

Form	990
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Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	NORTH FUND			
	Name Chanc			83-401154	47
	Initial		Room/suite	E Telephone number	
	 return		450	(202) 973	1-1330
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	66,608,974.
	Amen return	WASHINGTON, DC 20036		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: UIM GERSIEIN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 501(c)(3) 🛛 501(c) ( 4 )◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: ► N/A		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: DC
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
anc					
Activities & Governance	2	Check this box			ets.
200	3				3
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		157	
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		9,300,500.	66,341,124.
evenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
svel	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,553.	14,065.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,251.	253,785.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,351,304.	66,608,974.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,002,000.	34,186,410.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,418.	1,058,561.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>e</u>		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		702,998.	13,535,539.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,862,416.	48,780,510.
	19	Revenue less expenses. Subtract line 18 from line 12		7,488,888.	17,828,464.
S OF			Be	ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		7,915,300.	26,507,967.
Net Assets	21	Total liabilities (Part X, line 26)		426,412.	1,190,615.
Ĭ	22	Net assets or fund balances. Subtract line 21 from line 20		7,488,888.	25,317,352.
1 1 2 2					

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

Sign	Signature of officer		Date	
Here	JIM GERSTEIN, PRESIDEN	Г		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/11/21	self-employed P01262236
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm'	sEIN ▶ 91-0189318
Use Only	Firm's address 🕨 101 SECOND STREE	T SUITE 900		-
	SAN FRANCISCO, C	A 94105	Phon	e no. <b>415-956-1500</b>
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)

	m 990 (2020) NORTH FUND	83-4011547	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	S X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	S X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	·, ··· ··· ··· ··· ··· ··· ··· ··· ···	
4a			0.)
	CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY: NORTH FUND'S C		/
	SOCIAL ACTION, AND ADVOCACY PROGRAMS SUPPORT A RANGE OF 1		1
	INCLUDING PROTECTING AND EXPANDING ACCESS TO AFFORDABLE H		
		ADVOCATING	
	LGBTQIA+ AND HUMAN RIGHTS.		-
4b	(Code:) (Expenses \$ 645,000. including grants of \$ 645,000. ) (Revenu		0.)
	CAPACITY BUILDING: NORTH FUND'S CAPACITY BUILDING PROGRAM		Á Í
	BROAD RANGE OF SOCIAL IMPACT INITIATIVES AND CAMPAIGNS, I	INCLUDING NE	EW
	PUBLIC/PRIVATE PARTNERSHIPS, CRIMINAL JUSTICE REFORM, ANI	) GLOBAL	
	HEALTH.		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenu	ie\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e		,	
		Form	<b>990</b> (2020)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		 X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
h	Schedule D, Parts XI and XII	12a		
D	-	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the environment of the environment of the state of the light of the light of the state of th	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	x	
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 Form 990 (2020)
 NORTH
 FUND

 Part IV
 Checklist of Required Schedules

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Form	990 (2020) NORTH FUND 83-4011	.547	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
32		20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~-	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~-	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Dar	Note: All Form 990 filers are required to complete Schedule 0           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_		,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country 🕨							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a	Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	Х					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a ino" re	spons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			77
200	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	ction A. Governing Body and Management			
		2	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	의		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		v	
	of officers, directors, trustees, or key employees to a management company or other person?		X	v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	o o ,	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed <b>AL</b> , <b>AR</b> , <b>CA</b> , <b>CT</b> , <b>DC</b> , <b>FL</b> , <b>GA</b> , <b>HI</b> , <b>II</b>	),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			
	for public inspection. Indicate how you made these available. Check all that apply.	,,e e <b>j</b> ,	arana	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	rial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	ARABELLA ADVISORS – $(202)$ 595–1020			
20	ARABELLA ADVISORS - (202) 595-1020 1828 L STREET, NW. SUITE 300, WASHINGTON, DC 20036			
	ARABELLA ADVISORS - (202) 595-1020 1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036 6 12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	1 <b>990</b>	(202)

Form 990	2020) NORTH FUND	83-4011547	Page 7								
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	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Compl	ete this table for all persons required to be listed. Report compensation for the calendar year endir	ng with or within the organization's	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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles	ss pei	more rson i	than o s both pr/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM GERSTEIN	1.00									
PRESIDENT AND CHAIR	0.00	Х		Х				0.	0.	0.
(2) CRISTINA URIBE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) MELANIE BELLER	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(4) SAURABH GUPTA	1.00									
GENERAL COUNSEL	0.00			X				10,611.	0.	0.
	1		L	I	L		1	1	1	

Form 990 (2020) NORTH FUN									83-40	)115	547	Ρ	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, ,	<u> </u>			
(A) Name and title	(B) (C) Average hours per week veta director/truste							(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
										$\neg$			
1b Subtotal	<u> </u>					I	•	10,611.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							<b>&gt;</b>	0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable				0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	•	•				2		3		x
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	otł	ner compensation from the	ne organization		4		X
5 Did any person listed on line 1a receive or a	accrue compen	Isatio	on fr	om	any	unre	late	ed organization or individ	lual for services		5		x
rendered to the organization? <i>If</i> "Yes." corr Section B. Independent Contractors	piete Scheaule	<u> </u>	or sl	icn <u>r</u>	bers	on .				<u></u>	5		- 23
1 Complete this table for your five highest co	•	•							•	oensati	ion fro	m	
the organization. Report compensation for (A)	the calendar ye	ear e	ndır	ng w	ith c	or wit	hir	the organization's tax yo (B)	ear.		(0	;)	
Name and business		TTT	<u></u>	2	20	0		Description of s	ervices	C	ompei	nsatio	n
SEATTLE, WA 98101							_	MEDIA SERVIC		2	,29	6,9	36.
ARABELLA ADVISORS, 1828 L 300, WASHINGTON, DC 20036		, ·	NW	S	UI	TE		ADMIN., OPERA MANAGEMENT SI			94	1,6	15.
PERKINS COIE LLP PO BOX 24643, SEATTLE, WA	98124							LEGAL SERVIC	ES		60	9,8	36.
CLARIFY AGENCY, 870 MARKE SAN FRANCISCO, CA 94102	T ST SU	IT	E	42	8,			MEDIA SERVIC	ES		25	0,0	00.
WPP GROUP USA INC 999 18TH ST SUITE 2105N,	DENVER,	С	0	80	20	2		CONSULTING SI	ERVICES		16	6,9	85.
2 Total number of independent contractors (ii \$100,000 of compensation from the organized statement of the organized statement of the statemen	-	ot lin	nitec	d to t	thos 1(		ed	above) who received mo	ore than				

		(2020) NORTH FUND				83-4011	547 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(B)	(C)	
				<b>(A)</b> Total revenue	Related or exempt		(D) Revenue excluded from tax under sections 512 - 514
ς, γ	1 a	Federated campaigns 1a					
rani		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events 1c					
Sifts ar /	d	Related organizations 1d					
imil	е						
itior er S	f	All other contributions, gifts, grants, and					
oth		similar amounts not included above 1f	66,341,124.				
ont	g			66,341,124.			
n C	n	Total. Add lines 1a-1f	Business Code	00,541,124.			
6	2 a		Dusiness Coue				
Program Service Revenue	b						
am Servevenue	c						
am eve	d						
ogr B	е						
P	f						
	g						
	3	Investment income (including dividends, intere		14 065			14 065
		other similar amounts) Income from investment of tax-exempt bond p		14,065.			14,065.
	4 5	Royalties	Г				
	5	(i) Real	(ii) Personal				
	6 a		(				
	b						
	с						
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
venue		and sales expenses 7b					
		. ,					
Other Re		Net gain or (loss)     Gross income from fundraising events (not	▶				
Othe	0 d	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b						
	с	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	· · · · · · · · · · · · · · · · · · ·					
	с 10-а						
	iu a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10t					
		Net income or (loss) from sales of inventory					
"		,,,,,,,	Business Code				
suo,	11 a	GENERAL ADMIN RETAINER	541900	253,386.			253,386.
ane	b	OTHER REVENUE	900099	399.			399.
Seve	с						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d		253,785.			267 850
0000-	12	Total revenue. See instructions	<b>P</b>	66,608,974.	0.	0.	267,850. Form <b>990</b> (2020)
03200	9 12-23	-20					

	Check if Schedule O contains a respon	ise or note to any line in (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	34,186,410.	34,186,410.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	10 (11	1 0 6 1	0 550	
	trustees, and key employees	10,611.	1,061.	9,550.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	051 000		242	
7	Other salaries and wages	851,230.	850,987.	243.	
8	Pension plan accruals and contributions (include	17 566	17 202	100	
~	section 401(k) and 403(b) employer contributions)	<u>17,566.</u> 111,075.	17,383. 109,915.	<u>    183.</u> 1,160.	
9	Other employee benefits	68,079.	67,368.	711.	
10	Payroll taxes	00,079.	07,300.	/ ⊥ ⊥ •	
11	Fees for services (nonemployees):	1 222 125		1 222 125	
a	Management	<u>1,232,135.</u> 903,156.	903,068.	1,232,135.	
		16,098.	905,000.	16,098.	
	Accounting	1,222,715.	1,222,715.	10,090.	
	Lobbying Professional fundraising services. See Part IV, line 17	1,222,113.	1,222,113.		
e 4	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	1 209 850.	1 022 730.	77,120.	110,000.
12	Advertising and promotion	8 693 782.	1,022,730. 8,693,782.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110,000
13	Office expenses	11,251.	3,352.	7,899.	
14	Information technology	56,063.	52,375.	3,688.	
15	Royalties		0270700		
16	Occupancy	60,440.	59,800.	640.	
17	Travel	70,355.	70,355.		
18	Payments of travel or entertainment expenses	,			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,748.	23,748.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,956.	186.	28,770.	
24	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 0.)				
а	TAXES	4,293.		4,293.	
b	LICENSES AND FEES	1,998.	1,240.	758.	
с	DUES AND SUBSCRIPTIONS	699.	699.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,780,510.	47,287,174.	1,383,336.	110,000.
26	$\ensuremath{\textbf{Joint costs}}$ . 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)				000

## 18441111 146892 806745

Form 990 (2020)

# Form 990 (2020) NORTH FUND Part IX Statement of Functional Expenses

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

33

Total liabilities and net assets/fund balances

12 2020.05000 NORTH FUND

7,915,300.

33

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(A) Beginning of year 1 1 Cash - non-interest-bearing 7,805,770. 19,986,960. 2 Savings and temporary cash investments 2 6,445,048. 0. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 5 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 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 24,991. 0. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 109,530. 50,968. 15 Other assets. See Part IV, line 11 15 7,915,300. 26,507,967. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 426,412. 1,010,615. Accounts payable and accrued expenses 17 17 180,000. 0. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 426,412. 1,190,615. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -134,540. 27 -17,893. 27 Net assets without donor restrictions Net assets with donor restrictions 7,623,428. 25,335,245. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,488,888. 25,317,352. Total net assets or fund balances 32 32

Form 990 (2020) Part X Balance Sheet

NORTH FUND

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

806745\_1

26,507,967.

Form 990 (2020)

Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VIII, column (A), line 12)       1       66, 608, 974.         2       Total expenses (must equal Part X, column (A), line 25)       2       48, 780, 510.         2       248, 780, 510.       3       17, 828, 464.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       7, 488, 888.         5       Net unrealized gains (losses) on investments       5       6         6       Donated services and use of facilities       7         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.         Part XII       Financial Statements and Reporting       1       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       Z       X       X         1		1 990 (2020) NORTH FUND	83-4	011547	Page	<sub>e</sub> 12
1       Total revenue (must equal Part VII, column (A), line 12)       1       66, 608, 974.         2       Total expenses (must equal Part IX, column (A), line 25)       2       48, 780, 510.         3       Revenue less expenses. Subtract line 2 from line 1       3       17, 828, 464.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       7, 488, 888.         5       Net unrealized gains (losses) on investments       6       6         7       7       7         8       9       0.       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.         Part XII       Financial Statements and Reporting       7       7       7         Check if Schedule O contains a response or note to any line in this Part XII       7       10       25, 317, 352.         Part XII       Financial Statements acomplied or reviewed by an independent accountant?       7       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       48, 780, 510.         3       Revenue less expenses. Subtract line 2 from line 1       3       17, 828, 464.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       7, 488, 888.         5       Net unrealized gains (losses) on investments       6       7         6       7       8       6         7       8       8       6         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.          2       2, 317, 352.       10       25, 317, 352.          Check if Schedule 0 contains a response or note to any line in this Part XII       10       2a       X          Check if Schedule 0 contains a response or note to any line in this Part XII       12       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of account		Check if Schedule O contains a response or note to any line in this Part XI			[	
2       Total expenses (must equal Part IX, column (A), line 25)       2       48, 780, 510.         3       Revenue less expenses. Subtract line 2 from line 1       3       17, 828, 464.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       7, 488, 888.         5       Net unrealized gains (losses) on investments       6       7         6       7       8       6         7       8       8       6         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.          2       2, 317, 352.       10       25, 317, 352.          Check if Schedule 0 contains a response or note to any line in this Part XII       10       2a       X          Check if Schedule 0 contains a response or note to any line in this Part XII       12       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1         If the organization changed its method of account						
3       Revenue less expenses. Subtract line 2 from line 1       3       17,828,464.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       7,438,888.         5       6       6       7         6       7       7       8         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25,317,352.         Part XIII       Financial Statements and Reporting       10       25,317,352.         Check if Schedule O contains a response or note to any line in this Part XII       10       25,317,352.         Part XIII       Financial Statements and Reporting       10       25,317,352.         Check if Schedule O contains a response or note to any line in this Part XII       10       26       28         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       12         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         If "Yes," check a box below to indicate whether the financial statements for th	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       7,488,888.         5       Net unrealized gains (losses) on investments         6       0onated services and use of faclities         7       8         9       Other changes in net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)         11       Check if Schedule O contains a response or note to any line in this Part XII         11       Accounting method used to prepare the Form 990:       Cash         12       Accounting form a prior year or checked "Other," explain in Schedule O.         23       Were the organization's financial statements compiled or reviewed D a separate basis, consolidated basis, or both:       2a       X <t< th=""><th>2</th><th>Total expenses (must equal Part IX, column (A), line 25)</th><th>2</th><th></th><th></th><th></th></t<>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments   6   7   1   Accounting method used to prepare the Form 990:   Check if Schedule O contains a response or note to any line in this Part XII   7   1   Accounting method used to prepare the Form 990:   1   Accounting method used to prepare the Form 990:   1   2a   2a   2b   2a    2b    2c    2c    2c    2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c    2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c   2c	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Part Yes, "check a box below to indicate whether the financial statements accountant?       11       22       22         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       28       X       11         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       28       X       11         If "Yes," check a box below to indicate whether the financial	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,488	,88	8.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10   Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII 10   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2 Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2 Were the organization's financial statements compiled or reviewed by an independent accountant?   1 f" 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:   2 Separate basis   1 Consolidated basis   2 b   1 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?   1 ft "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	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.         Part XII       Financial Statements and Reporting       10       25, 317, 352.         Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Doth consolidated and separate basis       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Doth consolidated and separate basis       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Doth consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial s	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 25,317,352.   Part XII Financial Statements and Reporting 10 25,317,352.   Part XII Financial Statements and Reporting 11 25,317,352.   Accounting method used to prepare the Form 990: Cash X Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X   2a X I 2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X   Separate basis Consolidated basis Both consolidated and separate basis, or both: 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X   If "Yes," to line 2 a 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? 2c X   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X<	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 317, 352.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       25,317,352.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: 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       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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 or an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X         If the o	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or solidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	_	column (B))	10	25,317	, 35	52.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting			,	
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the prepare to the		Check if Schedule O contains a response or note to any line in this Part XII			<u> l</u>	
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
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:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
separate basis, consolidated basis, or both:   Separate basis   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:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   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	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>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</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: Construct on the second consecond construct on the second construct on the		separate basis, consolidated basis, or both:				
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:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis       Image: Consolidated basis       X         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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis       Image: Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         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?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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.       2c       X         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       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		X Separate basis Consolidated basis Both consolidated and separate basis				
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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       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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       3b	3a		gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				<u>3a</u>		<u>X</u>
-	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2020)

032012 12-23-20

# Schedule B

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

Name of the organization

# \*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

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

OMB No. 1545-0047

# 2020

Employer identification number

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Or	ganiza	tion type	e (check o	ne):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( $4$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

# General Rule

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

### **Special Rules**

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

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

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

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

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

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

83-4011547

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>19,390,584.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$11,171,248.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>9,680,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>3,500,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$3,250,000.	Type of contribution         Person       X         Payroll
(a)	(b)	(c) Total contributions	(d) Turne of constribution
No. 6 023452 11-25	Name, address, and ZIP + 4	\$ <u>2,000,000.</u>	Type of contribution         Person       X         Payroll

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

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

NORTH FUND \_

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10</u>		\$ 1,606,792.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 023452 11-25-		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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

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Schedule B	(Form 9	990,	990-EZ,	or 990-PF)	(2020)
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Employer identification number

NORTH FUND

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   15</u>		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 023452 11-25-		\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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

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

NORTH FUND

83-4011547

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		- \$ <u>325,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		- \$ <u>250,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$ <u>250,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$ <u>245,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>24</b> 023452 11-25		\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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

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

NORTH FUND

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
<u>No.</u>	Name, address, and ZIP + 4	Total contributions          \$	Type of contribution         Person       X         Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
28		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
29		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
30		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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

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18441111 146892 806745

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

83-4011547

## NORTH FUND

Part I

(a) (d) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 31 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

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

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

806745\_1

023452 11-25-20

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

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$50,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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023452 11-25-20

Employer identification number

Name of 0	ganzation	
NORTH	FUND	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.
(a)	(b)	(c)

Name, address, and ZIP + 4

	\$15,000.	(C nc
(b)	(c)	
	The first second with second second	

		\$\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   44                                </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   45                                 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    47                                </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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

No.

43

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Employer identification number

(d)

Type of contribution

X

83-4011547

Person

(c)

**Total contributions** 

Schedule B	(Form 9	990,	990-EZ,	or 990-PF)	(2020)
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Employer identification number

# NORTH FUND

83-4011547

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>49</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	, , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	, , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	,, <b>-</b>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

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

18441111 146892 806745

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of or	rganization		Employer identification number
NORTH	FUND		83-4011547
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		   \$	
023453 11-25	-20	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of or	ganization		Employer identification number
NORTH			83-4011547
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or lease and the section of a sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year r. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
023454 11-25-	-20		Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# 18441111 146892 806745

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# SCHEDULE C

# (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Nan	ne of organization	Employer identification number						
	NORTH F				83-4011547			
Pa	art I-A Complete if the or	ganization is exempt under	section 501(c) or	r is a section 527	7 org	anization.		
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures	1 0		►\$_ -	10,333,150. 0.		
Pa	art I-B Complete if the org	ganization 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						
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	r this year?			Yes No		
4a	a Was a correction made?					Yes No		
	If "Yes," describe in Part IV.	<u> </u>			04/ 14			
		ganization is exempt under						
	Enter the amount directly expende				▶\$_	20,500.		
2	Enter the amount of the filing organ		•		<b>.</b> .	10 212 650		
~					▶\$_	10,312,650.		
3	Total exempt function expenditure		-		▶\$	10,333,150.		
4		1120 DOL for this year?			-	X Yes No		
	Enter the names, addresses and e		of all section 527 politi					
5		ation listed, enter the amount paid f		-				
		romptly and directly delivered to a s						
	political action committee (PAC). If	additional space is needed, provid	e information in Part IV					
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	ı's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
	ANNED PARENTHOOD	NEW YORK, NY						
vo	TES	10038	13-4128897	50,00	00.	0.		

For Paperwork Reduction Act Notice, see the	e Instruc	ctions for	Form	990 or 9	990-EZ.	Schedule C (Form 99
LHA	SEE	PART	IV	FOR	CONTINUATION	

0 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 👖	IORTH	FUND			83-4	011547 Page 2
Part II-A Complete if the orga	anizatio	n is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).				Deat D/ and a ffillet and		
		-		Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share B Check ► if the filing organizat			nd "limited control" pro	wisions apply		
				visions apply.	(a) Filing	(b) Affiliated group
		oying Exper eans amou	nditures nts paid or incurred.)		organization's totals	totals
<b>1a</b> Total lobbying expenditures to influe	ence publ	ic opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe	ence a leg	islative bod	y (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and	l 1b)				
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500.000	(= / · · ·		the amount on line 1e.			
Over \$500,000 but not over \$1,000,	000		0 plus 15% of the exc	ess over \$500 000		
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000	,00,000	\$1,000,0				
		ψ1,000,				
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zero			ing 1. did the organize			
-			-			Yes No
reporting section 4911 tax for this y			eraging Period Under	Contine E01/b)		Yes No
(Some organizations the	at made a	a section 5		have to complete all o	of the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2017	( <b>b)</b> 2018	( <b>c)</b> 2019	<b>(d)</b> 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
<b>c</b> Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t	o)
	lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?         Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
с	If "Yes," enter the amount of any tax incurred under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? <b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section		3 0r soc	tion	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ıl			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pol expenditure next year?	itical	4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group li ctions); and Part II-B, line 1. Also, complete this part for any additional information. T I-A, LINE 1:	st); Part II-A, I	ines 1 ar	nd 2 (See	
	ананананананананананананананананананан				

# FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

### PLANNED PARENTHOOD VOTES

# 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

)

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.



nployer	ider	nti	fic	a	tio	on	n	umber	

Nam	of the organization NORTH FUND		Employer identification nu 83-4011547	
Par		d Funds or Other Similar I		
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	L writing that the assets held in don	ar advised funds	
5	are the organization's property, subject to the organization's	•		No
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			No
Par	t II Conservation Easements. Complete if the org	nanization answered "Yes" on For	m 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recrea	· · · · · ·	ration of a historically important land area	
	Protection of natural habitat	·	ration of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in th	e form of a conservation easement on the la	et
2	day of the tax year.		Held at the End of the Ta	
а				A I Cai
b				
0	Number of conservation easements on a certified historic stru	uctura included in (a)		
d	Number of conservation easements included in (c) acquired a			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, rel			
5	year	eased, extinguished, or terminate		
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		lling of	
Ũ	violations, and enforcement of the conservation easements it	· · · · ·	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
Ū				
7	<ul> <li></li></ul>	lling of violations, and enforcing o	onservation easements during the year	
-	► \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of sect	on 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	•		No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and e	xpense statement and	
	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures	or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stat	ement and balance sheet works	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or resea	rch in furtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes the	ese items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue stateme	nt and balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		• \$	
			• •	
2	If the organization received or held works of art, historical trea	asures, or other similar assets for	financial gain, provide	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$	
b	Assets included in Form 990, Part X			

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

29 2020.05000 NORTH FUND

Sche	dule D (Form 990) 2020 NORTH F							83-40	1154	<u>7 р</u>	<sub>age</sub> 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Assets	s (conti	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, check	any of the	following that	t make s	significa	nt use of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain	n how the	ey further th	ne organizatio	on's exe	mpt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er simila	r assets	;	_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
							H		Amoun	<u>t</u>	
с	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
T Oo	Ending balance Did the organization include an amount on F						··	f	Yes		No
	If "Yes," explain the arrangement in Part XIII.						• •	L		-	
Par											<u>_</u>
		(a) Current year		rior year	(c) Two yea		1	ee years back	(e) Fou	r vears	hack
1a	Beginning of year balance	(u) ourient your		nor year	<b>(0)</b> 1 W0 you	10 Buok				youro	buok
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 cur		e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation that	t are held ar	nd administer	ed for th	he orga	nization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	unds.							
Fai						Devt V	line 10				
	Complete if the organization answere								(.)) D		
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		Accumu epreciat		(d) Boo	k valu	e
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
e	Other										
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colum</u>	n (B), line 1	0c.)	<u></u>					0.
								Cabadula		~ ^^^	0000

Schedule D (Form 990) 2020

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## Part VII Investments - Other Securities.

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

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

### Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

	Complete in the organization answered fres on Form 990, Part 10, line frd. See Form 990, Part X, line 15.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Par		
	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)		
(Q)		

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

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

Schedule D (Form 990) 2020

►

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X

Sche	edule D (Form 990) 2020 NORTH FUND		83-	4011547 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	66,608,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1		3	66,608,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			66,608,974.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expense	s per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	48,780,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			48,780,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>		48,780,510.
Pa	rt XIII Supplemental Information.			

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

# PART X, LINE 2:

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

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

JURISDICTIONS.

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SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No	. 1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		20	)20
Department of the Treasury	Comp		Attach to For		111 <b>4</b> , inte 21 01 22.		Open	to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.			ection
Name of the organization NORTH FUN	D						Employer identificat 83-40	ion number )11547
Part I General Information on Grants a								
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti		
criteria used to award the grants or assis	tance?						X Yes	🗌 No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any	
recipient that received more than \$	5,000. Part II can				(f) Method of	1	1	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar	
A PHILIP RANDOLPH EDUCATIONAL FUND								
INC - 1408 HILLSBOROUGH STREET -							CIVIL RIGHTS, SC	CIAL
RALEIGH, NC 27605	47-3555626	501(C)(4)	65,000.	0.			ACTION, ADVOCACY	
ABORTION ACCESS FOR ALL 1315 S CLAYTON ST SUITE 300 DENVER, CO 80210	84-3366418	501(C)(4)	1,350,000.	0.			CIVIL RIGHTS, SC ACTION, ADVOCACY	
ALLIANCE FOR A BETTER MINNESOTA 1600 UNIVERSITY AVE W SUITE 309 ST PAUL, MN 55104	26-0317208	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SC ACTION, ADVOCACY	
ALLIANCE OF FAMILIES FOR JUSTICE INC - 8 W 126TH ST FLOOR 3 - NEW YORK, NY 10027	82-1971330	501(C)(3)	10,000.	0.			CAPACITY BUILDIN	G
ARIZONA ADVOCACY NETWORK INC 221 E INDIANOLA AVE PHOENIX, AZ 85012	01-0637750	501(C)(4)	1,072,614.	0.			CIVIL RIGHTS, SC ACTION, ADVOCACY	
BLACK WOMEN FOR WELLNESS ACTION PROJECT - PO BOX 292516 - LOS ANGELES, CA 90029	82-2822118		10,000.	0.			CIVIL RIGHTS, SC ACTION, ADVOCACY	
2 Enter total number of section 501(c)(3) ar			e line 1 table				🕨	<u> </u>
3 Enter total number of other organizations	s listed in the line 1	1 table					🕨	54.

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

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

83-4011547 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE IN ACTION							
45 BROADWAY SUITE 320							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10006	46-4605470	501(C)(4)	700,000.	0.			ACTION, ADVOCACY
,			, ,				,
CASA IN ACTION INC							
8151 15TH AVE							CIVIL RIGHTS, SOCIAL
HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
CEASEFIRE PENNSYLVANIA							
1518 WALNUT STREET SUITE 1406							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19102	46-0483761	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
CITIZEN ACTION OF WISCONSIN INC							
2797 S KINNICKINNIC AVE	20 1424214	F01 ( g) ( A )	50.000	0			CIVIL RIGHTS, SOCIAL
MILWAUKEE, WI 53207	39-1424314	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
CLEAN MISSOURI							
510 E 115TH TERRACE							CIVIL RIGHTS, SOCIAL
KANSAS CITY, MO 64131	82-0715881	507	1,000,000.	0.			ACTION, ADVOCACY
	02 0715001	527	1,000,000.				ACTION, ADVOCACI
COLORADO FAMILIES FIRST							
1315 S CLAYTON STREET SUITE 300							CIVIL RIGHTS, SOCIAL
DENVER, CO 80210	61-1954894	501(C)(4)	4,400,000.	0.			ACTION, ADVOCACY
· · · ·							
CONSERVATION VOTERS OF							
PENNSYLVANIA - PO BOX 2125 -							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19103	27-0800179	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
DELAWARE COALITION AGAINST GUN							
VIOLENCE INC - PO BOX 883 -							CIVIL RIGHTS, SOCIAL
HOCKESSIN, DE 19707	30-0769289	501(C)(4)	30,000.	0.			ACTION, ADVOCACY
EMERGING AMERICAN MAJORITIES							
1225 I ST NW SUITE 1250				-			CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-4100201	5UI(C)(4)	375,000.	0.			ACTION, ADVOCACY

Schedule I (Form 990)

# NORTH FUND

Schedule I (Form 990)         NORTH FUN           Part II         Continuation of Grants and Other J		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		3-4011547 F
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOR OUR FUTURE ACTION FUND							
1411 K STREET NW STE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-2638345	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
			,				
FORWARD TOGETHER ACTION							
300 FRANK H OGAWA PLAZA							CIVIL RIGHTS, SOCIAL
DAKLAND, CA 94612	84-3565059	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
FSIC AMERICAN INNOVATION AND							
OPPORTUNITY FUND - 1310 EASTERN							
AVE NE – WASHINGTON, DC 20019	81-4196585	501(C)(3)	10,000.	0.			CAPACITY BUILDING
FUTURE FORWARD USA ACTION							
611 PENNSYLVANIA AVE SE SUITE 143							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	82-4170762	501(C)(4)	6,736,650.	0.			ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND							
PO BOX 170515							CIVIL RIGHTS, SOCIAL
ATLANTA, GA 30317	47-4777204	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
GROUNDSWELL ACTION FUND							
548 MARKET ST UNIT 49734	00 1170110	F01 ( G) ( A )	400.000	0			CIVIL RIGHTS, SOCIAL
SAN FRANCISCO, CA 94104	82-1172119	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
GUN VIOLENCE PREVENTION ACTION							
COMMITTEE - 126 E WING ST SUITE							CIVIL RIGHTS, SOCIAL
205 - ARLINGTON HEIGHTS, IL 60004	81-5180730	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
205 ANDINGION IEIGIIIS, ID 00004	01 5100750	501(0)(4)	50,000.				ACTION, ADVOCACI
HUMAN RIGHTS CAMPAIGN INC							
1640 RHODE ISLAND AVE NW							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	52-1243457	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS INC							
740 15TH STREET NW FLOOR 7							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	52-1733698	501(C)(4)	350,000.	0.			ACTION, ADVOCACY

Schedule I (Form 990)

# NORTH FUND

chedule I (Form 990) NORTH FUN		nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa		33-4011547 <sub>P</sub>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING UNITED FOR CHANGE IN							
ARIZONA – 5716 N 19TH AVE –							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	27-1398645	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
MAKE NC FIRST							
PO BOX 648							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27602	46-3981642	501(C)(4)	350,000.	0.			ACTION, ADVOCACY
MICHIGAN LEAGUE OF CONSERVATION							
VOTERS - 3029 MILLER ROAD - ANN							CIVIL RIGHTS, SOCIAL
ARBOR, MI 48103	38-3481677	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
MDOR, MI 10105	50 54010//	301(0)(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••			
MISSOURIANS FOR HEALTHCARE							
3220 WEST EDGEWOOD STE E							CIVIL RIGHTS, SOCIAL
JEFFERSON CITY, MO 65109	84-2480884	501(C)(4)	1,913,370.	0.			ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND							
17320 LIVERNOIS AVE							CIVIL RIGHTS, SOCIAL
DETROIT, MI 48221	82-2828323	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
NARAL PRO-CHOICE AMERICA							
1725 EYE ST NW SUITE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20006	13-2630359	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NATIONAL BLACK JUSTICE COALITION							
POST OFFICE BOX 71395							
WASHINGTON, DC 20024	20-0667808	501(C)(3)	10,000.	0.			CAPACITY BUILDING
			, , ,				
NATIONAL WOMENS LAW CENTER ACTION							
FUND - 11 DUPONT CIR NW STE 800 -							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	46-0639645	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NEW APPROACH MONTANA							
602 W LAMME ST							CIVIL RIGHTS, SOCIAL
BOZEMAN, MT 59715	84-3244528	527	4,727,500.	0.			ACTION, ADVOCACY

Schedule I (Form 990)

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

83-4011547 Page 1

(a) 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)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW VENTURE FUND							
1201 CONNECTICUT AVE NW SUITE 300							
WASHINGTON, DC 20036	20-5806345	501 (C) (3)	500,000.	0.			CAPACITY BUILDING
				••			
NORTH CAROLINA BLACK ALLIANCE							
PO BOX 27886							
RALEIGH, NC 27611	56-2210571	501(C)(3)	10,000.	Ο.			CAPACITY BUILDING
NORTH CAROLINIANS AGAINST GUN							
VIOLENCE ACTION FUND - PO BOX							CIVIL RIGHTS, SOCIAL
52425 - DURHAM, NC 27717	83-1339571	501(C)(4)	62,500.	Ο.			ACTION, ADVOCACY
OHIOANS FOR RAISING THE WAGE							
545 E TOWN ST							CIVIL RIGHTS, SOCIAL
COLUMBUS, OH 43215	84-3355630	501(C)(4)	1,657,277.	Ο.			ACTION, ADVOCACY
OPPORTUNITY ARIZONA							
3821 N 15TH DR							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	84-3103154	501(C)(4)	250,000.	٥.			ACTION, ADVOCACY
ORGANIZERS IN THE LAND OF							
ENCHANTMENT - 411 BELLAMAH AVE NW							CIVIL RIGHTS, SOCIAL
- ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	90,000.	0.			ACTION, ADVOCACY
OVERALL							
6516 MONONA DRIVE UNIT 244							CIVIL RIGHTS, SOCIAL
MADISON, WI 53716	84-3646174	501(C)(4)	220,000.	0.			ACTION, ADVOCACY
DA ALLTANCE ACTION							
PA ALLIANCE ACTION							
2034 S COLORADO ST		F01 ( g) ( 4 )					CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19145	82-3537729	5U1(C)(4)	280,000.	0.			ACTION, ADVOCACY
PEOPLES ACTION							
3518 S EDMUNDS ST							CIVIL RIGHTS, SOCIAL
SEATTLE, WA 98118	26-2613701	E01/(0)/(4)	150,000.	0.			ACTION, ADVOCACY

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

83-4011547 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ACTION FUND INC							
123 WILLIAM STREET FLOOR 10							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10038	13-3539048	501(C)(4)	1,000,000.	0.			ACTION, ADVOCACY
	10 0007010		_,,	••			
PLANNED PARENTHOOD ADVOCATES OF MI							
PO BOX 15104							CIVIL RIGHTS, SOCIAL
LANSING, MI 48901	38-2765858	501(C)(4)	225,000.	0.			ACTION, ADVOCACY
,			,				,
PLANNED PARENTHOOD ND/SD/MS							
671 VANDALIA ST							CIVIL RIGHTS, SOCIAL
SAINT PAUL, MN 55114	41-1709702	501(C)(4)	75,000.	Ο.			ACTION, ADVOCACY
PLANNED PARENTHOOD PA ADVOCATES							
1514 N 2ND STREET							CIVIL RIGHTS, SOCIAL
HARRISBURG, PA 17102	23 - 2208281	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
PLANNED PARENTHOOD VOTES							
123 WILLIAM ST 10TH FLOOR							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10038	13-4128897	527	50,000.	0.			ACTION, ADVOCACY
PPRM ACTION FUND							
7155 E 38TH AVE							CIVIL RIGHTS, SOCIAL
DENVER, CO 80207	84-1191279	501(C)(4)	280,000.	0.			ACTION, ADVOCACY
PROSPERITY MICHIGAN							
3265 SKY BLUE LANE	04 2150055	F01 ( g) ( A )					CIVIL RIGHTS, SOCIAL
SAULT STE MARIE, MI 49783	84-3158975	SUI(C)(4)	200,000.	0.			ACTION, ADVOCACY
PROTECT COLORADO'S RECOVERY							
656 ROCK RIDGE DRIVE							
	05 2027011	$F01(\alpha)(4)$	750 000	0			CIVIL RIGHTS, SOCIAL
LAFAYETTE, CO 80026	85-2837011	5UI(C)(4)	750,000.	0.			ACTION, ADVOCACY
SECURE DEMOCRACY							
							CIVIL RIGHTS, SOCIAL
611 PENNSYLVANIA AVE SE #143							

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEEN THIRTY FUND							
1201 CONNECTICUT AVE NW SUITE 300							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	26-4486735	501(C)(4)	800,000.	0.			ACTION, ADVOCACY
				<b>·</b>			
SOUTH CAROLINA PROGRESSIVE NETWORK							
EDUCATION FUND - PO BOX 8325 -							
COLUMBIA, SC 29202	57-1069839	501(C)(3)	10,000.	0.			CAPACITY BUILDING
SPARK REPRODUCTIVE JUSTICE NOW INC							
1065 RALPH DAVID ABERNATHY BLVD #20							
ATLANTA, GA 30310	58-1872316	501(C)(3)	10,000.	0.			CAPACITY BUILDING
,			,				
STATE POLICY INSTITUTE							
1090 VERMONT AVE NW SUITE 750							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	83-4143727	501(C)(4)	200,000.	٥.			ACTION, ADVOCACY
STATES NEWSROOM							
1450 RALEIGH RD SUITE 200							
CHAPEL HILL, NC 27517	84-2113822	501(C)(3)	85,000.	0.			CAPACITY BUILDING
TAKEACTION MINNESOTA							
705 RAYMOND AVE #100							CIVIL RIGHTS, SOCIAL
SAINT PAUL, MN 55114	20-3338691	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
THE FAIRNESS PROJECT							
2300 18TH STREET NW UNIT 21337							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20009	37-1779557	501(C)(4)	10,000.	0.			ACTION, ADVOCACY
VOTERS NOT POLITICIANS							
PO BOX 16180				_			CIVIL RIGHTS, SOCIAL
LANSING, MI 48910	82-1389940	501(C)(4)	130,000.	0.			ACTION, ADVOCACY
WORKING AMERICA							
815 16TH STREET NW							
	20-0263611	501(C)(5)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WASHINGTON, DC 20006	20-0203011	201(C)(2)	/5,000.	υ.			ACTION, ADVOCACI

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

83-4011547 Page 1

(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						CIVIL RIGHTS, SOCIAL
20-4994004	501(C)(4)	15,000.	0.			ACTION, ADVOCACY
94 2501210	E01(a)(4)	250.000	0			CIVIL RIGHTS, SOCIAL
04-2501510	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
		20-4994004       501(C)(4)         84-2501310       501(C)(4)         84-2501310       501(C)(4)         1       1         1 </td <td></td> <td>20-4994004 501(C)(4) 15,000. 0.</td> <td>20-4994004         501(C)(4)         15,000.         0.</td> <td>20-4994004         501(C)(4)         15,000.         0.</td>		20-4994004 501(C)(4) 15,000. 0.	20-4994004         501(C)(4)         15,000.         0.	20-4994004         501(C)(4)         15,000.         0.

Schedule I (Form 990) 2020

NORTH FUND

83-4011547

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the informatic		o 2: Part III. column	(b): and any other as	ditional information	

PART I, LINE 2:

THE NORTH FUND MAKES GRANTS TO MULTIPLE ORGANIZATIONS AND COMMITTED

COMMUNITY LEADERS. THE FUND REQUIRES GRANTEES TO SIGN GRANT AGREEMENTS

CERTIFYING THAT ALL ACTIVITIES ARE CONSISTENT WITH ALLOWABLE SOCIAL WELFARE

WORK CONSISTENT WITH THE NORTH FUND'S MISSION AND PURPOSE. THE NORTH FUND

REQUIRES THAT GRANTEES SUBMIT INTERIM AND POST-GRANT REPORTS TO HELP ENSURE

THAT ALL FUNDS ARE PROPERLY MANAGED AND EXPENDED, AND THE NORTH FUND

REQUIRES THAT FUNDS BE RETURNED IF REPORTS ARE NOT PROPERLY FILED OR IF

#### FUNDS ARE NOT SPENT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

or the latest information.

Employer identification number 83 - 4011547

OMB No. 1545-0047

Open to Public

Inspection

NORTH FUND

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

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

FORM 990, PART III, LINE 1:

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

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

THE NORTH FUND CONTRACTS WITH ARABELLA ADVISORS, A COMPANY WITH EXPERTISE

IN PHILANTHROPY AND NONPROFIT MANAGEMENT, TO PROVIDE ADMINISTRATIVE

SUPPORT, ACCOUNTING SERVICES, AND LEGAL GUIDANCE RELATED TO THE FUND'S

GRANTMAKING AND OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE SEPARATE COMMITTEES IN 2020. ACCORDINGLY,

FORM 990, PART VI, SECTION A, LINE 8B HAS BEEN ANSWERED "NO".

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

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

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization NORTH FUND	Employer identification number $83 - 4011547$
THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT 2	AND REVIEWED BY
THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS PR	IOR TO FILING

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE CURRENTLY NOT MADE AVAILABLE TO THE PUBLIC.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

#### FOR THE YEAR ENDING

December 31, 2020

#### **Prepared For:**

North Fund 1101 Connecticut Avenue No. 450 Washington, DC 20036

#### **Prepared By:**

Moss Adams LLP 101 Second Street Suite 900 San Francisco, CA 94105

#### Amount of Tax:

Balance due of \$300

#### Make Check Payable To:

Department of Justice

#### Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

#### Return Must Be Mailed On Or Before:

November 15, 2021

### **Special Instructions:**

The report should be signed and dated by an authorized individual(s).

STATE OF CALIFORNIA	1				DEPARTME		
RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:		JAL REGISTRATION RENEW O ATTORNEY GENERAL OF Sections 12586 and 12587, California G 11 Cal. Code Regs. sections 301-306, 3	CALIFOI	RNIA Gode	(For Registry Use Only)	PAC	GE 1 of 5
1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization's minimum tax of	mit this report annually no later than four months a s accounting period may result in the loss of tax e: \$800, plus interest, and/or fines or filing penalties 703; Government Code section 12586.1. IRS exte	kemption and th s. Revenue & Ta	e assessment of a xation Code section			
			Check if:	ange of address			
NORTH FUND Name of Organization			Am 🗌	ended report			
List all DBAs and names the organization		, NO. 450	State Cha	arity Registration Nun	nber <b>ст<u>027204</u>2</b>		
Address (Number and Street)           WASHINGTON,         DC           City or Town, State, and ZIP Code         City or Town, State, and ZIP Code	20036		Corporati	on or Organization N	0		
(202) 971-1330 Telephone Number	E-mail Address		Federal E	mployer ID No. 83	-4011547		
ANNUAL RE	GISTRATION R	ENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr			311, and 312)		
Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,0	<u>Fee</u> 0 000 \$25	<u>Gross Annual Revenue</u> Between \$100,001 and \$250,000 Between \$250,001 and \$1 millior			001 and \$10 million 0,001 and \$50 million	<u>Fe</u> \$1 \$2 \$3	
PART A - ACTIVITIES							
		reriod (beginning01/01/20         74       Noncash Contributions \$         7,287,174				7,9	<u>67</u>
PART B - STATEMENTS REG	GARDING ORGA	NIZATION DURING THE PERIOD (	OF THIS RE	PORT			
		ou answer "yes" to any of the ques for each "yes" response. Please re				Yes	No
		ny contracts, loans, leases or other fi f, either directly or with an entity in w					x
2. During this reporting peri or funds?	od, was there an	y theft, embezzlement, diversion or r	nisuse of th	e organization's char	itable property		x
3. During this reporting peri	od, were any org	anization funds used to pay any pen	alty, fine or	judgment?			x
4. During this reporting peri commercial coventurer u		vices of a commercial fundraiser, fun	draising cou	ınsel for charitable pเ	urposes, or		x
5. During this reporting peri	od, did the orgar	nization receive any governmental fur	nding?				x
6. During this reporting peri	od, did the orgar	nization hold a raffle for charitable pu	rposes?				x
7. Does the organization co	nduct a vehicle o	donation program?					x
8. Did the organization con generally accepted accor		dent audit and prepare audited finance for this reporting period?	cial stateme			x	
	-	e organization hold restricted net ass		porting negative unre		x	
		e examined this report, including ac omplete, and I am authorized to sig		ng documents, and t	to the best of my kno	wledg	e
Signature of Authorized Agent		GERSTEIN		RESIDENT	Date		

CA RRF-1	INFORMATION	REGARDING	RESTRICTED	ASSETS	STATEMENT 1
		PART B, I	SINE 9		

ALL RESTRICTED FUNDS WERE USED CONSISTENT WITH THEIR RESTRICTED PURPOSE; NORTH FUND HAD A NET DEFICIT WITHOUT DONOR RESTRICTIONS RESULTING FROM CONTRACT COSTS INCURRED BUT PAID RELATED TO THE FUND'S LAUNCH.

PLEASE SEE ATTACHED PROOF OF DIRECTORS' AND OFFICERS' LIABILITY INSURANCE COVERAGE.

(Rev. January 2020)

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

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

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

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

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

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

Туре о	r Name of exempt organization or other filer, see in	Тахрауе	identificatio	on number (TIN)				
print	NORTH FUND		83-4011547					
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. bo	and room or suite no. If a P.O. box, see instructions.						
instruction		r a foreign add	ress, see instructions.					
Enter th	ne Return Code for the return that this application is fo	r (file a separa	te application for each return)					
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
• If the original of the origi	phone No. ► (202) 595–1020 e organization does not have an office or place of busin is is for a Group Return, enter the organization's four d . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the . X calendar year 2020 or . tax year beginning the tax year entered in line 1 is for less than 12 month Change in accounting period	ligit Group Exe and atta NOVEI organization's , an ns, check rease	mption Number (GEN) ach a list with the names and TINs of MBER 15, 2021 , to file return for: ad ending on: Initial return	If this is fo all memb	r the whole ers the exte npt organiza 	nsion is for.		
	3a       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.       3a							
b li								
e	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b							
c E								
U	sing EFTPS (Electronic Federal Tax Payment System).	See instructio	ns	3c	\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdra ions. For Privacy Act and Paperwork Reduction Act Not	·		453-EO an		9-EO for payment 8868 (Rev. 1-2020)		

18441111 146892 806745

Form	990
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Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending				
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number		
	Addre	NORTH FUND					
	Name Chanc			83-4011547			
	Initial		Room/suite	E Telephone number			
	 return		450	(202) 973	1-1330		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	66,608,974.		
	Amen return	WASHINGTON, DC 20036		H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer: UIM GERSIEIN		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 501(c)(3) 🛛 501(c) ( 4 )◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions		
		te: ► N/A		H(c) Group exemption			
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: DC		
Pa	art I	Summary					
ė	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O			
anc							
Activities & Governance	2	Check this box			ets.		
200	3				3		
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u> </u>		
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			157		
tivit		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		9,300,500.	66,341,124.		
evenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
svel	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,553.	14,065.		
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,251.	253,785.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,351,304.	66,608,974.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,002,000.	34,186,410.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,418.	1,058,561.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
<u>e</u>		Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		702,998.	13,535,539.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,862,416.	48,780,510.		
	19	Revenue less expenses. Subtract line 18 from line 12		7,488,888.	17,828,464.		
S OF			Be	ginning of Current Year	End of Year		
ssets	20	Total assets (Part X, line 16)		7,915,300.	26,507,967.		
Net Assets	21	Total liabilities (Part X, line 26)		426,412.	1,190,615.		
Ĭ	22	Net assets or fund balances. Subtract line 21 from line 20		7,488,888.	25,317,352.		
1 1 2 2							

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

Sign	Signature of officer		Date						
Here	JIM GERSTEIN, PRESIDEN	Г							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/11/21	self-employed P01262236					
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm'	sEIN ▶ 91-0189318					
Use Only	Firm's address 🕨 101 SECOND STREE	T SUITE 900		-					
	SAN FRANCISCO, C	A 94105	Phon	e no. <b>415-956-1500</b>					
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

	n 990 (2020) NORTH FUND 83-4011547	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	<b>_</b>	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		XNo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
		u
	revenue, if any, for each program service reported.	0
4a		<b>0.</b> )
	CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY: NORTH FUND'S CIVIL RIGHTS	
	SOCIAL ACTION, AND ADVOCACY PROGRAMS SUPPORT A RANGE OF INITATIVES,	
	INCLUDING PROTECTING AND EXPANDING ACCESS TO AFFORDABLE HEALTH CARE,	
	SAFEGUARDING THE ENVIRONMENT FOR FUTURE GENERATIONS, AND ADVOCATING I	OR
	LGBTQIA+ AND HUMAN RIGHTS.	
4b	(Code: ) (Expenses \$ 645,000. including grants of \$ 645,000. ) (Revenue \$	0.)
	CAPACITY BUILDING: NORTH FUND'S CAPACITY BUILDING PROGRAMS SUPPORT A	/
	BROAD RANGE OF SOCIAL IMPACT INITIATIVES AND CAMPAIGNS, INCLUDING NEW	J
	PUBLIC/PRIVATE PARTNERSHIPS, CRIMINAL JUSTICE REFORM, AND GLOBAL	<u> </u>
	HEALTH.	
	nealin.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
40		
4e		<b>90</b> (2020)
	Form	(2020)

X	
83-4011547	Page 3
83-4011547	- 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		37	
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VI, VII, VI, VI	10		- 21
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
32003	3 12-23-20	Form	990	(2020)

032003 12-23-20

Form 990 (2020) NORTH FUND
Part IV Checklist of Required Schedules

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		х
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	]		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b				
c				
5	(gambling) winnings to prize winners?	1c	Х	

NORTH FUND

Form 990 (2020)

(gambling) winnings to prize winners?

Form 990 (2020)

Form	990 (2020) NORTH FUND 83-4011	547	Р	<sub>age</sub> 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b	Х						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f									
g									
-									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	-							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders <b>11a</b>								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
U	organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
14a		14a		X					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the exercise time and institution of the the the easting 1000 evides to use the exercise terms of	16		x					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

032005 12-23-20

Form	990 (2020) NORTH FUND		83-401			age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			ı	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			2		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-	2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3			•	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			··		X
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. <b>8</b> b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
				40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official					<u> </u>
b	Other officers or key employees of the organization			. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•••			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			40.		Х
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		<u> </u>
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>AL</b> , <b>AR</b> , <b>CA</b> , <b>CT</b> , <b>D</b>	C,F	L,GA,HI,I	D,IL	,KS.	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.			., ,,		
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	ARABELLA ADVISORS - (202) 595-1020					
	1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036	)			000	
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 <b>90</b>	(2020)
					~ ~	~ <b>-</b>

2020.05000 NORTH FUND

Form 990		83-4011547	Page 7
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending	g 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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	utiona	_	nploy	st cor	1			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM GERSTEIN	1.00									
PRESIDENT AND CHAIR	0.00	х		х				0.	0.	0.
(2) CRISTINA URIBE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) MELANIE BELLER	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(4) SAURABH GUPTA	1.00									
GENERAL COUNSEL	0.00			Х				10,611.	0.	0.

Form 990 (2020)

Part VII       Section A. Officers, Directors, Truttees, Key Employees, and Highest Compensated Employee (contract)       (F)       Estimated         Name and trise       Average Notes for veek       Notes for the section of the sectin section of the sectin section of the secti		990 (2020) NORTH FUN									83-40	)115	5 <b>4</b> 7 F	age <b>8</b>
week (list av)       week (list av)       week (list av)       mom busis for ganization (W2/1099-MISC)       for ganization (W2/1099-MISC)       other (w2/1099-MISC)         0	Par	(A)         (B)         (C)         (D)         (E)           Name and title         Average         Position (do not check more than one)         Reportable         Reportable											Estimat	
c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES		hours per week officer an						or/trus	tee)	from the organization	from related organizations	5	other compensa from th organiza and rela	ation ne tion ted
c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES														
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c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES												$\rightarrow$		
c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES														
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d Total (add lines 1b and 1c)       ▶       10,611.       0.       0.         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 ▶       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? /r 'Yes, " complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // r 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? // r 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? // r 'Yes," complete Schedule J for such individual       4       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? // r 'Yes," complete Schedule J for such individual       6       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?       (C)       Compensation         MOXIE       MEDIA       1201       TH		-												
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Yes       No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         NOXIE       MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS & 0941,615.       941,615.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       90 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES	2		ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN, OPERATIONS & ADMIN.       941,615.         PERKINS COIE LLP       MANAGEMENT SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       991 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000													Yes	<u> </u>
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS & 941,615.         PERKINS COIE LLP       PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       99 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	3		-		-	•			Ŭ				2	x
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5       X         Section B. Independent Contractors         1       Complete Schedule J for such person         1         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE       MEDIA, 1201       THIRD AVENUE       SUITE 2200,       SEATTLE, WA 98101       C)         ARABELLA       ADVISORS, 1828 L       STREET, NW SUITE       ADMIN., OPERATIONS & 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941, 615.         PERKINS       COIE       LP       D       D       SOV       250,000.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609, 836.       CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166, 985.       2       Total number	4											····	3	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       MEDIA SERVICES       2,296,936.         SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &       941,615.         900, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       E00 BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 10       10	_		,										4	X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       (B)       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       EATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &       941,615.         900, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       EGAL SERVICES       609,836.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 10       10	5												5	x
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       MEDIA SERVICES       2,296,936.         SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &         300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       PO         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       10	Sect			- 0 10	<i>JI SU</i>	сп		011 .				····	U	
(A) Name and business address(B) Description of services(C) CompensationMOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101MEDIA SERVICES2,296,936.ARABELLA ADVISORS, 1828 L STREET, NW SUITE 300, WASHINGTON, DC 20036ADMIN., OPERATIONS & MANAGEMENT SERVICES941,615.PERKINS COIE LLP PO BOX 24643, SEATTLE, WA 98124LEGAL SERVICES609,836.CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102MEDIA SERVICES250,000.WPP GROUP USA INC 999 18TH ST SUITE 2105N, DENVER, CO 80202CONSULTING SERVICES166,985.2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization10	1	, , ,	•	•							•	ensati	on from	
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300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       EGAL SERVICES       609,836.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	SEA	TTLE, WA 98101								MEDIA SERVIC	ES	2	,296,9	36.
PERKINS COIE LLP       PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10				,	NW	S	UI	ΤE		-			0/1 6	15
CLARIFY AGENCY, 870 MARKET ST SUITE 428,         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC         999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	-		1							MANAGEMENI 5	ERVICES		941,0	15.
SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10       10		PO BOX 24643, SEATTLE, WA 98124 LEGAL SERVICES 609,836.							36.					
999       18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10			1 51 50	т.т.	с '	± 2	<u>,</u>			MEDIA SERVIC	ES		250,0	00.
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►       10			DENVER	C	0	80	20	2		CONSILUTING SI	RVICES		166 9	85
+····													100,9	55.
		\$100,000 of compensation from the organiz	zation 🕨				10	)					-orm <b>990</b>	(2020)

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	<u>1 990 (</u>					83-4011	547 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(B)	(C)	(D)
				( <b>A)</b> Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
ts S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
s, G	с	Fundraising events 1c					
Gift: lar /	d	Related organizations 1d					
imi) imi	е	3 ( )					
itior er S	f	All other contributions, gifts, grants, and					
Otho		similar amounts not included above 1f	66,341,124.				
ont	g			66,341,124.			
a C	h	Total. Add lines 1a-1f	Business Code	00,341,124.			
•	2 a		Dusiliess Code				
vice	z a b						
Ser	c						
am :	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		14,065.			14,065.
	4	Income from investment of tax-exempt bond p	1				
	5	Royalties	(ii) Personal				
	6 a		(II) Personal				
	b b						
	c	Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
anı		and sales expenses					
venue	С	Gain or (loss)					
Other Re		Net gain or (loss)	····· ►				
the	8 a	Gross income from fundraising events (not					
ò		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a					
	b						
	c	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	F				
		Part IV, line 19 9a					
	b						
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory					
sn	11 -	GENERAL ADMIN RETAINER	Business Code 541900	253,386.			253,386.
neo	11 а b	OTHER REVENUE	900099	399.			399.
ellai wer	c b						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a-11d	►	253,785.			
	12	Total revenue. See instructions		66,608,974.	0.	0.	267,850.
03200	9 12-23-	-20					Form <b>990</b> (2020)

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	34,186,410.	34,186,410.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10,611.	1,061.	9,550.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	851,230.	850,987.	243.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,566.	17,383.	183.	
9	Other employee benefits	111,075.	109,915.	1,160.	
10	Payroll taxes	68,079.	67,368.	711.	
11	Fees for services (nonemployees):		-		
а	Management	1,232,135.		1,232,135.	
b	Legal	903,156.	903,068.	88.	
с	Accounting	16,098.		16,098.	
		1,222,715.	1,222,715.		
е	Professional fundraising services. See Part IV, line 17	· · ·			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	1,209,850.	1,022,730.	77,120.	110,000.
12	Advertising and promotion	8,693,782.	8,693,782.		•
13	Office expenses	11,251.	3,352.	7,899.	
14	Information technology	56,063.	52,375.	3,688.	
15	Royalties				
16	Occupancy	60,440.	59,800.	640.	
17	Travel	70,355.	70,355.		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,748.	23,748.		
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,956.	186.	28,770.	
24	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 0.)				
а	TAXES	4,293.		4,293.	
b	LICENSES AND FEES	1,998.	1,240.	758.	
c	DUES AND SUBSCRIPTIONS	699.	699.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,780,510.	47,287,174.	1,383,336.	110,000.
26	Joint costs. Complete this line only if the organization		,, <b>_</b> . <b>_</b> .	,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
	►	1			Game <b>990</b> (0000)

Form 990 (2020)

#### NORTH FUND Part IX Statement of Functional Expenses

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

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

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032010 12-23-20

Form 990 (2020)

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2020)	NORTH	FUND			03-1	4011
Balance	Sheet					
Check if Sc	hedule O contains a	a response or note to any line in this P	art X			
				(A)		

		Check if Schedule O contains a response or note		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	7,805,770.	2	19,986,960.	
Assets	3	Pledges and grants receivable, net		0.	3	6,445,048.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
¥	9	<b>–</b>		0.	9	24,991.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		109,530.	15	50,968.
	16	Total assets. Add lines 1 through 15 (must equa	Il line 33)	7,915,300.	16	26,507,967.
	17	Accounts payable and accrued expenses		426,412.	17	1,010,615.
	18	Grants payable		0.	18	180,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iabi		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D	405 410	25	1 100 615	
	26	Total liabilities. Add lines 17 through 25		426,412.	26	1,190,615.
s		Organizations that follow FASB ASC 958, chec	ck here 🕨 🔼			
Ce		and complete lines 27, 28, 32, and 33.		124 540		17 000
alar	27			-134,540. 7,623,428.	27	-17,893. 25,335,245.
ä	28		•••••••	/,023,420.	28	25,335,245.
Ĩ		Organizations that do not follow FASB ASC 95	68, check here ►			
г Т		and complete lines 29 through 33.				
its e	29	Capital stock or trust principal, or current funds			29	
SSG	30	Paid-in or capital surplus, or land, building, or equ			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		7 188 880	31	25 317 350
ž	32	Total net assets or fund balances		7,488,888. 7,915,300.	32	25,317,352. 26,507,967.
	33	Total liabilities and net assets/fund balances		1,919,300.	33	Form <b>990</b> (2020)
						Form <b>990</b> (2020)

NORTH FUND

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Form 990		83-4	011547	Pag	<sub>ge</sub> 12
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	al revenue (must equal Part VIII, column (A), line 12)	1	66,608		
<b>2</b> Tot	al expenses (must equal Part IX, column (A), line 25)	2	48,780		
	venue less expenses. Subtract line 2 from line 1	3	17,828		
<b>4</b> Ne	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,488	3,8	88.
5 Ne	t unrealized gains (losses) on investments	5			
<b>6</b> Do	nated services and use of facilities	6			
7 Inv	estment expenses	7			
8 Pri	or period adjustments	8			
9 Otł	her changes in net assets or fund balances (explain on Schedule O)	9			0.
<b>10</b> Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
col	umn (B))	10	25,31	7,3	<u>52.</u>
Part X	II Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····		
				Yes	No
<b>1</b> Ac	counting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🗌 Other		_		
lf ti	ne organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
<b>2a</b> We	re the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
lf "	Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
sep	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b We	re the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
lf "	Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	nsolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c lf "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	iew, or compilation of its financial statements and selection of an independent accountant?		2c		X
	ne organization changed either its oversight process or selection process during the tax year, explain on Sch				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	and OMB Circular A-133?		3a		X
<b>b</b> If "`	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or a	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

### Schedule B

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

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

OMB No. 1545-0047

# 2020

Employer identification number

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Or	ganiza	tion type	e (check o	ne):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( $4$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

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

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

83-4011547

#### NORTH FUND Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 19,390,584. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 11,171,248. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 9,680,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 3,500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 3,250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 2,000,000. Noncash \$ (Complete Part II for

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

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noncash contributions.)

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

NORTH FUND

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$     2,000,000.       \$     2,000,000.   Person Payroll Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$     2,000,000.       \$     2,000,000.   Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$     1,700,000.     Person     X       (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		S     1,500,000.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		\$1,000,000. Person X Complete Part II for noncash contributions

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

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

NORTH FUND

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,000,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,000,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$ <u>500,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

Employer identification number

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + 4	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>245,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

NORTH FUND

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27_		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
28		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
29		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
30		\$100,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

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

83-4011547

#### NORTH FUND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

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

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

83-4011547

#### NORTH FUND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 37,500. Noncash \$ (Complete Part II for noncash contributions.)

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name of organization

NORTH FUND

Part I

(a)

Employer identification number

(d)

83-4011547

(c)

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

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

Employer identification number

83-4011547

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>49</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

023452 11-25-20

18441111 146892 806745

Name of or	ganization	Employer identification number	
NORTH	FUND		83-4011547
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.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

#### 023453 11-25-20

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

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

Name of or	rganization			Employer identification number		
NORTH	FUND			83-4011547		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line charitable, etc., contributions of <b>\$1,00</b>	e entry. For organization	, or (10) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer of	gift			
-	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationsh	ip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationsh	ip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

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

### SCHEDULE C

#### (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Nar	me of organization E						Employer identification number			
		NORTH F				83-4011547				
Pa	art I-A	Complete if the org	anization is exempt under	r section 501(c) or	r is a section 52	7 org	anization.			
2	Political	campaign activity expendit	ration's direct and indirect political ures ign activities				<u>   10,333,150</u> 0			
Pa	art 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	r 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?							٥		
							. Yes No	D		
_	- /	describe in Part IV.				04(-)	(0)			
	art I-C		anization is exempt under		-					
			by the filing organization for section			▶\$	20,500	•		
2			ization's funds contributed to othe	•			10 212 650			
~						►\$	10,312,650	•		
3		1	a. Add lines 1 and 2. Enter here and	,			10,333,150			
			1100 DOL for this year?							
4 5			<b>1120-POL</b> for this year?					5		
5			tion listed, enter the amount paid 1		•					
	•	, ,	omptly and directly delivered to a s				•			
			additional space is needed, provid		,		5 5			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	d		
			NEW YORK, NY							
VC	TES		10038	13-4128897	50,0	00.	0	•		

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 NO Part II-A Complete if the organ		mpt under section	n 501(c)(3) and file		4011547 Page 2 ection under
section 501(h)).		-		-	
A Check 🕨 📃 if the filing organization	belongs to an af	filiated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔄 if the filing organization	checked box A a	and "limited control" pro	visions apply.		
	n Lobbying Expe res" means amo	enditures unts paid or incurred.	1	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	ce public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th			h columns		
If the amount on line 1e, column (a) or (b)		bbying nontaxable am	ount is:		
Not over \$500,000		f the amount on line 1e.	<b></b>		
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter :	, ,				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea					Yes No
(Some organizations that	made a section {	veraging Period Under 501(h) election do not rate instructions for lin	have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the John wing activity	es	No	Amo	ount
<ul> <li>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:</li> <li>a Volunteers?</li> </ul>				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5),	or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the price		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' answered "Yes."				3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politica	I			
expenditure next year?		4		
5 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); instructions); and Part II-B, line 1. Also, complete this part for any additional information. <b>PART I-A, LINE 1:</b>	Part II-A, li	nes 1 ar	nd 2 (See	

#### FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

#### PLANNED PARENTHOOD VOTES

#### 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE [	)
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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.



Name	of	the	organ	niza	+i/
Name	σ	tne	orgar	IIZć	ILIO

nlover ide

Nam	e of the organization NORTH FUND			Employer identification number 83-4011547
Pa		Funds or Other Simila	ar Funds or Ac	
Iu	organization answered "Yes" on Form 990, Part IV, line			Complete il the
		(a) Donor advised fund		b) Funds and other accounts
4	Total number at and of year			
1 2	Total number at end of year         Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4				
- 5	Aggregate value at end of yearL Did the organization inform all donors and donor advisors in w	riting that the accets hold in a	l lonor advisod func	
5	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· ·		•
Pa		anization answered "Yes" on	Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreati	· · · ·	servation of a histo	prically important land area
	Protection of natural habitat	· _		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution i	n the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
с	Number of conservation easements on a certified historic strue			2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year 🕨			-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	g conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue ar	id expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finan	cial statements that	at describes the
	organization's accounting for conservation easements.	<u> </u>		· · · ·
Pa	t III Organizations Maintaining Collections of		es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue s	statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or re-	search in furtherar	ice of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				▶ \$
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	•	

a Revenue included on Form 990, Part VIII, line 1

\$ ►

\$

b

Sche	dule D (Form 990) 2020 NORTH F							83-40			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	he organizatio	on's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o							_	_	_	_
D	to be sold to raise funds rather than to be ma								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custodi								7		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:					<b>A</b>		
_							4.		Amoun	[	
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •	····· └──			1
Par											<u></u>
	·	(a) Current year		rior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance							2			
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a	i)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administer	red for tl	he organiz	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizate Describe in Part XIII the intended uses of the								3b		L
Par	t VI Land, Buildings, and Equipm	<u>u</u>	wmenti	unus.							
	Complete if the organization answere		) Dart IV	/ line 112 9	See Form 000	Dart X	line 10				
	Description of property	(a) Cost or c			t or other		Accumulat	ed	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)		epreciation		( <b>u)</b> B00	N Value	5
1a	Land		7		· · /						
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	nn (B) line 1	10c)						0.
		gearr enn 000, r all	,, oorun	, <u>, , , , , , , , , , , , , , , , , </u>	<u></u>			Cabadula	D (Carr	- 0001	-

Schedule D (Form 990) 2020

032052 12-01-20

#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

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

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

X

Sche	dule D (Form 990) 2020 NORTH FUND		83-	4011547 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	66,608,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>			0.
3	Subtract line 2e from line 1			66,608,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	66,608,974.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expension	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	48,780,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			48,780,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	48,780,510.
Pa	rt XIII Supplemental Information.			

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

### PART X, LINE 2:

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

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

JURISDICTIONS.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047
		vernments, an ete if the organizatio					2020
Department of the Treasury	• • · · · ·		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization NORTH FUN	D						Employer identification number 83-4011547
Part I General Information on Grants an							
<b>1</b> Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	<u>(b)</u> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	47-3555626	501(C)(4)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
	47 5555626	501(0)(4)	05,000.	0.			ACTION, ADVOCACI
ABORTION ACCESS FOR ALL 1315 S CLAYTON ST SUITE 300 DENVER, CO 80210	84-3366418	501(C)(4)	1,350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR A BETTER MINNESOTA 1600 UNIVERSITY AVE W SUITE 309 ST PAUL, MN 55104	26-0317208	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE OF FAMILIES FOR JUSTICE INC - 8 W 126TH ST FLOOR 3 - NEW YORK, NY 10027	82-1971330	501(C)(3)	10,000.	0.			CAPACITY BUILDING
ARIZONA ADVOCACY NETWORK INC 221 E INDIANOLA AVE PHOENIX, AZ 85012	01-0637750	501(C)(4)	1,072,614.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK WOMEN FOR WELLNESS ACTION PROJECT - PO BOX 292516 - LOS ANGELES, CA 90029	82-2822118		10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	<b>.</b> .	, L tabla					▶ <u>8.</u> 54.

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

### NORTH FUND

Schedule I (Form 990) NORTH FU							33- <b>4011547</b> р
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARE IN AGETON							
CARE IN ACTION 45 BROADWAY SUITE 320							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10006	46-4605470	501(C)(A)	700,000.	Ο.			ACTION, ADVOCACY
NEW TORK, NI 10000	40-4003470	501(C)(4)	700,000.	0.			ACTION, ADVOCACT
CASA IN ACTION INC							
B151 15TH AVE							CIVIL RIGHTS, SOCIAL
HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
, <b>, , , , , , , , , , , , , , , , </b>				••			
CEASEFIRE PENNSYLVANIA							
1518 WALNUT STREET SUITE 1406							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19102	46-0483761	501(C)(4)	75,000.	Ο.			ACTION, ADVOCACY
,,			,	- •			
CITIZEN ACTION OF WISCONSIN INC							
2797 S KINNICKINNIC AVE							CIVIL RIGHTS, SOCIAL
MILWAUKEE, WI 53207	39-1424314	501(C)(4)	50,000.	Ο.			ACTION, ADVOCACY
			, -				,
CLEAN MISSOURI							
510 E 115TH TERRACE							CIVIL RIGHTS, SOCIAL
KANSAS CITY, MO 64131	82-0715881	527	1,000,000.	Ο.			ACTION, ADVOCACY
							,
COLORADO FAMILIES FIRST							
1315 S CLAYTON STREET SUITE 300							CIVIL RIGHTS, SOCIAL
DENVER, CO 80210	61-1954894	501(C)(4)	4,400,000.	Ο.			ACTION, ADVOCACY
							,
CONSERVATION VOTERS OF							
PENNSYLVANIA – PO BOX 2125 –							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19103	27-0800179	501(C)(4)	75,000.	Ο.			ACTION, ADVOCACY
			, ,				, <u>,</u>
DELAWARE COALITION AGAINST GUN							
VIOLENCE INC - PO BOX 883 -							CIVIL RIGHTS, SOCIAL
HOCKESSIN, DE 19707	30-0769289	501(C)(4)	30,000.	Ο.			ACTION, ADVOCACY
				- •			,
EMERGING AMERICAN MAJORITIES							
1225 I ST NW SUITE 1250							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-4100201	501(C)(4)	375,000.	Ο.			ACTION, ADVOCACY

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR OUR FUTURE ACTION FUND							
1411 K STREET NW STE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-2638345	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
			, ,				,
FORWARD TOGETHER ACTION							
300 FRANK H OGAWA PLAZA							CIVIL RIGHTS, SOCIAL
OAKLAND, CA 94612	84-3565059	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
FSIC AMERICAN INNOVATION AND							
OPPORTUNITY FUND - 1310 EASTERN							
AVE NE - WASHINGTON, DC 20019	81-4196585	501(C)(3)	10,000.	0.			CAPACITY BUILDING
FUTURE FORWARD USA ACTION							
611 PENNSYLVANIA AVE SE SUITE 143							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	82-4170762	501(C)(4)	6,736,650.	0.			ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND							
PO BOX 170515							CIVIL RIGHTS, SOCIAL
ATLANTA, GA 30317	47-4777204	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
CROINDCHELL ACTION FUND							
GROUNDSWELL ACTION FUND 548 MARKET ST UNIT 49734							
SAN FRANCISCO, CA 94104	82-1172119	501(C)(A)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAN FRANCISCO, CA 94104	02-11/2119	501(C)(4)	400,000.	0.			ACTION, ADVOCACI
GUN VIOLENCE PREVENTION ACTION							
COMMITTEE - 126 E WING ST SUITE							CIVIL RIGHTS, SOCIAL
205 - ARLINGTON HEIGHTS, IL 60004	81-5180730	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
· · · · ·							, , , , , , , , , , , , , , , , , , ,
HUMAN RIGHTS CAMPAIGN INC							
1640 RHODE ISLAND AVE NW							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	52-1243457	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
· · ·							,
LEAGUE OF CONSERVATION VOTERS INC							
740 15TH STREET NW FLOOR 7							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	52-1733698	501(C)(4)	350,000.	0.			ACTION, ADVOCACY

# Schedule I (Form 990) NORTH FUND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING UNITED FOR CHANGE IN							
ARIZONA - 5716 N 19TH AVE -							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	27-1398645	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
MAKE NC FIRST							
PO BOX 648							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27602	46-3981642	501(C)(4)	350,000.	0.			ACTION, ADVOCACY
MICHIGAN LEAGUE OF CONSERVATION							
VOTERS - 3029 MILLER ROAD - ANN							CIVIL RIGHTS, SOCIAL
ARBOR, MI 48103	38-3481677	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
MISSOURIANS FOR HEALTHCARE							
3220 WEST EDGEWOOD STE E							CIVIL RIGHTS, SOCIAL
JEFFERSON CITY, MO 65109	84-2480884	501(C)(4)	1,913,370.	0.			ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND							
17320 LIVERNOIS AVE							CIVIL RIGHTS, SOCIAL
DETROIT, MI 48221	82-2828323	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
NADAL DDA GUALAR AMERICA							
NARAL PRO-CHOICE AMERICA 1725 EYE ST NW SUITE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20006	13-2630359	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NATIONAL BLACK JUSTICE COALITION							
POST OFFICE BOX 71395							
WASHINGTON, DC 20024	20-0667808	501(C)(3)	10,000.	0.			CAPACITY BUILDING
NATIONAL WOMENS LAW CENTER ACTION							
FUND - 11 DUPONT CIR NW STE 800 -							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	46-0639645	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NEW APPROACH MONTANA							
602 W LAMME ST							CIVIL RIGHTS, SOCIAL
BOZEMAN, MT 59715	84-3244528	5 2 7	4,727,500.	0.			ACTION, ADVOCACY

#### NORTH FUND Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300							
WASHINGTON, DC 20036	20-5806345	501(C)(3)	500,000.	0.			CAPACITY BUILDING
NORTH CAROLINA BLACK ALLIANCE PO BOX 27886 RALEIGH, NC 27611	56-2210571	501(C)(3)	10,000.	0.			CAPACITY BUILDING
		501(0)(0)	10,000.	· ·			
NORTH CAROLINIANS AGAINST GUN VIOLENCE ACTION FUND - PO BOX 52425 - DURHAM, NC 27717	83-1339571	501(C)(4)	62,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
			, , ,				,
OHIOANS FOR RAISING THE WAGE							
545 E TOWN ST COLUMBUS, OH 43215	84-3355630	501(C)(4)	1,657,277.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DR							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	84-3103154	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
OPCANTZEDC IN MUE LAND OF							
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW							CIVIL RIGHTS, SOCIAL
- ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	90,000.	0.			ACTION, ADVOCACY
OVERALL							
6516 MONONA DRIVE UNIT 244							CIVIL RIGHTS, SOCIAL
MADISON, WI 53716	84-3646174	501(C)(4)	220,000.	0.			ACTION, ADVOCACY
PA ALLIANCE ACTION							
2034 S COLORADO ST							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19145	82-3537729	501(C)(4)	280,000.	0.			ACTION, ADVOCACY
PEOPLES ACTION							
3518 S EDMUNDS ST							CIVIL RIGHTS, SOCIAL
SEATTLE, WA 98118	26-2613701	501(C)(4)	150,000.	Ο.			ACTION, ADVOCACY

### NORTH FUND

Schedule I (Form 990) NORTH FUN					/=		<mark>33-4011547</mark> Р
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Doi (b) EIN	nestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM STREET FLOOR 10 NEW YORK, NY 10038	13-3539048	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ADVOCATES OF MI PO BOX 15104 LANSING, MI 48901	38-2765858	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ND/SD/MS 671 VANDALIA ST SAINT PAUL, MN 55114	41-1709702	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD PA ADVOCATES 1514 N 2ND STREET HARRISBURG, PA 17102	23-2208281	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038	13-4128897	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PPRM ACTION FUND 7155 E 38TH AVE DENVER, CO 80207	84-1191279	501(C)(4)	280,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROTECT COLORADO'S RECOVERY 656 ROCK RIDGE DRIVE LAFAYETTE, CO 80026	85-2837011	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY 611 PENNSYLVANIA AVE SE #143 WASHINGTON, DC 20003	82-3846342	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

#### NORTH FUND Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	26-4486735	501(C)(4)	800,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SOUTH CAROLINA PROGRESSIVE NETWORK EDUCATION FUND - PO BOX 8325 - COLUMBIA, SC 29202	57-1069839	501(C)(3)	10,000.	0.			CAPACITY BUILDING
SPARK REPRODUCTIVE JUSTICE NOW INC 1065 RALPH DAVID ABERNATHY BLVD #20 ATLANTA, GA 30310	58-1872316	501(C)(3)	10,000.	0.			CAPACITY BUILDING
STATE POLICY INSTITUTE 1090 VERMONT AVE NW SUITE 750 WASHINGTON, DC 20005	83-4143727	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATES NEWSROOM 1450 RALEIGH RD SUITE 200 CHAPEL HILL, NC 27517	84-2113822	501(C)(3)	85,000.	0.			CAPACITY BUILDING
TAKEACTION MINNESOTA 705 RAYMOND AVE #100 SAINT PAUL, MN 55114	20-3338691	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE FAIRNESS PROJECT 2300 18TH STREET NW UNIT 21337 WASHINGTON, DC 20009	37-1779557	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTERS NOT POLITICIANS PO BOX 16180 LANSING, MI 48910	82-1389940	501(C)(4)	130,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING AMERICA 815 16TH STREET NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

### NORTH FUND

edule I (Form 990) NORTH FU							33-4011547 F
art II       Continuation of Grants and Other         (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRKING FAMILIES PARTY L PROSPECT ST ROOKLYN, NY 11201	20-4994004	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ES ON NATIONAL POPULAR VOTE 56 ROCK RIDGE DRIVE							CIVIL RIGHTS, SOCIAL
AFAYETTE, CO 80026	84-2501310	501(C)(4)	250,000.	0.			ACTION, ADVOCACY

Schedule I (Form 990) 2020

NORTH FUND

83-4011547

Page 2

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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	uired in Part Llin	  e 2: Part III, column	(b): and any other ac	ditional information	

PART I, LINE 2:

THE NORTH FUND MAKES GRANTS TO MULTIPLE ORGANIZATIONS AND COMMITTED

COMMUNITY LEADERS. THE FUND REQUIRES GRANTEES TO SIGN GRANT AGREEMENTS

CERTIFYING THAT ALL ACTIVITIES ARE CONSISTENT WITH ALLOWABLE SOCIAL WELFARE

WORK CONSISTENT WITH THE NORTH FUND'S MISSION AND PURPOSE. THE NORTH FUND

REQUIRES THAT GRANTEES SUBMIT INTERIM AND POST-GRANT REPORTS TO HELP ENSURE

THAT ALL FUNDS ARE PROPERLY MANAGED AND EXPENDED, AND THE NORTH FUND

REQUIRES THAT FUNDS BE RETURNED IF REPORTS ARE NOT PROPERLY FILED OR IF

FUNDS ARE NOT SPENT.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



NORTH FUND

Employer identification number 83 - 4011547

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

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

FORM 990, PART III, LINE 1:

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

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

THE NORTH FUND CONTRACTS WITH ARABELLA ADVISORS, A COMPANY WITH EXPERTISE

IN PHILANTHROPY AND NONPROFIT MANAGEMENT, TO PROVIDE ADMINISTRATIVE

SUPPORT, ACCOUNTING SERVICES, AND LEGAL GUIDANCE RELATED TO THE FUND'S

GRANTMAKING AND OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE SEPARATE COMMITTEES IN 2020. ACCORDINGLY,

FORM 990, PART VI, SECTION A, LINE 8B HAS BEEN ANSWERED "NO".

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number
NORTH FUND	83-4011547
THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT	AND REVIEWED BY
THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS PR	IOR TO FILING

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE CURRENTLY NOT MADE AVAILABLE TO THE PUBLIC.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Form	990
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Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

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

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

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	NORTH FUND			
	Name Chanc		83-401154	47	
	Initial		Room/suite	E Telephone number	
	 return		450	(202) 973	1-1330
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	66,608,974.
	Amen return	WASHINGTON, DC 20036		H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: UIM GERSIEIN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 501(c)(3) 🛛 501(c) ( 4 )◀ (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: ▶ N/A		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: DC
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
anc					
Activities & Governance	2	Check this box			ets.
200	3				3
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			157
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		9,300,500.	66,341,124.
evenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
svel	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,553.	14,065.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,251.	253,785.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,351,304.	66,608,974.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,002,000.	34,186,410.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,418.	1,058,561.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>e</u>		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		702,998.	13,535,539.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,862,416.	48,780,510.
	19	Revenue less expenses. Subtract line 18 from line 12		7,488,888.	17,828,464.
S OF			Be	ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		7,915,300.	26,507,967.
Net Assets	21	Total liabilities (Part X, line 26)		426,412.	1,190,615.
Ĭ	22	Net assets or fund balances. Subtract line 21 from line 20		7,488,888.	25,317,352.
1 1 2 2					

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

Sign	Signature of officer		Date							
Here	JIM GERSTEIN, PRESIDEN	Г								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MICHAEL LUMSDEN	MICHAEL LUMSDEN	11/11/21	self-employed P01262236						
Preparer	Firm's name 🕒 MOSS ADAMS LLP		Firm'	sEIN ▶ 91-0189318						
Use Only	Firm's address 🕨 101 SECOND STREE	T SUITE 900		-						
	SAN FRANCISCO, C	A 94105	Phon	e no. <b>415-956-1500</b>						
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)						

	n 990 (2020) NORTH FUND 83-4011547	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	<b>_</b>	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		XNo
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
		u
	revenue, if any, for each program service reported.	0
4a		<b>0.</b> )
	CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY: NORTH FUND'S CIVIL RIGHTS	
	SOCIAL ACTION, AND ADVOCACY PROGRAMS SUPPORT A RANGE OF INITATIVES,	
	INCLUDING PROTECTING AND EXPANDING ACCESS TO AFFORDABLE HEALTH CARE,	
	SAFEGUARDING THE ENVIRONMENT FOR FUTURE GENERATIONS, AND ADVOCATING I	OR
	LGBTQIA+ AND HUMAN RIGHTS.	
4b	(Code: ) (Expenses \$ 645,000. including grants of \$ 645,000. ) (Revenue \$	0.)
	CAPACITY BUILDING: NORTH FUND'S CAPACITY BUILDING PROGRAMS SUPPORT A	/
	BROAD RANGE OF SOCIAL IMPACT INITIATIVES AND CAMPAIGNS, INCLUDING NEW	J
	PUBLIC/PRIVATE PARTNERSHIPS, CRIMINAL JUSTICE REFORM, AND GLOBAL	<u> </u>
	HEALTH.	
	nealin.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
40		
4e		<b>90</b> (2020)
	Form	(2020)

X	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		37	
	public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VI, VII, VI, VI	10		- 21
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
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Form 990 (2020) NORTH FUND
Part IV Checklist of Required Schedules

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		х
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	]		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt 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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
b				
c				
5	(gambling) winnings to prize winners?	1c	Х	

NORTH FUND

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(gambling) winnings to prize winners?

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 0								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b	Х						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-							
-	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	-							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders <b>11a</b>								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
U U	organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
14a		14a		X					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the exercise time and institution of the the the easting 1000 evides to use the exercise terms of	16		x					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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Form	990 (2020) NORTH FUND		83-401			age <b>6</b>
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re	espons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			ı	<u> </u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			2		
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-	2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3			•	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			··		X
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. <b>8</b> b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
				40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			. 14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official					<u> </u>
b	Other officers or key employees of the organization			. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•••			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			40.		Х
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		<u> </u>
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>AL</b> , <b>AR</b> , <b>CA</b> , <b>CT</b> , <b>D</b>	C,F	L,GA,HI,I	D,IL	,KS.	KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.			., ,,		
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
	ARABELLA ADVISORS - (202) 595-1020					
	1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036	)			000	
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 <b>90</b>	(2020)
					~ ~	~ <b>-</b>

2020.05000 NORTH FUND

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Part VI	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 Compl	ete this table for all persons required to be listed. Report compensation for the calendar year ending	g 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related
	below	dual t	utiona	_	nploy	st cor	1			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM GERSTEIN	1.00									
PRESIDENT AND CHAIR	0.00	х		х				0.	0.	0.
(2) CRISTINA URIBE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(3) MELANIE BELLER	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(4) SAURABH GUPTA	1.00									
GENERAL COUNSEL	0.00			Х				10,611.	0.	0.

Form 990 (2020)

Part VII       Section A. Officers, Directors, Truttees, Key Employees, and Highest Compensated Employee (contract)       (F)       Estimated         Name and trise       Average Notes for veek       Notes for the section of the sectin section of the sectin section of the secti		990 (2020) NORTH FUN									83-40	)115	5 <b>4</b> 7 F	age <b>8</b>
week (list av)       week (list av)       week (list av)       mom busis for ganization (W2/1099-MISC)       for ganization (W2/1099-MISC)       other (w2/1099-MISC)         0	(A)         (B)         (C)         (D)         (E)           Name and title         Average         Position         Reportable         Reportable         Reportable												Estimat	
c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES			week (list any hours for related organizations below	offic	cer an	d a di	irecto	or/trus	tee)	from the organization	from related organizations	5	other compensa from th organiza and rela	ation ne tion ted
c Total from continuation sheets to Part VII, Section A       ▶       0.       0.       0.       0.         d Total (add lines th and 1c)       ▶       10, 611.       0.       0.       0.         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 ▶       0       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2, 296, 936.         MARABELLA ADVISORS, 1828 L STREET, NW SUITE ADMIN., OPERATIONS & MANAGEMENT SERVICES       941, 615.         PERKINS COIE LLP       MEDIA SERVICES														
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d Total (add lines 1b and 1c)       ▶       10,611.       0.       0.         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 ▶       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? /r 'Yes, " complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? // r 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? // r 'Yes," complete Schedule J for such individual       4       X         5       Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? // r 'Yes," complete Schedule J for such individual       4       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? // r 'Yes," complete Schedule J for such individual       6       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?       (C)       Compensation         MOXIE       MEDIA       1201       TH														
compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on time 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on time 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       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.       (C)       Compensation         MOXIE       MEDIA       1201       THIRD AVENUE       SUITE 2200,       SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA       ADVISORS, 1828       STREET, NW SUITE       ADMIN., OPERATIONS & 3										10,611.		0.		0.
Yes       No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         NOXIE       MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS & 0941,615.       941,615.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       90 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES	2		ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			0
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN, OPERATIONS & ADMIN.       941,615.         PERKINS COIE LLP       MANAGEMENT SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       991 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000													Yes	<u> </u>
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS & 941,615.         PERKINS COIE LLP       PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       99 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	3		-		-	•			Ŭ				2	x
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5       X         Section B. Independent Contractors         1       Complete Schedule J for such person         1         Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE       MEDIA, 1201       THIRD AVENUE       SUITE 2200,       SEATTLE, WA 98101       C)         ARABELLA       ADVISORS, 1828 L       STREET, NW SUITE       ADMIN., OPERATIONS & 300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941, 615.         PERKINS       COIE       LP       D       D       SOV       250,000.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609, 836.       CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166, 985.       2       Total number	4											····	3	
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       MEDIA SERVICES       2,296,936.         SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &       941,615.         900, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       E00 BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 10       10	_		,										4	X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       (B)       (C)         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       EATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &       941,615.         900, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       EGAL SERVICES       609,836.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 10       10	5												5	x
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200,       MEDIA SERVICES       2,296,936.         SEATTLE, WA 98101       MEDIA SERVICES       2,296,936.         ARABELLA ADVISORS, 1828 L STREET, NW SUITE       ADMIN., OPERATIONS &         300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       PO         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       10	Sect				<i>JI SU</i>	сп		011 .				····	U	
(A) Name and business address(B) Description of services(C) CompensationMOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101MEDIA SERVICES2,296,936.ARABELLA ADVISORS, 1828 L STREET, NW SUITE 300, WASHINGTON, DC 20036ADMIN., OPERATIONS & MANAGEMENT SERVICES941,615.PERKINS COIE LLP PO BOX 24643, SEATTLE, WA 98124LEGAL SERVICES609,836.CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102MEDIA SERVICES250,000.WPP GROUP USA INC 999 18TH ST SUITE 2105N, DENVER, CO 80202CONSULTING SERVICES166,985.2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization10	1	, , ,	•	•							•	ensati	on from	
MOXIE MEDIA, 1201 THIRD AVENUE SUITE 2200, SEATTLE, WA 98101MEDIA SERVICES2,296,936.ARABELLA ADVISORS, 1828 L STREET, NW SUITE 300, WASHINGTON, DC 20036ADMIN., OPERATIONS & MANAGEMENT SERVICES941,615.PERKINS COIE LLP PO BOX 24643, SEATTLE, WA 98124LEGAL SERVICES609,836.CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102MEDIA SERVICES250,000.WPP GROUP USA INC 999 18TH ST SUITE 2105N, DENVER, CO 80202CONSULTING SERVICES166,985.2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶10		(A)				<u>g</u> w				(B)				
SEATTLE, WA 98101MEDIA SERVICES2,296,936.ARABELLA ADVISORS, 1828 L STREET, NW SUITE 300, WASHINGTON, DC 20036ADMIN., OPERATIONS & ADMIN., OPERATIONS & 941,615.PERKINS COIE LLP PO BOX 24643, SEATTLE, WA 98124LEGAL SERVICES609,836.CLARIFY AGENCY, 870 MARKET ST SUITE 428, SAN FRANCISCO, CA 94102MEDIA SERVICES250,000.WPP GROUP USA INC 999 18TH ST SUITE 2105N, DENVER, CO 80202CONSULTING SERVICES166,985.2 total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶10	MOX			TTT	ጥድ	2	20	0	_	Description of s	ervices	C	ompensatio	on
300, WASHINGTON, DC 20036       MANAGEMENT SERVICES       941,615.         PERKINS COIE LLP       EGAL SERVICES       609,836.         PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	SEA	TTLE, WA 98101								MEDIA SERVIC	ES	2	,296,9	36.
PERKINS COIE LLP       PO BOX 24643, SEATTLE, WA 98124       LEGAL SERVICES       609,836.         CLARIFY AGENCY, 870 MARKET ST SUITE 428,       MEDIA SERVICES       250,000.         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10				,	NW	S	UI	ΤE		-			0/1 6	15
CLARIFY AGENCY, 870 MARKET ST SUITE 428,         SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC         999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10	-		1							MANAGEMENI 5	ERVICES		941,0	15.
SAN FRANCISCO, CA 94102       MEDIA SERVICES       250,000.         WPP GROUP USA INC       999 18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10       10				<u>т</u> т т т т т т т т т т т т т т т т т т	<b></b>	4.2	0		_	LEGAL SERVIC	ES		609,8	36.
999       18TH ST SUITE 2105N, DENVER, CO 80202       CONSULTING SERVICES       166,985.         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶       10			1 51 50	т.т.	с '	± 2	o,			MEDIA SERVIC	ES		250,0	00.
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►       10			DENVER	C	0	80	20	2		CONSILUTING SI	RVICES		166 9	85
+····													100,9	55.
		\$100,000 of compensation from the organiz	zation 🕨				10	)					-orm <b>990</b>	(2020)

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	<u>1 990 (</u>					83-4011	547 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(B)	(C)	(D)
				( <b>A)</b> Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
iran Jun	b	Membership dues 1b					
s, G	с	Fundraising events 1c					
Gift: lar /	d	Related organizations 1d					
imi) imi	е	3 ( )					
itior er S	f	All other contributions, gifts, grants, and					
Otho		similar amounts not included above 1f	66,341,124.				
ont	g			66,341,124.			
Ŭ ā	h	Total. Add lines 1a-1f	Business Code	00,341,124.			
ė	2 a		Dusiliess Code				
vice	z a b						
Ser	c						
am :	d						
Program Service Revenue	е						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		14,065.			14,065.
	4	Income from investment of tax-exempt bond p	1				
	5	Royalties	(ii) Personal				
	6 a		(II) Personal				
	b b						
	c	Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
anı		and sales expenses					
venue	С	Gain or (loss)					
Other Re		Net gain or (loss)	····· ►				
the	8 a	Gross income from fundraising events (not					
ò		including \$ of					
		contributions reported on line 1c). See Part IV, line 18 8a					
	b						
	c	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	F				
		Part IV, line 19 9a					
	b						
	с	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory					
sn	11 -	GENERAL ADMIN RETAINER	Business Code 541900	253,386.			253,386.
neo	11 а b	OTHER REVENUE	900099	399.			399.
ellai wer	c b						
Miscellaneous Revenue	d	All other revenue					
Σ	e	Total. Add lines 11a-11d	►	253,785.			
	12	Total revenue. See instructions		66,608,974.	0.	0.	267,850.
03200	9 12-23-	-20					Form <b>990</b> (2020)

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	34,186,410.	34,186,410.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10,611.	1,061.	9,550.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	851,230.	850,987.	243.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,566.	17,383.	183.	
9	Other employee benefits	111,075.	109,915.	1,160.	
10	Payroll taxes	68,079.	67,368.	711.	
11	Fees for services (nonemployees):		-		
а	Management	1,232,135.		1,232,135.	
b	Legal	903,156.	903,068.	88.	
с	Accounting	16,098.		16,098.	
		1,222,715.	1,222,715.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	1,209,850.	1,022,730.	77,120.	110,000.
12	Advertising and promotion	8,693,782.	8,693,782.		•
13	Office expenses	11,251.	3,352.	7,899.	
14	Information technology	56,063.	52,375.	3,688.	
15	Royalties				
16	Occupancy	60,440.	59,800.	640.	
17	Travel	70,355.	70,355.		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,748.	23,748.		
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,956.	186.	28,770.	
24	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 0.)				
а	TAXES	4,293.		4,293.	
b	LICENSES AND FEES	1,998.	1,240.	758.	
c	DUES AND SUBSCRIPTIONS	699.	699.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,780,510.	47,287,174.	1,383,336.	110,000.
26	Joint costs. Complete this line only if the organization		,, <b>_</b> . <b>_</b> .	,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
	►	1			Garma <b>990</b> (0000)

Form 990 (2020)

#### NORTH FUND Part IX Statement of Functional Expenses

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

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

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Form 990 (2020)

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2020)	NORTH	FUND			03-1	4011
Balance	Sheet					
Check if Sc	hedule O contains a	a response or note to any line in this P	art X			
				(A)		

		Check if Schedule O contains a response or note		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		7,805,770.	2	19,986,960.
	3	Pledges and grants receivable, net		0.	3	6,445,048.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these	e persons		5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	<b>–</b>		0.	9	24,991.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		109,530.	15	50,968.
	16	Total assets. Add lines 1 through 15 (must equa	Il line 33)	7,915,300.	16	26,507,967.
	17	Accounts payable and accrued expenses		426,412.	17	1,010,615.
	18	Grants payable	0.	18	180,000.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iabi		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D	405 410	25	1 100 615	
	26	Total liabilities. Add lines 17 through 25		426,412.	26	1,190,615.
s		Organizations that follow FASB ASC 958, chec	ck here 🕨 🔼			
Ce		and complete lines 27, 28, 32, and 33.		124 540		17 000
alar	27			-134,540. 7,623,428.	27	-17,893. 25,335,245.
ä	28		• · · · <b>· ·</b>	/,023,420.	28	25,335,245.
Ĩ		Organizations that do not follow FASB ASC 95	68, check here ►			
г Т		and complete lines 29 through 33.				
its e	29	Capital stock or trust principal, or current funds			29	
SSG	30	Paid-in or capital surplus, or land, building, or equ			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		7 188 880	31	25 317 350
ž	32	Total net assets or fund balances		7,488,888. 7,915,300.	32	25,317,352. 26,507,967.
	33	Total liabilities and net assets/fund balances		1,919,300.	33	Form <b>990</b> (2020)
						Form <b>990</b> (2020)

NORTH FUND

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Form 990		83-4	011547	Pag	<sub>ge</sub> 12
Part X	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	al revenue (must equal Part VIII, column (A), line 12)	1	66,608		
<b>2</b> Tot	al expenses (must equal Part IX, column (A), line 25)	2	48,780		
	venue less expenses. Subtract line 2 from line 1	3	17,828		
<b>4</b> Ne	t assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,488	3,8	88.
5 Ne	t unrealized gains (losses) on investments	5			
<b>6</b> Do	nated services and use of facilities	6			
7 Inv	estment expenses	7			
8 Pri	or period adjustments	8			
9 Otł	her changes in net assets or fund balances (explain on Schedule O)	9			0.
<b>10</b> Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
col	umn (B))	10	25,31	7,3	<u>52.</u>
Part X	II Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····		
				Yes	No
<b>1</b> Ac	counting method used to prepare the Form 990: 🗌 Cash 🛛 🛛 Accrual 🗌 Other		_		
lf ti	ne organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
<b>2a</b> We	re the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
lf "	Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
sep	parate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b We	re the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
lf "	Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	nsolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c lf "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	iew, or compilation of its financial statements and selection of an independent accountant?		2c		X
	ne organization changed either its oversight process or selection process during the tax year, explain on Sch				
	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	and OMB Circular A-133?		3a		X
<b>b</b> If "`	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or a	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

## Schedule B

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

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*

## Schedule of Contributors

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

OMB No. 1545-0047

# 2020

Employer identification number

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Or	ganiza	tion type	e (check o	ne):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 4) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

#### General Rule

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

#### **Special Rules**

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

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

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

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

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

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

83-4011547

#### NORTH FUND Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 19,390,584. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 11,171,248. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 9,680,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 3,500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 3,250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 2,000,000. Noncash \$ (Complete Part II for

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

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noncash contributions.)

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

NORTH FUND

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$     2,000,000.       \$     2,000,000.   Person Payroll Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$     2,000,000.       \$     2,000,000.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$     1,700,000.     Person     X       (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		S     1,500,000.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		\$1,000,000. Person X Complete Part II for noncash contributions

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

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

NORTH FUND

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ <u>1,000,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14_		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$1,000,000.	Person     X       Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$500,000.	Person     X       Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18_		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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

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

Employer identification number

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$ <u>325,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + 4	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ <u>245,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

NORTH FUND

83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27_		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$100,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

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

83-4011547

#### NORTH FUND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 80,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.)

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

18441111 146892 806745

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

83-4011547

#### NORTH FUND

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 37,500. Noncash \$ (Complete Part II for noncash contributions.)

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

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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

(b)

Name of organization

NORTH FUND

Part I

(a)

Employer identification number

(d)

83-4011547

(c)

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

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

Employer identification number

83-4011547

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>49</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

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

023452 11-25-20

18441111 146892 806745

Name of or	ganization	Employer identification number		
NORTH	FUND		83-4011547	
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.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		
		\$		

#### 023453 11-25-20

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

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

Name of or	rganization			Employer identification number				
NORTH	FUND			83-4011547				
Part III		through (e) and the following lir charitable, etc., contributions of \$1,00	e entry. For organizati	8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held				
-		(e) Transfer o	f gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

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

### SCHEDULE C

#### (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Nar	ne of orga					Emplo	over identification numbe	r	
		NORTH F				83-4011547			
Pa	art I-A	Complete if the org	anization is exempt under	r section 501(c) or	r is a section 52	7 org	anization.		
2	Political	campaign activity expendit	ration's direct and indirect political ures ign activities				<u>   10,333,150</u> 0		
Pa	art I-B	Complete if the org	anization is exempt under						
1	Enter the	amount of any excise tax	incurred by the organization under	r section 4955		▶\$		_	
			incurred by organization managers						
			n 4955 tax, did it file Form 4720 fo					٥	
							. Yes No	D	
_	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).								
	art I-C				-				
			by the filing organization for section			▶\$	20,500	•	
2			ization's funds contributed to othe	•			10 212 650		
~						►\$	10,312,650	•	
3		1	a. Add lines 1 and 2. Enter here and	,			10,333,150		
			1100 DOL for this year?						
4 5			<b>1120-POL</b> for this year?					5	
5			tion listed, enter the amount paid 1		•				
	•	, ,	omptly and directly delivered to a s				•		
			additional space is needed, provid		,		5 5		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	d	
			NEW YORK, NY						
VC	TES		10038	13-4128897	50,0	00.	0	•	

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 NO Part II-A Complete if the organ		mpt under section	n 501(c)(3) and file		4011547 Page 2 ection under
section 501(h)).		-		-	
A Check 🕨 📃 if the filing organization	belongs to an af	filiated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share of	excess lobbying	expenditures).			
B Check 🕨 🔄 if the filing organization	checked box A a	and "limited control" pro	visions apply.		
	n Lobbying Expe res" means amo	enditures unts paid or incurred.	1	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	ce public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th			h columns		
If the amount on line 1e, column (a) or (b)		bbying nontaxable am	ount is:		
Not over \$500,000		f the amount on line 1e.	<b></b>		
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		\$225,000 plus 5% of the excess over \$1,500,000.			
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter :	, ,				
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o		line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea					Yes No
(Some organizations that	made a section {	veraging Period Under 501(h) election do not rate instructions for lin	have to complete all o	f the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the John wing activity	es	No	Amo	ount
<ul> <li>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:</li> <li>a Volunteers?</li> </ul>				
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5),	or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the price		3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No' answered "Yes."				3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politica	I			
expenditure next year?		4		
5 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); instructions); and Part II-B, line 1. Also, complete this part for any additional information. <b>PART I-A, LINE 1:</b>	Part II-A, li	nes 1 ar	nd 2 (See	

#### FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

#### PLANNED PARENTHOOD VOTES

#### 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE [	)
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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.



Name	of	the	organ	niza	+i/
Name	σ	tne	orgar	IIZć	ILIO

nlover ide

Nam	e of the organization NORTH FUND			Employer identification number 83-4011547
Pa		Funds or Other Simila	ar Funds or Ac	
Iu	organization answered "Yes" on Form 990, Part IV, line			Complete il the
		(a) Donor advised fund		b) Funds and other accounts
4	Total number at and of year			
1 2	Total number at end of year         Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4				
- 5	Aggregate value at end of yearL Did the organization inform all donors and donor advisors in w	riting that the accets hold in a	l lonor advisod func	
5	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· ·		•
Pa		anization answered "Yes" on	Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreati	· · · ·	servation of a histo	prically important land area
	Protection of natural habitat	· _		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution i	n the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
с	Number of conservation easements on a certified historic strue			2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year 🕨			-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	g conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue ar	id expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finan	cial statements that	at describes the
	organization's accounting for conservation easements.	<u> </u>		· · · ·
Pa	t III Organizations Maintaining Collections of		es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue s	statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or re-	search in furtherar	ice of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes	these items.	
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or resea	arch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
				▶ \$
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	•	

a Revenue included on Form 990, Part VIII, line 1

\$ ►

\$

b

Sche	dule D (Form 990) 2020 NORTH F							83-40			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	he organizatio	on's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o							_	_	_	_
D	to be sold to raise funds rather than to be ma								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custodi								7		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	able:					<b>A</b>		
_							4.		Amoun	[	
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· └──			1
Par											<u></u>
	·	(a) Current year		rior year	(c) Two yea			years back	(e) Four	vears	back
1a	Beginning of year balance							2			
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administer	red for th	he organiz	ation	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organizate Describe in Part XIII the intended uses of the								3b		L
Par	t VI Land, Buildings, and Equipm	<u>u</u>	wmenti	unus.							
	Complete if the organization answere		) Dart IV	/ line 112 9	See Form 000	Dart X	line 10				
	Description of property	(a) Cost or c			t or other		Accumulat	ed	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)		epreciation		( <b>u)</b> B00	N Value	5
1a	Land		7		· · /						
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	nn (B) line 1	10c)						0.
		gearr enn 000, r all	,, oorun	, <u>, , , , , , , , , , , , , , , , , </u>	<u></u>			Cabadula	D (Carr	- 0001	-

Schedule D (Form 990) 2020

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#### Part VII Investments - Other Securities.

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

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

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

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

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

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

X

Sche	dule D (Form 990) 2020 NORTH FUND		83-	4011547 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	66,608,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>			0.
3	Subtract line 2e from line 1			66,608,974.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	66,608,974.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expension	ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	48,780,510.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			48,780,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	48,780,510.
Pa	rt XIII Supplemental Information.			

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

### PART X, LINE 2:

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

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

JURISDICTIONS.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047
		vernments, an ete if the organizatio					2020
Department of the Treasury	• • · · · ·		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization NORTH FUN	D						Employer identification number 83-4011547
Part I General Information on Grants an							
<b>1</b> Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	47-3555626	501(C)(4)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
	47 5555626	501(0)(4)	05,000.	0.			ACTION, ADVOCACI
ABORTION ACCESS FOR ALL 1315 S CLAYTON ST SUITE 300 DENVER, CO 80210	84-3366418	501(C)(4)	1,350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR A BETTER MINNESOTA 1600 UNIVERSITY AVE W SUITE 309 ST PAUL, MN 55104	26-0317208	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE OF FAMILIES FOR JUSTICE INC - 8 W 126TH ST FLOOR 3 - NEW YORK, NY 10027	82-1971330	501(C)(3)	10,000.	0.			CAPACITY BUILDING
ARIZONA ADVOCACY NETWORK INC 221 E INDIANOLA AVE PHOENIX, AZ 85012	01-0637750	501(C)(4)	1,072,614.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK WOMEN FOR WELLNESS ACTION PROJECT - PO BOX 292516 - LOS ANGELES, CA 90029	82-2822118		10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	<b>.</b> .	, L tabla					▶ <u>8.</u> 54.

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

#### NORTH FUND

Schedule I (Form 990) NORTH FU							33- <b>401154</b> 7 р
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARE IN AGETON							
CARE IN ACTION 45 BROADWAY SUITE 320							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 10006	46-4605470	501(C)(A)	700,000.	Ο.			ACTION, ADVOCACY
NEW TORK, NI 10000	40-4003470	501(C)(4)	700,000.	0.			ACTION, ADVOCACT
CASA IN ACTION INC							
B151 15TH AVE							CIVIL RIGHTS, SOCIAL
HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
, <b>, , , , , , , , , , , , , , , , </b>				••			
CEASEFIRE PENNSYLVANIA							
1518 WALNUT STREET SUITE 1406							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19102	46-0483761	501(C)(4)	75,000.	Ο.			ACTION, ADVOCACY
,,			,	- •			
CITIZEN ACTION OF WISCONSIN INC							
2797 S KINNICKINNIC AVE							CIVIL RIGHTS, SOCIAL
MILWAUKEE, WI 53207	39-1424314	501(C)(4)	50,000.	Ο.			ACTION, ADVOCACY
			, -				,
CLEAN MISSOURI							
510 E 115TH TERRACE							CIVIL RIGHTS, SOCIAL
KANSAS CITY, MO 64131	82-0715881	527	1,000,000.	Ο.			ACTION, ADVOCACY
							,
COLORADO FAMILIES FIRST							
1315 S CLAYTON STREET SUITE 300							CIVIL RIGHTS, SOCIAL
DENVER, CO 80210	61-1954894	501(C)(4)	4,400,000.	Ο.			ACTION, ADVOCACY
							,
CONSERVATION VOTERS OF							
PENNSYLVANIA – PO BOX 2125 –							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19103	27-0800179	501(C)(4)	75,000.	Ο.			ACTION, ADVOCACY
			, ,				, <u>,</u>
DELAWARE COALITION AGAINST GUN							
VIOLENCE INC - PO BOX 883 -							CIVIL RIGHTS, SOCIAL
HOCKESSIN, DE 19707	30-0769289	501(C)(4)	30,000.	Ο.			ACTION, ADVOCACY
				- •			,
EMERGING AMERICAN MAJORITIES							
1225 I ST NW SUITE 1250							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-4100201	501(C)(4)	375,000.	Ο.			ACTION, ADVOCACY

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR OUR FUTURE ACTION FUND							
1411 K STREET NW STE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	81-2638345	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
			,				,
FORWARD TOGETHER ACTION							
300 FRANK H OGAWA PLAZA							CIVIL RIGHTS, SOCIAL
OAKLAND, CA 94612	84-3565059	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
FSIC AMERICAN INNOVATION AND							
OPPORTUNITY FUND - 1310 EASTERN							
AVE NE - WASHINGTON, DC 20019	81-4196585	501(C)(3)	10,000.	0.			CAPACITY BUILDING
FUTURE FORWARD USA ACTION							
611 PENNSYLVANIA AVE SE SUITE 143							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20003	82-4170762	501(C)(4)	6,736,650.	0.			ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND							
PO BOX 170515							CIVIL RIGHTS, SOCIAL
ATLANTA, GA 30317	47-4777204	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
CROINDCHELL ACTION FUND							
GROUNDSWELL ACTION FUND 548 MARKET ST UNIT 49734							
SAN FRANCISCO, CA 94104	82-1172119	501(C)(A)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAN FRANCISCO, CA 94104	02-11/2119	501(C)(4)	400,000.	0.			ACTION, ADVOCACT
GUN VIOLENCE PREVENTION ACTION							
COMMITTEE - 126 E WING ST SUITE							CIVIL RIGHTS, SOCIAL
205 - ARLINGTON HEIGHTS, IL 60004	81-5180730	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
		,	,				,
HUMAN RIGHTS CAMPAIGN INC							
1640 RHODE ISLAND AVE NW							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	52-1243457	501(C)(4)	20,000.	0.			ACTION, ADVOCACY
· · ·			, <u>,</u>				
LEAGUE OF CONSERVATION VOTERS INC							
740 15TH STREET NW FLOOR 7							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	52-1733698	501(C)(4)	350,000.	0.			ACTION, ADVOCACY

## Schedule I (Form 990) NORTH FUND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING UNITED FOR CHANGE IN							
ARIZONA - 5716 N 19TH AVE -							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	27-1398645	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
MAKE NC FIRST							
PO BOX 648							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27602	46-3981642	501(C)(4)	350,000.	0.			ACTION, ADVOCACY
MICHIGAN LEAGUE OF CONSERVATION							
VOTERS - 3029 MILLER ROAD - ANN							CIVIL RIGHTS, SOCIAL
ARBOR, MI 48103	38-3481677	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
MISSOURIANS FOR HEALTHCARE							
3220 WEST EDGEWOOD STE E							CIVIL RIGHTS, SOCIAL
JEFFERSON CITY, MO 65109	84-2480884	501(C)(4)	1,913,370.	0.			ACTION, ADVOCACY
MOTHERING JUSTICE ACTION FUND							
17320 LIVERNOIS AVE							CIVIL RIGHTS, SOCIAL
DETROIT, MI 48221	82-2828323	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
NADAL DDA QUALCE AMEDICA							
NARAL PRO-CHOICE AMERICA 1725 EYE ST NW SUITE 900							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20006	13-2630359	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NATIONAL BLACK JUSTICE COALITION							
POST OFFICE BOX 71395							
WASHINGTON, DC 20024	20-0667808	501(C)(3)	10,000.	0.			CAPACITY BUILDING
NATIONAL WOMENS LAW CENTER ACTION							
FUND - 11 DUPONT CIR NW STE 800 -							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	46-0639645	501(C)(4)	400,000.	0.			ACTION, ADVOCACY
NEW APPROACH MONTANA							
602 W LAMME ST							CIVIL RIGHTS, SOCIAL
BOZEMAN, MT 59715	84-3244528	5 2 7	4,727,500.	0.			ACTION, ADVOCACY

#### NORTH FUND Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300							
WASHINGTON, DC 20036	20-5806345	501(C)(3)	500,000.	0.			CAPACITY BUILDING
NORTH CAROLINA BLACK ALLIANCE PO BOX 27886 RALEIGH, NC 27611	56-2210571	501(C)(3)	10,000.	0.			CAPACITY BUILDING
		501(0)(0)	10,000.	· ·			
NORTH CAROLINIANS AGAINST GUN VIOLENCE ACTION FUND - PO BOX 52425 - DURHAM, NC 27717	83-1339571	501(C)(4)	62,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
							,
OHIOANS FOR RAISING THE WAGE							
545 E TOWN ST COLUMBUS, OH 43215	84-3355630	501(C)(4)	1,657,277.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DR							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85015	84-3103154	501(C)(4)	250,000.	0.			ACTION, ADVOCACY
OPCANTZEDC IN MUE LAND OF							
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW							CIVIL RIGHTS, SOCIAL
- ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	90,000.	0.			ACTION, ADVOCACY
OVERALL							
6516 MONONA DRIVE UNIT 244							CIVIL RIGHTS, SOCIAL
MADISON, WI 53716	84-3646174	501(C)(4)	220,000.	0.			ACTION, ADVOCACY
PA ALLIANCE ACTION							
2034 S COLORADO ST							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19145	82-3537729	501(C)(4)	280,000.	0.			ACTION, ADVOCACY
PEOPLES ACTION							
3518 S EDMUNDS ST							CIVIL RIGHTS, SOCIAL
SEATTLE, WA 98118	26-2613701	501(C)(4)	150,000.	Ο.			ACTION, ADVOCACY

#### NORTH FUND

Schedule I (Form 990) NORTH FUN							<mark>33-4011547</mark> Р
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	Assistance to Doi (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD ACTION FUND INC 123 WILLIAM STREET FLOOR 10 NEW YORK, NY 10038	13-3539048	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ADVOCATES OF MI PO BOX 15104 LANSING, MI 48901	38-2765858	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ND/SD/MS 671 VANDALIA ST SAINT PAUL, MN 55114	41-1709702	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD PA ADVOCATES 1514 N 2ND STREET HARRISBURG, PA 17102	23-2208281	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD VOTES 123 WILLIAM ST 10TH FLOOR NEW YORK, NY 10038	13-4128897	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PPRM ACTION FUND 7155 E 38TH AVE DENVER, CO 80207	84-1191279	501(C)(4)	280,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROTECT COLORADO'S RECOVERY 656 ROCK RIDGE DRIVE LAFAYETTE, CO 80026	85-2837011	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY 611 PENNSYLVANIA AVE SE #143 WASHINGTON, DC 20003	82-3846342	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

#### NORTH FUND Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	26-4486735	501(C)(4)	800,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SOUTH CAROLINA PROGRESSIVE NETWORK EDUCATION FUND - PO BOX 8325 - COLUMBIA, SC 29202	57-1069839	501(C)(3)	10,000.	0.			CAPACITY BUILDING
SPARK REPRODUCTIVE JUSTICE NOW INC 1065 RALPH DAVID ABERNATHY BLVD #20 ATLANTA, GA 30310	58-1872316	501(C)(3)	10,000.	0.			CAPACITY BUILDING
STATE POLICY INSTITUTE 1090 VERMONT AVE NW SUITE 750 WASHINGTON, DC 20005	83-4143727	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATES NEWSROOM 1450 RALEIGH RD SUITE 200 CHAPEL HILL, NC 27517	84-2113822	501(C)(3)	85,000.	0.			CAPACITY BUILDING
TAKEACTION MINNESOTA 705 RAYMOND AVE #100 SAINT PAUL, MN 55114	20-3338691	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE FAIRNESS PROJECT 2300 18TH STREET NW UNIT 21337 WASHINGTON, DC 20009	37-1779557	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTERS NOT POLITICIANS PO BOX 16180 LANSING, MI 48910	82-1389940	501(C)(4)	130,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING AMERICA 815 16TH STREET NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

#### NORTH FUND

edule I (Form 990) NORTH FU							33-4011547 F
art II       Continuation of Grants and Other         (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRKING FAMILIES PARTY L PROSPECT ST ROOKLYN, NY 11201	20-4994004	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ES ON NATIONAL POPULAR VOTE 56 ROCK RIDGE DRIVE							CIVIL RIGHTS, SOCIAL
AFAYETTE, CO 80026	84-2501310	501(C)(4)	250,000.	0.			ACTION, ADVOCACY

Schedule I (Form 990) 2020

NORTH FUND

83-4011547

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	uired in Part Llin	e 2: Part III, column	(b): and any other ac	  ditional information	

PART I, LINE 2:

THE NORTH FUND MAKES GRANTS TO MULTIPLE ORGANIZATIONS AND COMMITTED

COMMUNITY LEADERS. THE FUND REQUIRES GRANTEES TO SIGN GRANT AGREEMENTS

CERTIFYING THAT ALL ACTIVITIES ARE CONSISTENT WITH ALLOWABLE SOCIAL WELFARE

WORK CONSISTENT WITH THE NORTH FUND'S MISSION AND PURPOSE. THE NORTH FUND

REQUIRES THAT GRANTEES SUBMIT INTERIM AND POST-GRANT REPORTS TO HELP ENSURE

THAT ALL FUNDS ARE PROPERLY MANAGED AND EXPENDED, AND THE NORTH FUND

REQUIRES THAT FUNDS BE RETURNED IF REPORTS ARE NOT PROPERLY FILED OR IF

FUNDS ARE NOT SPENT.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



NORTH FUND

Employer identification number 83 - 4011547

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

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

FORM 990, PART III, LINE 1:

THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE

OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND

RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL

ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT

LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.

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

THE NORTH FUND CONTRACTS WITH ARABELLA ADVISORS, A COMPANY WITH EXPERTISE

IN PHILANTHROPY AND NONPROFIT MANAGEMENT, TO PROVIDE ADMINISTRATIVE

SUPPORT, ACCOUNTING SERVICES, AND LEGAL GUIDANCE RELATED TO THE FUND'S

GRANTMAKING AND OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE SEPARATE COMMITTEES IN 2020. ACCORDINGLY,

FORM 990, PART VI, SECTION A, LINE 8B HAS BEEN ANSWERED "NO".

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number
NORTH FUND	83-4011547
THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT	AND REVIEWED BY
THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS PR	IOR TO FILING

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

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE CURRENTLY NOT MADE AVAILABLE TO THE PUBLIC.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020