 97239	93-1186075	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OREGON ENVIRONMENTAL COUNCIL 222 NW DAVIS ST. #309 PORTLAND, OR 97209	93-0578714	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OXFAM AMERICA 226 CAUSEWAY ST, FLOOR 5 BOSTON, MA 02114	23-7069110	501(C)(3)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PARTNERSHIP FOR RESPONSIBLE GROWTH 1133 19TH ST NW, 3RD FLOOR WASHINGTON, DC 20036	46-5391345	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PATIENTS FOR AFFORDABLE DRUGS, INC. - 1875 K STREET NW, 4TH FL - WASHINGTON, DC 20006	81-4011501	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA HEALTH ACCESS NETWORK 1501 CHERRY STREET PHILADELPHIA, PA 19102	47-4876589	501(C)(3)	180,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA STANDS UP 15 N LIME ST LANCASTER, PA 17602	83-2880678	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA UNITED 841 CALIFORNIA AVE. 3RD FLOOR PITTSBURGH, PA 15212	82-3674888	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA VOICE 123 S BROAD STREET PHILADELPHIA, PA 19109	81-1141448	501(C)(3)	192,305.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PRETERM CLEVELAND 12000 SHAKER BLVD CLEVELAND, OH 44120	23-7314836	501(C)(3)	180,000.	0.			HEALTH
PROGRESS MISSOURI EDUCATION FUND 1810 E ELM ST JEFFERSON CITY, MO 65101	45-4514844	501(C)(3)	56,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSIVE MARYLAND EDUCATION FUND - PO BOX 6988 - LARGO, MD 20792	03-0401249	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSIVE PARTNERS ALLIANCE 1419 12TH AVENUE SOUTH NASHVILLE, TN 37203	26-4518061	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PURPOSE PROJECT INC 5 FINANCIAL PLAZA NAPA, CA 94558	81-4427877	501(C)(3)	20,463.	0.			HEALTH
REAL FACTS NC PO BOX 806 RALEIGH, NC 27602	27-3337837	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REAL NEWS PROJECT INC DBA WHOWHATWHY - 93 FOURTH AVENUE - NEW YORK, NY 10003	20-4219729	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RED RIVER WOMEN'S CLINIC 512 1ST AVENUE NORTH FARGO, ND 58102	81-3813439		25,000.	0.			HEALTH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 3333 CALIFORNIA STREET - SAN FRANCISCO, CA 94143-0744	94-6036493	501(C)(3)	6,480.	0.			OTHER PROGRAMS
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 95202	82-1005719	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501(C)(3)	8,359,623.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SCHOLARS STRATEGY NETWORK, INC. 1035 CAMBRIDGE ST, SUITE 14B CAMBRIDGE, MA 02141	27-0480740	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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SCOTSDALE WOMEN'S CENTER - SWC DETROIT - 19305 W SEVEN MILE RD - DETROIT, MI 48219	46-0637541		38,000.	0.			HEALTH
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036	26-4486735	501(C)(4)	3,060,248.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON RD JACKSON, MS 39216	46-1917760	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STAND UP IDEAS INC PO BOX 26141 ALEXANDRIA, VA 22313	81-5246983	501(C)(3)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATES NEWSROOM 1340 ENVIRON WAY, FL. 3 CHAPEL HILL, NC 27517	84-2113822	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STEP UP WOMEN'S NETWORK PO BOX 20179 NEW YORK, NY 10001	95-4701468	501(C)(3)	100,000.	0.			OTHER PROGRAMS
SUSTAINABLE MARKETS FOUNDATION 45 W. 36TH STREET NEW YORK, NY 10018	13-4188834	501(C)(3)	895,305.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS DEATH PENALTY EDUCATION AND RESOURCE CENTER - 3616 FAR WEST BLVD - AUSTIN, TX 78731	11-3709556	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ABORTION DIARY INC 1263 NW 123RD AVE. PEMBROKE PINES, FL 33026	82-1428817	501(C)(3)	6,000.	0.			OTHER PROGRAMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLORADO INDEPENDENT 8273 E. 29TH PL. DENVER, CO 80238	46-2634633	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1329 E CARY ST. - RICHMOND, VA 23219	27-1598303	501(C)(3)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE FAIRNESS PROJECT 1342 FLORIDA AVE NW WASHINGTON, DC 20009	37-1779557	501(C)(4)	248,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPE CLINIC FOR WOMEN LTD 1602 21ST ST GRANITE CITY, IL 62040	37-1017984		333,813.	0.			HEALTH
THE NATURE CONSERVANCY 4245 FAIRFAX DRIVE #100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	6,378,340.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE PEOPLE OVER PROFITS FLORIDA INC - 1106 N FRANKLIN ST. - TAMPA, FL 33602	83-3581892	501(C)(4)	11,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE URBAN INSTITUTE 2100 M STREET, NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE WOMEN'S FOUNDATION OF CALIFORNIA - 300 FRANK H. OGAWA PLAZA, SUITE 420 - OAKLAND, CA 94612	94-2752421	501(C)(3)	75,906.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THIRD SECTOR NEW ENGLAND ,INC 89 SOUTH STREET BOSTON, MA 02111	04-2261109	501(C)(3)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	214,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES FOUNDATION 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	425,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TOWARDS JUSTICE 1410 HIGH ST, SUITE 300 DENVER, CO 80218	46-4625504	501(C)(3)	95,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TRAP THE VOTE 1410 W CHAPEL HILL STREET DURHAM, NC 27701	83-3995458		250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TRUST WOMEN FOUNDATION INC PO BOX 3222 WICHITA, KS 67201	27-3246473	501(C)(3)	56,031.	0.			HEALTH
U.S. PIRG EDUCATION FUND 1543 WAZEE STREET DENVER, CO 80202	52-1384240	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVE NW, SUITE 300 WASHINGTON, DC 20006	58-2368165	501(C)(3)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 W. GRAND BLVD - DETROIT, MI 48202	20-3099071	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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.)

(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
VOICE OF THE EX-OFFENDER PO BOX 13622 NEW ORLEANS, LA 70185	16-1695266	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTE FORWARD 700 13TH ST NW STE 600 WASHINGTON DC, DC 20005	84-2427217	501(C)(4)	604,275.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTER REGISTRATION PROJECT 1725 DESALES ST NW WASHINGTON, DC 20036	26-4802468	501(C)(3)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WASHINGTON STATE BUDGET AND POLICY CENTER - 1402 3RD AVE, STE 1215 - SEATTLE, WA 98101	72-1612982	501(C)(3)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WEST VIRGINIA CENTER ON BUDGET AND POLICY - 8 CAPITOL STREET 4TH FLOOR - CHARLESTON, WV 25301	56-2653132	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN RESOURCE ADVOCATES 2260 BASELINE RD BOULDER, CO 80302	84-1113831	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WHOLE WOMAN'S HEALTH ALLIANCE AUSTIN - 4100 DUVAL RD, BLDG 2 SUITE 201 - AUSTIN, TX 78759	46-5318393	501(C)(3)	94,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WHOLE WOMAN'S HEALTH ALLIANCE INC 1101 EAST MARKET ST CHARLOTTESVILLE, VA 22902	46-5318393	501(C)(3)	109,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WHOLE WOMAN'S HEALTH OF PEORIA, LLC - 7405 N. UNIVERSITY ST. - ST. PEORIA, IL 61614	47-4198178		49,744.	0.			HEALTH

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.)

(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
WHOLE WOMAN'S HEALTH OF THE TWIN CITIES LLC - 1001 EAST MARKET ST - CHARLOTTESVILLE, VA 22902	45-4186945		175,000.	0.			HEALTH
WINDWARD FUND 1201 CONNECTICUT AVE NW, SUITE 300 WASHINGTON, DC 20036	47-3522162	501(C)(3)	1,735,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WITNESS TO INNOCENCE 1501 CHERRY STREET PHILADELPHIA, PA 19102	20-2394229	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S HEALTH CENTER OF DULUTH PA 32 EAST FIRST ST DULUTH, MN 55802	41-1444270	501(C)(3)	48,000.	0.			HEALTH
WOMEN'S HEALTH CENTER OF WEST VIRGINIA - 510 WASHINGTON ST W - CHARLESTON, WV 25302	55-0559874	501(C)(3)	296,528.	0.			HEALTH
WOMEN'S HEALTH SPECIALISTS 1442 ETHAN WAY SACRAMENTO, CA 95825	94-2259357	501(C)(3)	12,000.	0.			HEALTH
YOUNG INVINCIBLES 1725 DESALES STREET NW SUITE 715 WASHINGTON, DC 20036	46-2214021	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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

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

PART I, LINE 2:

THE ORGANIZATION GENERALLY REQUIRES A WRITTEN PROPOSAL DESCRIBING HOW THE GRANT FUNDS WILL BE USED, AND A PRE-GRANT INQUIRY IS THEN CONDUCTED TO EVALUATE THE GRANTEE. 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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**HOPEWELL FUND**

Employer identification number  
**47-3681860**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) COURTNEY CUFF PROJECT DIRECTOR	(i)	300,000.	0.	975.	23,400.	22,874.	347,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RENAISSA S. ANTHONY PROJECT DIRECTOR	(i)	235,000.	19,583.	969.	6,756.	6,430.	268,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMER MOKHTAR PROJECT DIRECTOR	(i)	242,100.	0.	0.	0.	766.	242,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NATALIE FOSTER PROJECT CO-CHAIR	(i)	209,027.	0.	0.	0.	1,057.	210,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MEAGAN CAVANAUGH PROJECT DIRECTOR	(i)	204,500.	0.	0.	6,135.	23,455.	234,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 3:

HOPEWELL FUND DOES NOT HAVE A CEO/EXECUTIVE DIRECTOR.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

Name of the organization

HOPEWELL FUND

Employer identification number

47-3681860

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ARABELLA ADVISO	35% CONT	CREDITS		X	30,046.	30,046.		X	X		X	
ARABELLA ADVISO	35% CONT	SERVICES	X		1,447,504.	1,447,504.		X	X		X	
<b>Total</b> .....						▶ \$	1,477,550.					

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

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

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

SEE PART V FOR CONTINUATIONS

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARABELLA ADVISORS, LLC	35% CONTROLLED ENTI	4,858,669.	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 FORMER BOARD

CHAIR AND PRESIDENT 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 FORMER BOARD

CHAIR AND PRESIDENT 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 FORMER BOARD CHAIR AND PRESIDENT ERIC KESSLER

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

FUND.

**Part V Supplemental Information**

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

SCHEDULE L, PART II:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **HOPEWELL FUND** Employer identification number: **47-3681860**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	13,632,498.	FMV AT TIME OF DONATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED (DEFINED

AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) IN SCHEDULE M,

PART I, COLUMN (B).

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HOPEWELL FUND

Employer identification number

47-3681860

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

NEW, INNOVATIVE SOCIAL CHANGE PROJECTS, PRIMARILY THROUGH FISCAL

SPONSORSHIP. HOPEWELL IS DESIGNED TO FACILITATE RAPID AND EFFICIENT

LAUNCHES OF WELL-RESOURCED PROJECTS WITH DIVERSE REVENUE & FUNDING

MODELS, INCLUDING CHARITABLE CONTRIBUTIONS AND INVESTMENTS. MANY OF

HOPEWELL'S PROJECTS EMPLOY BOLD AND AMBITIOUS STRATEGIES TO ACHIEVE THE

IMPACT THEY SEEK. HOPEWELL IS MANAGED BY A BOARD OF DIRECTORS WITH

EXPERIENCE IN STARTING UP INNOVATIVE ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 2:

SAMPRIITI GANGULI, WILBUR PRIESTER, AND ANDREW SCHULZ HAVE A BUSINESS

RELATIONSHIP.

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

HOPEWELL 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 HOPEWELL, THEREBY ENABLING

HOPEWELL TO BETTER FURTHER ITS MISSION AND ACHIEVE IMPACT.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT AND REVIEWED BY

THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS PRIOR TO FILING

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

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

Name of the organization HOPEWELL FUND	Employer identification number 47-3681860
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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 DID NOT DIRECTLY COMPENSATE ANY OFFICERS OR KEY EMPLOYEES.  
ACCORDINGLY, FORM 990, PART VI, SECTION B, LINES 15A AND 15B HAVE BEEN  
MARKED "NO", AS PROVIDED IN THE FORM 990 INSTRUCTIONS.

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

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

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

HOPEWELL MAKES ITS FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION,  
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. THOSE MATERIALS INCLUDE  
HOPEWELL'S INITIAL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
OTHER POLICIES. HOPEWELL DOES NOT MAKE FINANCIAL STATEMENTS AVAILABLE TO  
THE PUBLIC.

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

Name of the organization HOPEWELL FUND	Employer identification number 47-3681860
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RETURN OF PRIOR YEAR GRANT EXPENSE 452,454.

REVERSAL OF PRIOR YEAR CONTRIBUTION/PLEDGE REVENUE -59,956.

TOTAL TO FORM 990, PART XI, LINE 9 392,498.

Multiple horizontal lines for additional entries.



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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  HOPEWELL FUND	Taxpayer identification number (TIN)  47-3681860
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 CONNECTICUT AVENUE NW, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

ARABELLA ADVISORS, LLC

- The books are in the care of ▶ 1201 CONNECTICUT AVENUE NW, SUITE 300 - WASHINGTON, DC 20036  
Telephone No. ▶ (202) 595-1020 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 2019 or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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