

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIXTEEN THIRTY FUND		D Employer identification number 26-4486735
	Doing business as		E Telephone number (202) 971-1337
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 190,701,430.
	1828 L STREET, NW	300-B	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: AMY KURTZ SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.SIXTEENTHIRTYFUND.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2009 M State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	25
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 388,206,178.	Current Year 189,474,937.
	9 Program service revenue (Part VIII, line 2g)	90,546.	21,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	464,037.	19,747.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	924,105.	1,136,269.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	389,684,866.	190,651,953.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	324,931,044.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,975,343.	7,429,211.
16a Professional fundraising fees (Part IX, column (A), line 11e)		229,713.	225,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 279,480.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,902,147.	58,474,771.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	410,038,247.	173,564,342.	
19 Revenue less expenses. Subtract line 18 from line 12	-20,353,381.	17,087,611.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 85,994,861.	End of Year 97,684,457.
	21 Total liabilities (Part X, line 26)	24,090,178.	18,255,737.
	22 Net assets or fund balances. Subtract line 21 from line 20	61,904,683.	79,428,720.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ AMY KURTZ, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL LUMSDEN	MICHAEL LUMSDEN	10/12/22		P01262236
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318			
	Firm's address ▶ 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105			Phone no. 415-956-1500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

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

4a (Code:) (Expenses \$ 76,651,438. including grants of \$ 45,416,601.) (Revenue \$ 21,000.)
FUND SEEKING TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY.
SIXTEEN THIRTY FUND'S WORK TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY SUPPORTS A BROAD ARRAY OF PROJECTS AND GRANTEES, INCLUDING THOSE WORKING TO ENSURE VOTING ACCESS AND CIVIC PARTICIPATION; GROUPS ADVOCATING FOR PAY EQUITY, PAID FAMILY LEAVE, AND FAIR TAX POLICY; FIGHTING FOR ACCESS TO HEALTH CARE FOR ALL AMERICANS; AND ADVOCATING FOR COMMON SENSE GUN REFORM.

4b (Code:) (Expenses \$ 46,050,352. including grants of \$ 44,592,000.) (Revenue \$ 0.)
FUND FOR ENVIRONMENTAL PROGRAMS.
SIXTEEN THIRTY FUND'S ENVIRONMENTAL PROGRAMS ARE WORKING TO REVERSE THE CURRENT PACE OF CLIMATE CHANGE AND FIND POLICY SOLUTIONS TO REDUCE GLOBAL EMISSIONS AND PROMOTE ENVIRONMENTAL EQUITY.

4c (Code:) (Expenses \$ 39,795,595. including grants of \$ 16,879,002.) (Revenue \$ 0.)
FUND FOR CAPACITY BUILDING.
SIXTEEN THIRTY FUND'S CAPACITY BUILDING PROJECTS SUPPORT THE CAPACITY DEVELOPMENT OF GRANTEES ON ISSUES RELATED CIVIC PARTICIPATION, EQUITY, EQUAL REPRESENTATION, AND OTHER ADVOCACY ISSUES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 4,120,244. including grants of \$ 547,757.) (Revenue \$ 0.)

4e Total program service expenses 166,617,629.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ARABELLA ADVISORS, LLC - (202) 595-1020**
1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RYAN JOHNSON PROJECT DIRECTOR	40.00					X	205,000.	0.	34,620.	
(2) AMY KURTZ PRESIDENT	40.00			X			172,000.	0.	17,198.	
(3) CARL J. WALZ CAMPAIGNS DIRECTOR	40.00					X	148,400.	0.	28,135.	
(4) PATRICIA KUPFER CAMPAIGNS DIRECTOR	40.00					X	145,900.	0.	26,307.	
(5) AMY STEINHOFF CAMPAIGNS DIRECTOR	40.00					X	150,900.	0.	12,949.	
(6) RAUL ALVILLAR CHAIR (AS OF 6/2021) / DIRECTOR	1.00	X		X			0.	0.	0.	
(7) ERIC KESSLER DIRECTOR / CHAIR (RESIGNED 6/2021)	1.00	X		X			0.	0.	0.	
(8) DARA FREED TREASURER	1.00	X		X			0.	0.	0.	
(9) DOUGLAS HATTAWAY SECRETARY	1.00	X		X			0.	0.	0.	
(10) MARISSA BROWN DIRECTOR (AS OF 3/2021)	1.00	X					0.	0.	0.	
(11) JEFF CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(12) LATOIA JONES DIRECTOR	1.00	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ARABELLA ADVISORS, LLC and GLOBAL STRATEGY GROUP LLC.

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 67

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	189,474,937.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			189474937.			
Program Service Revenue	2 a CONSULTING REVENUE	Business Code	541900	21,000.	21,000.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			21,000.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			69,224.		69,224.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		49,477.			
	c Gain or (loss)	7c		-49,477.			
d Net gain or (loss)			-49,477.		-49,477.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	773,277.		773,277.	
	b GENERAL ADMIN RETAINER		541900	362,992.		362,992.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,136,269.			
12 Total revenue. See instructions			190651953.	21,000.	0.	1156016.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	107,435,360.	107,435,360.		
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	189,198.	9,460.	179,738.	
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	5,869,895.	5,849,103.	20,792.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	165,093.	163,275.	1,818.	
9 Other employee benefits	729,050.	717,937.	11,113.	
10 Payroll taxes	475,975.	462,378.	13,597.	
11 Fees for services (nonemployees):				
a Management	5,844,814.		5,844,814.	
b Legal	896,273.	829,847.	66,426.	
c Accounting	134,275.	98,275.	36,000.	
d Lobbying	3,159,004.	3,159,004.		
e Professional fundraising services. See Part IV, line 17	225,000.			225,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,077,632.	18,884,055.	139,097.	54,480.
12 Advertising and promotion	25,579,943.	25,579,943.		
13 Office expenses	102,290.	101,092.	1,198.	
14 Information technology	2,159,226.	2,071,055.	88,171.	
15 Royalties				
16 Occupancy	229,397.	225,289.	4,108.	
17 Travel	68,596.	68,596.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	833,214.	833,214.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,160.	95,160.		
23 Insurance	35,018.		35,018.	
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 O.)				
a TAXES	202,558.	4,372.	198,186.	
b OTHER EXPENSES	57,371.	30,214.	27,157.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	173,564,342.	166,617,629.	6,667,233.	279,480.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,951,277.	1	26,554,544.
	2 Savings and temporary cash investments	45,737,994.	2	48,797,146.
	3 Pledges and grants receivable, net	14,675,000.	3	21,630,453.
	4 Accounts receivable, net	160,669.	4	371,379.
	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	100,943.	5	0.
	6 Loans and other receivables from other disqualified 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 Prepaid expenses and deferred charges	45,891.	9	97,730.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 729,115.		
	b Less: accumulated depreciation	10b 505,321.	315,831.	10c 223,794.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,256.	15	9,411.
16 Total assets. Add lines 1 through 15 (must equal line 33)	85,994,861.	16	97,684,457.	
Liabilities	17 Accounts payable and accrued expenses	20,799,953.	17	5,301,821.
	18 Grants payable	2,455,319.	18	12,953,916.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	834,906.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties		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 of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	24,090,178.	26	18,255,737.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,989,070.	27	1,796,975.
	28 Net assets with donor restrictions	59,915,613.	28	77,631,745.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	61,904,683.	32	79,428,720.
	33 Total liabilities and net assets/fund balances	85,994,861.	33	97,684,457.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	190,651,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,564,342.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,087,611.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	61,904,683.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	436,426.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	79,428,720.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(4) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>33,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>27,270,554.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>23,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>21,530,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>9,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>7,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>6,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>5,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>3,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>3,165,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>2,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>2,010,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>1,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>1,887,645.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>1,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>1,670,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>1,472,169.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ <u>1,190,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>1,109,964.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>1,075,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>674,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>670,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 435,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>148,707.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>110,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ <u>95,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 57,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ <u>36,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>16,823.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>13,008.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	 <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	 <hr/> <hr/> <hr/>	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	 <hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	 <hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ <u>5,818.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from 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 C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 13,860,361.
- 3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 1,571,511.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 12,288,850.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 13,860,361.
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
ARIZONANS FOR A JUST DEMOCRACY	PHOENIX, AZ 85004	87-1561538	100,000.	0.
BE A HERO PAC	WASHINGTON, DC 20010	83-0766934	25,000.	0.
CASA IN ACTION PAC	8151 15TH AVE HYATTSVILLE, MD 2	83-1625942	200,000.	0.
DEMAND JUSTICE PAC	WASHINGTON, DC 20003	85-3375975	110,000.	0.
DEMOCRATIC PARTY OF VIRGINIA	RICHMOND, VA 23219	54-0495203	15,000.	0.
EQUITY PAC	PO BOX 300812 AUSTIN, TX 78703	39-4992343	100,000.	0.

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

Schedule C (Form 990) 2021

LHA SEE PART IV FOR CONTINUATION

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 prior year?	3	

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

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 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 political 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); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A, LINE 1:

FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

ARIZONANS FOR A JUST DEMOCRACY

530 E MCDOWELL ROAD PHOENIX, AZ 85004

Part IV Supplemental Information (continued)

BE A HERO PAC

1380 MONROE ST NW WASHINGTON, DC 20010

DEMAND JUSTICE PAC

611 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

DEMOCRATIC PARTY OF VIRGINIA

919 EAST MAIN STREET RICHMOND, VA 23219

PART I-C CONTINUATION:

ERIE COUNTY SURJ IE COMMITTEE

14 BRAYTON STREET BUFFALO, NY 14213

EIN: 87-1789404 COL (D) AMOUNT: 40000. COL (E) AMOUNT: 0.

FAIR SHARE ACTION

294 WASHINGTON ST BOSTON, MA 02108

EIN: 46-0932086 COL (D) AMOUNT: 1950000. COL (E) AMOUNT: 0.

FAMILY FRIENDLY ACTION PAC

700 13TH STREET NW WASHINGTON, DC 20005

EIN: 85-0792961 COL (D) AMOUNT: 185000. COL (E) AMOUNT: 0.

JUSTICE FORWARD VIRGINIA

2611 FRANKLIN ROAD ARLINGTON, VA 22201

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

MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE 21ST CENTURY FUND

Part IV Supplemental Information *(continued)*

606 TOWNSEND STREET LANSING, MI 48933

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

NATIONAL CONFERENCE OF DEMOCRATIC MAYORS

1660 L STREET NW WASHINGTON, DC 20036

EIN: 52-1535470 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

OPEN DEMOCRACY PAC

600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 86-2772049 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

PAC FOR JUSTICE

PO BOX 850885 NEW ORLEANS, LA 70130

EIN: 85-2603613 COL (D) AMOUNT: 150000. COL (E) AMOUNT: 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		298,040.	296,836.	1,204.
e Other		431,075.	208,485.	222,590.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				223,794.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9). Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9). Total row at the bottom.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and sub-rows (2) through (9). Total row at the bottom.

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]

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

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

1	Total revenue, gains, and other support per audited financial statements		1	191,424,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	286,468.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	436,426.	
e	Add lines 2a through 2d	2e		722,894.
3	Subtract line 2e from line 1		3	190,701,430.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-49,477.	
c	Add lines 4a and 4b	4c		-49,477.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	190,651,953.

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

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

1	Total expenses and losses per audited financial statements		1	173,900,287.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	286,468.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	49,477.	
e	Add lines 2a through 2d	2e		335,945.
3	Subtract line 2e from line 1		3	173,564,342.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	173,564,342.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FUND DOES NOT HAVE ANY MATERIAL UNCERTAIN TAX POSITIONS. THE FUND FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL AND STATE JURISDICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF PRIOR YEAR GRANTS 436,426.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS -49,477.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

LOSS ON DISPOSAL OF FIXED ASSETS 49,477.

Lined area for supplemental information, currently blank.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

SIXTEEN THIRTY FUND

26-4486735

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	41,033.
SOUTH AMERICA	0	1	PROGRAM SERVICES	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	154,699.
3 a Subtotal	0	3			195,732.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	3			195,732.

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

Schedule F (Form 990) 2021

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

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

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

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BETH GRUPP ASSOCIATES - BOX 60185, CAPITOL SUITES,	FUNDRAISING COUNSEL		X	0.	90,000.	-90,000.
KG CONSULTING - 5009 BELT RD NW, WASHINGTON, DC 20016	FUNDRAISING COUNSEL		X	0.	57,000.	-57,000.
STEVEN BIEL STRATEGIES - 31 CUSHMAN ST UNIT 2, PORTLAND,	FUNDRAISING COUNSEL		X	0.	66,000.	-66,000.
TRACY NEWMAN - 712 35TH AVE, SEATTLE, WA 98122	FUNDRAISING COUNSEL		X	0.	12,000.	-12,000.
Total					225,000.	-225,000.

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

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: BETH GRUPP ASSOCIATES

(I) ADDRESS OF FUNDRAISER: BOX 60185, CAPITOL SUITES, WASHINGTON, DC 20039

(I) NAME OF FUNDRAISER: STEVEN BIEL STRATEGIES

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1000 WOMEN STRONG INC 1842 ASHLEY HALL WAY TALLAHASSEE, FL 32308	85-2794865	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
9TO5 NATIONAL ASSOCIATION OF WORKING WOMEN - 207 E BUFFALO STREET SUITE 211 - MILWAUKEE, WI 53202	52-1201710	501(C)(5)	50,000.	0.			ENVIRONMENTAL PROGRAMS
A BETTER BIG SKY PO BOX 7134 MISSOULA, MT 59807	82-5313159	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
A BETTER WISCONSIN TOGETHER INC 6516 MONONA DRIVE UNIT 244 MONONA, WI 53716	84-3646174	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCELERATE THE SOUTH 1510 PEARSON ST HOUSTON, TX 77023	83-3045408	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACTION CENTER ON RACE AND THE ECONOMY - 1901 W CARROLL AVE - CHICAGO, IL 60612	82-1199855	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **47.**

3 Enter total number of other organizations listed in the line 1 table **215.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRC ACTION 2030 W BASELINE RD #182-631 PHOENIX, AZ 85041	87-3214348	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	210,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCING AZ 530 E MCDOWELL RD SUITE 107 BOX 505 PHOENIX, AZ 85004	83-4665335	501(C)(4)	8,750,000.	0.			CAPACITY BUILDING
ALASKA AFL-CIO 3333 DENALI STREET SUITE 125 ANCHORAGE, AK 99503	92-0010498	501(C)(5)	153,875.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKA PROGRESSIVE DONOR TABLE 1120 HUFFMAN RD UNIT 502 ANCHORAGE, AK 99515	84-2728053	501(C)(4)	7,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKANS FOR BETTER GOVERNMENT INC 721 DEPOT DRIVE SUITE 100 ANCHORAGE, AK 99501	87-2592573	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALASKANS FOR POSTERITY PO BOX 90370 ANCHORAGE, AK 99509	85-2279710	501(C)(4)	275,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR CLIMATE EDUCATION 4676 BROADWAY SUITE A BOULDER, CO 80304	26-3106566	501(C)(3)	100,000.	0.			ENVIRONMENTAL PROGRAMS
ALLIANCE FOR JUSTICE ACTION CAMPAIGN - 11 DUPONT CIRCLE NW SUITE 500 - WASHINGTON, DC 20015	52-2330508	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIED MEDIA ACTION FUND 4126 3RD AVE DETROIT, MI 48201	85-0895977	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA VOTES 1155 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	1,525,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA WORKS USA 1225 EYE STREET NW SUITE 1100 WASHINGTON, DC 20005	45-2315353	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN BRIDGE 21ST CENTURY FOUNDATION - 800 MAINE AVE SW STE 400 - WASHINGTON, DC 20024	27-5278038	501(C)(4)	2,100,000.	0.			CAPACITY BUILDING
AMERICAN CLEAN POWER ASSOCIATION 1501 M ST NW SUITE 900 WASHINGTON, DC 20005	85-3015279	501(C)(6)	1,500,000.	0.			ENVIRONMENTAL PROGRAMS
AMERICAN ENERGY ACTION 1501 M STREET NW SUITE 950 WASHINGTON, DC 20005	81-2212257	501(C)(4)	500,000.	0.			ENVIRONMENTAL PROGRAMS
AMERICAS VOICE 1100 G STREET NW SUITE 750 WASHINGTON, DC 20005	20-0748404	501(C)(4)	950,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMPLIFY NEW HAMPSHIRE 51 LAKE ROAD BRENTWOOD, NH 03833	86-2948810	501(C)(4)	4,174,774.	0.			CAPACITY BUILDING
ANNIE'S LIST TRAINING AND ENGAGEMENT FUND - PO BOX 303277 - AUSTIN, TX 78703	84-3909459	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA HUMAN RIGHTS FOUNDATION 1821 W HAZELWOOD STREET PHOENIX, AZ 85015	86-0752488	501(C)(4)	115,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONANS FOR A JUST DEMOCRACY 530 E MCDOWELL ROAD SUITE 107 123 PHOENIX, AZ 85004	87-1561538	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AVOW INC 1104 W 34TH STREET 679 AUSTIN, TX 78705	74-2007519	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BATTLE BORN COLLECTIVE 1090 VERMONT AVE NW STE 750 WASHINGTON, DC 20005	85-4112749	501(C)(4)	535,000.	0.			CAPACITY BUILDING
BBT INC 901 NEW YORK AVE NW SUITE 530 WASHINGTON, DC 20001	86-2447747	501(C)(4)	3,275,000.	0.			ENVIRONMENTAL PROGRAMS
BE A HERO PAC 1380 MONROE ST NW UNIT 308 WASHINGTON, DC 20010	83-0766934	527	25,000.	0.			CAPACITY BUILDING
BETTER PENNSYLVANIA 1740 MAIN STREET MECHANICSBURG, PA 17055	84-3194010	501(C)(4)	115,995.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BIG SKY FIFTY FIVE PLUS 404 NORTH 31ST STREET SUITE 128 BILLINGS, MT 59101	82-4712803	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW BUILDING 100 ATLANTA, GA 30313	84-3530186	501(C)(4)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK VOTERS MATTER FUND INC 4751 BEST RD SUITE 490 EAST POINT, GA 30337	81-3625061	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501(C)(3)	10,000.	0.			CAPACITY BUILDING
BRADY 840 FIRST STREET NE SUITE 400 WASHINGTON, DC 20001	23-7321017	501(C)(4)	100,000.	0.			CAPACITY BUILDING
BUILDING A STRONGER ANCHORAGE 2440 E TUDOR RD ANCHORAGE, AK 99507	86-2210198	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BUSINESS ACTION FUND 1875 CONNECTICUT AVE NW 11TH FLOOR, SUITE 242 - WASHINGTON, DC 20009	83-2618697	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CAFE ACCION 420 W GRIGGS LAS CRUCES, NM 88005	85-2340038	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
CARE IN ACTION INC 45 BROADWAY SUITE 320 NEW YORK, NY 10006	46-4605470	501(C)(4)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	200,000.	0.			ENVIRONMENTAL PROGRAMS
CASA IN ACTION PAC 8151 15TH AVE HYATTSVILLE, MD 20783	83-1625942	527	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE ACTION FUND 1021 S. 7TH AVENUE STE 202 PHOENIX, AZ 85007	45-4874128	501(C)(4)	560,000.	0.			CAPACITY BUILDING
CENTENNIAL STATE PROSPERITY PO BOX 6692 DENVER, CO 80206	84-3973327	501(C)(4)	570,600.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR AMERICAN PROGRESS 1333 H ST NW 10TH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW FLOOR 10 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CIVIC ACTION 625 SILVER AVE SW STE 320 ALBUQUERQUE, NM 87102	02-0779812	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR COMMUNITY CHANGE ACTION 1536 U STREET NW WASHINGTON, DC 20009	27-0061100	501(C)(4)	1,485,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR ECONOMIC AND POLICY RESEARCH - 1611 CONNECTICUT AVE NW SUITE 400 - WASHINGTON, DC 20009	52-2204029	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR HEALTH AND DEMOCRACY 614 S FOURTH STREET 310 PHILADELPHIA, PA 19147	85-2839868	501(C)(3)	17,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CITIZEN ACTION OF NEW YORK 94 CENTRAL AVENUE ALBANY, NY 12206	11-2644562	501(C)(4)	125,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS UTILITY BOARD 309 W WASHINGTON STREET SUITE 800 CHICAGO, IL 60606	36-3306846	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
CIVIC EMPOWERMENT COALITION PO BOX 23400 LOS ANGELES, CA 90023	77-0053480	501(C)(4)	305,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CIVIC ENGAGEMENT BEYOND VOTING 1341 E KRISTA WAY TEMPE, AZ 85284	85-4166818	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CIVIC NATION ACTION 1156 15TH ST. NW SUITE 1000 WASHINGTON, DC 20005	86-1995353	501(C)(4)	75,000.	0.			CAPACITY BUILDING
CLEAN ENERGY FOR AMERICA INC 20 GALLI DRIVE SUITE A NOVATO, CA 94949	87-1301787	501(C)(4)	700,000.	0.			ENVIRONMENTAL PROGRAMS
COALITION FOR HUMANE IMMIGRANT RIGHTS - 2533 WEST 3RD STREET SUITE 101 - LOS ANGELES, CA 90057	95-4421521	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS CREATING OPPORTUNITIES PO BOX 100292 DENVER, CO 80250	47-2607588	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO VALUES PROJECT 1567 S UNIVERSITY BLVD DENVER, CO 80210	82-2621980	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMITTEE ON STATES PO BOX 1607 RALEIGH, NC 27602	84-2558945	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON CAUSE 805 FIFTEENTH STREET NW STE 800 WASHINGTON, DC 20005	52-6078441	501(C)(4)	275,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON DEFENSE CIVIC ENGAGEMENT INC - 251 W 30TH ST SUITE 318 - NEW YORK, NY 10001	83-3156982	501(C)(4)	1,060,000.	0.			CAPACITY BUILDING
COMMONWEALTH COMMUNICATIONS 1528 WALNUT ST SUITE 808 PHILADELPHIA, PA 19102	84-4535961	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMONWEALTH FOUNDATION 1442 A WALNUT STREET 42 BERKELEY, CA 94709	22-2543558	501(C)(3)	77,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA CO - 3702 E LAKE STREET - MINNEAPOLIS, MN 55406	83-1278469	501(C)(4)	30,000.	0.			ENVIRONMENTAL PROGRAMS
CONGRESSIONAL INTEGRITY PROJECT 2020 CONNECTICUT AVE NW SUITE 269 WASHINGTON, DC 20006	85-1339862	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONNECTICUT CITIZEN ACTION GROUP INC - 30 ARBOR ST, STE 6N - HARTFORD, CT 06106	06-0872695	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CONSERVATION VOTERS FOR IDAHO INC PO BOX 2802 BOISE, ID 83701	72-1599019	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEEDS ACTION FUND PO BOX 303064 AUSTIN, TX 78703	83-1985863	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEFENDING DEMOCRACY TOGETHER 925 15TH ST NW 5TH FLOOR WASHINGTON, DC 20005	82-3877328	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMAND JUSTICE 1010 VERMONT AVENUE NW SUITE 300 WASHINGTON, DC 20005	86-3689961	501(C)(4)	1,982,613.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMAND JUSTICE PAC 611 PENNSYLVANIA AVE SE #192 WASHINGTON, DC 20003	85-3375975	527	110,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMAND PROGRESS ACTION INC 30 RITCHIE AVE SILVER SPRING, MD 20910	46-1493219	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEMOCRACY FOR AMERICA ADVOCACY FUND INC - 29 CHURCH STREET 3RD FLOOR - BURLINGTON, VT 05401	86-3815628	501(C)(4)	25,000.	0.			CAPACITY BUILDING
DEMOCRATIC PARTY OF VIRGINIA 919 EAST MAIN STREET SUITE 2050 RICHMOND, VA 23219	54-0495203	527	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DOWN HOME NORTH CAROLINA 2617 SPRINGWOOD DRIVE GREENSBORO, NC 27403	83-1236736	501(C)(4)	215,000.	0.			ENVIRONMENTAL PROGRAMS
DRUG POLICY ACTION 131 WEST 33RD STREET 15TH FLOOR NEW YORK, NY 10001	52-1951197	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DRUM MAJOR INSTITUTE INC 885 2ND AVENUE 47TH FLOOR NEW YORK, NY 10017	13-4080421	501(C)(3)	250,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSEED LLC 122A NINE MILE RD SANTA FE, NM 87508	57-4115114		222,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ECONOMIC JUSTICE ALLIANCE OF MICHIGAN - 4750 WOODWARD AVENUE SUITE 215 - DETROIT, MI 48201	47-4734132	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ELECTRIFICATION COALITION FOUNDATION - 1111 19TH STREET NW SUITE 406 - WASHINGTON, DC 20036	01-0927327	501(C)(3)	100,000.	0.			ENVIRONMENTAL PROGRAMS
ENERGY ACTION FUND 301 BATTERY STREET 5TH FLOOR SAN FRANCISCO, CA 94111	26-3390444	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ENVIRONMENTAL DEFENSE ACTION FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	90-0080500	501(C)(4)	1,950,000.	0.			ENVIRONMENTAL PROGRAMS
ENVIRONMENTAL VOTER PROJECT INC 38 MONUMENT AVENUE BOSTON, MA 02129	47-3687216	501(C)(4)	240,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EQUITY PAC PO BOX 300812 AUSTIN, TX 78703	39-4992343	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ERIE COUNTY SURJ IE COMMITTEE 14 BRAYTON STREET BUFFALO, NY 14213	87-1789404	527	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EVERGREEN ACTION 7567 CALIFORNIA AVE SW SEATTLE, WA 98136	86-1697158	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY ELIGIBLE AMERICAN 600 PENNSYLVANIA AVE SE UNIT 15180 WASHINGTON, DC 20003	86-3619093	501(C)(4)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FUTURE NC 8 ST MARYS STREET #4 RALEIGH, NC 27605	84-3038674	501(C)(4)	90,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR LINES COLORADO PO BOX 101482 DENVER, CO 80250	85-0836874	501(C)(4)	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR SHARE ACTION 294 WASHINGTON ST STE 500 BOSTON, MA 02108	46-0932086	527	1,950,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN ACTION FUND 999 NORTH CAPITOL STREET NE SUITE 2 WASHINGTON, DC 20002	45-4434103	501(C)(4)	275,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN MINNESOTA 2356 UNIVERSITY AVE W STE 405 ST.PAUL, MN 55114	82-2771968	501(C)(4)	240,000.	0.			ENVIRONMENTAL PROGRAMS
FAITH IN PUBLIC LIFE ACTION FUND 1990 M ST NW SUITE 740 WASHINGTON, DC 20036	26-3827419	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILIES AGAINST MANDATORY MINIMUMS - 1100 H STREET NW, SUITE 1000 - WASHINGTON, DC 20005	52-1750248	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FARM ACTION 5 TERRACE CIRCLE MEXICO, MO 65265	82-1722527	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FORWARD ACTION 2324 SE GRANT ST PORTLAND, OR 97214	80-0697682	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION FUND 114 N MAIN ST SUITE 203 CONCORD, NH 03301	83-1806898	501(C)(4)	1,460,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION PAC 700 13TH STREET NW WASHINGTON, DC 20005	85-0792961	527	185,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FIRST INSTITUTIONAL BAPTIST CHURCH 1141 E JEFFERSON STREET PHOENIX, AZ 85034	23-7260292	501(C)(3)	10,000.	0.			CAPACITY BUILDING
FLIC VOTES INC 2800 BISCAYNE BLVD SUITE 200 MIAMI, FL 33137	81-2185907	501(C)(4)	125,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA CONSUMER ACTION NETWORK INC - 740 4TH STREET NORTH BOX 236 - ST PETERSBURG, FL 33701	59-2475292	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOR OUR FUTURE ACTION FUND 1411 K STREET NW STE 900 WASHINGTON, DC 20005	81-2638345	501(C)(4)	99,916.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOR WEST VIRGINIAS FUTURE INC 3590 BENEDICT ROAD CULLODEN, WV 25510	82-4058689	501(C)(4)	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREE FAIR PA 121 S BROAD ST STE 400 PHILADELPHIA, PA 19107	86-1432786	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE PRESS ACTION FUND 40 MAIN STREET SUITE 301 FLORENCE, MA 01062	04-3771598	501(C)(4)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREEDOM VIRGINIA INC 103 DUNDEE AVE RICHMOND, VA 23225	85-1257540	501(C)(4)	114,000.	0.			CIVIL RIGHTS, SOCIAL 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
FUND FOR A BETTER FUTURE INC 555 CAPITOL MALL SUITE 1095 SACRAMENTO, CA 95814	81-2319758	501(C)(4)	1,600,000.	0.			ENVIRONMENTAL PROGRAMS
FUTURE NOW ACTION 700 13TH STREET NW SUITE 600 WASHINGTON, DC 20005	82-2390410	501(C)(4)	937,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GALAXY GIVES ACTION FUND INC 107 GRAND STREET FL 7 FLOOR 7 NEW YORK, NY 10013	87-1302772	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND INC PO BOX 170515 ATLANTA, GA 30317	47-4777204	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GLPA LEAD 100 ORNDORD DR #866 BRIGHTON, MI 49008	84-2898367	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HERO ACTION FUND 1328-1348 FLORIDA AVE NW WASHINGTON, DC 20009	84-3091866	501(C)(4)	45,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLANDER RESEARCH AND EDUCATION CENTER INC - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	10,000.	0.			CAPACITY BUILDING
IDAHO VALUES FIRST FOUNDATION INC PO BOX 2511 BOISE, ID 83701	87-2846989	501(C)(4)	495,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IFNOTNOW PO BOX 26425 WASHINGTON, DC 20001	84-4664015	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INDEPENDENT RESTAURANT COALITION PO BOX 82744 PORTLAND, OR 97282	85-4334431	501(C)(6)	216,357.	0.			OTHER PROGRAMS
INNOVATION OHIO 360 SOUTH THIRD STREET 3RD FLOOR COLUMBUS, OH 43215	27-4562062	501(C)(4)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IOWA CITIZEN ACTION NETWORK 941 25TH AVE, #335 CORALVILLE, IA 52241	42-1172128	501(C)(4)	5,600.	0.			CAPACITY BUILDING
IOWA FORWARD 570 JUNIPER AVE KELLOGG, IA 50135	83-4467448	501(C)(4)	85,000.	0.			CAPACITY BUILDING
JUSTICE FORWARD VIRGINIA 2611 FRANKLIN ROAD ARLINGTON, VA 22201	85-1651223	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KANSANS FOR CONSTITUTIONAL FREEDOM INC - 4401 W 109TH STREET SUITE 200 - OVERLAND PARK, KS 66211	87-1224421	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND STEWARDSHIP ACTION FUND 821 E 35TH ST STE 200 MINNEAPOLIS, MN 55407	82-4347114	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAND STEWARDSHIP PROJECT 821 E 35TH STREET MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAD PA 100 S BROAD ST SUITE 3022588 PHILADELPHIA, PA 19111	83-3208722	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	18,915,000.	0.			ENVIRONMENTAL PROGRAMS
LEAGUE OF WOMEN VOTERS OF NEW JERSEY - 204 WEST STATE ST - TRENTON, NJ 08608	22-1153223	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LITTLE LOBBYISTS ACTION NETWORK P.O. BOX 2052 SILVER SPRING, MD 20915	84-3800643	501(C)(4)	25,000.	0.			OTHER PROGRAMS
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N 19TH AVE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	540,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINE PEOPLES ALLIANCE 565 CONGRESS ST SUITE 200 PORTLAND, ME 04101	01-0383493	501(C)(4)	3,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINERS FOR WORKING FAMILIES 49 QUEBEC ST. APT 3 PORTLAND, ME 04101	84-3390123	501(C)(4)	238,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE THE ROAD ACTION IN PA 347 N 8TH ST 1ST FLOOR ALLENTOWN, PA 18102	27-1408443	501(C)(4)	330,000.	0.			ENVIRONMENTAL PROGRAMS
MARCH ON 9888 W BELLEVIEW AVE SUITE 2416 DENVER, CO 80123	82-3045346	501(C)(4)	300,000.	0.			CAPACITY BUILDING
MARYLAND RISE INC 841 E FORT AVE 242 BALTIMORE, MD 21230	85-1251741	501(C)(4)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MEXICAN AMERICAN LEGISLATIVE POLICY COUNCIL - 1122 COLORADO STREET SUITE 107 - AUSTIN, TX 78701	74-2718801	501(C)(6)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MI FAMILIA VOTA 3030 N CENTRAL AVE SUITE 900 PHOENIX, AZ 85012	81-0668995	501(C)(4)	130,000.	0.			ENVIRONMENTAL PROGRAMS
MICHIGAN CIVIC ACTION FUND 28342 DARTMOUTH STREET MADISON HEIGHTS, MI 48071	82-3995979	501(C)(4)	155,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN DEMOCRATIC STATE CENTRAL COMMITTEE 21ST CENTURY FUND - 606 TOWNSEND STREET - LANSING, MI 48933	38-1323848	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN PEOPLES CAMPAIGN 2227 MEDFORD RD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
MICHIGANDERS FOR FAIR LENDING PO BOX 13055 LANSING, MI 48901	87-2971437	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIJENTE 734 W POLK ST PHOENIX, AZ 85007	82-1711382	501(C)(3)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MINNEAPOLIS AREA SYNOD 122 W FRANKLIN AVE 600 MINNEAPOLIS, MN 55404	41-1568278	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MINNESOTA YOUTH COLLECTIVE 2161 UNIVERSITY AVE W ST PAUL, MN 55404	82-3554493	501(C)(4)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MN350 ACTION 4407 EAST LAKE ST MINNEAPOLIS, MN 55406	82-3247267	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
MOMS RISING 12011 BEL-RED RD STE 100A BELLEVUE, WA 98005	20-4448446	501(C)(4)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MONTANA BUDGET AND POLICY CENTER 15 WEST 6TH AVE UNIT 3E HELENA, MT 59601	80-0624179	501(C)(3)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MORE THAN A VOTE INC 1575 N GOWER STREET SUITE 150 LOS ANGELES, CA 90028	86-2964147	501(C)(3)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVE TEXAS ACTION FUND 1023 N. PINE ST SAN ANTONIO, TX 78202	46-3339204	501(C)(4)	575,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NAACP ATLANTA BRANCH 1147 CALHOUN AVENUE EAST POINT, GA 30344	58-0812615	501(C)(4)	10,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAKASEC ACTION FUND 4300 N CALIFORNIA AVE CHICAGO, IL 60618	87-0752611	501(C)(4)	180,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL ACTION NETWORK INC 106 W. 145TH STREET HARLEM, NY 10039	11-3269182	501(C)(4)	250,000.	0.			CAPACITY BUILDING
NATIONAL BLACK WOMEN'S HEALTH PROJECT - 384 NORTHYARDS BLVD BUILDING 100 - ATLANTA, GA 30313	58-1557556	501(C)(3)	15,000.	0.			CAPACITY BUILDING
NATIONAL CONFERENCE OF DEMOCRATIC MAYORS - 1660 L STREET NW SUITE 501 - WASHINGTON, DC 20036	52-1535470	527	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES ACTION FUN - 1875 CONNECTICUT AVE SUITE 650 - WASHINGTON, DC 20009	52-2324155	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL REDISTRICTING ACTION FUND 17 E MONROE STREET 214 CHICAGO, IL 60603	82-0738281	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NCAAT IN ACTION 711 HILLSBOROUGH STREET SUITE 106 RALEIGH, NC 27603	84-2889172	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEO PHILANTHROPY ACTION FUND INC 45 W. 36TH ST. 6TH FLR NEW YORK, NY 10018	80-0444461	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
NEVADA ALLIANCE 3556 E RUSSELL RD LAS VEGAS, NV 89120	83-0744945	501(C)(4)	45,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DAY NEVADA INC 7991 HACKBERRY DRIVE LAS VEGAS, NV 89123	84-3203462	501(C)(4)	1,110,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW FLORIDA MAJORITY 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161	27-0167620	501(C)(4)	280,000.	0.			ENVIRONMENTAL PROGRAMS
NEW GEORGIA PROJECT ACTION FUND INC - 830 GLENWOOD AVE SE SUITE 510-221 - ATLANTA, GA 30316	82-0934131	501(C)(4)	225,000.	0.			ENVIRONMENTAL PROGRAMS
NEW RURAL PROJECT 11035 GOLF LINKS DR 77424 CHARLOTTE, NC 28277	86-3220083	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW VENTURE FUND 1828 L STREET, NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	469,900.	0.			OTHER PROGRAMS
NEW YORK COMMUNITIES FOR CHANGE INC - 470 VANDERBILT AVE 9TH FL - BROOKLYN, NY 11238	27-1359103	501(C)(4)	8,412.	0.			CAPACITY BUILDING
NEWTOWN ACTION ALLIANCE PO BOX 3325 NEWTON, CT 06470	46-2069819	501(C)(4)	25,000.	0.			CAPACITY BUILDING
NM NATIVE VOTE 7900 MENAUL BLVD NE ALBUQUERQUE, NM 87110	83-1860603	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
NORTH CAROLINA A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	47-3555626	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA BLACK ALLIANCE PO BOX 27886 RALEIGH, NC 27611	56-2210571	501(C)(3)	15,000.	0.			CAPACITY BUILDING
NORTH FUND 1101 CONNECTICUT AVE NW SUITE 450 WASHINGTON, DC 20036	83-4011547	501(C)(4)	1,136,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH STAR PROSPERITY 1010 DALE ST N ST PAUL, MN 55117	86-2157002	501(C)(4)	47,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NRDC ACTION FUND INC 40 WEST 20TH STREET NEW YORK, NY 10011	13-3976062	501(C)(4)	2,000,000.	0.			ENVIRONMENTAL PROGRAMS
OHIO PROGRESSIVE COLLABORATIVE 341 S. THIRD STREET SUITE 300 COLUMBUS, OH 43215	82-2146860	501(C)(4)	800,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE FOR DEMOCRACY ACTION FUND 107 GRAND STREET FLOOR 7 NEW YORK, NY 10013	86-1321994	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPEN DEMOCRACY PAC 600 PENNSYLVANIA AVE SE UNIT 15180 WASHINGTON, DC 20003	86-2772049	527	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITIES FOR ALL FLORIDIANS INC - 1951 NW 7TH AVE 6TH FLOOR - MIAMI, FL 33136	84-2952039	501(C)(4)	57,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPPORTUNITY ARIZONA 3821 N 15TH DRIVE PHOENIX, AZ 85015	84-3103154	501(C)(4)	140,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	225,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW - ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
OUR VOICE OUR VOTE ARIZONA 1241 E WASHINGTON ST. SUITE 103 PHOENIX, AZ 85034	82-3222019	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
PAC FOR JUSTICE PO BOX 850885 NEW ORLEANS, LA 70130	85-2603613	527	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PARTNERSHIP FOR INNOVATION AND EMPOWERMENT - 1310 EASTERN AVE NE - WASHINGTON, DC 20019	81-5088779	501(C)(3)	10,000.	0.			CAPACITY BUILDING
PARTNERSHIP PROJECT ACTION FUND PO BOX 65826 WASHINGTON, DC 20035	81-0606786	501(C)(4)	6,705,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA STANDS UP 15 N LIME ST LANCASTER, PA 17602	83-2880678	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA UNITED 841 CALIFORNIA AVE 3RD FLOOR PITTSBURGH, PA 15212	82-3674888	501(C)(4)	225,000.	0.			ENVIRONMENTAL PROGRAMS
PEOPLES ACTION INSTITUTE 1130 N MILWAUKEE AVE CHICAGO, IL 60642	36-2755109	501(C)(3)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT RISING INC 1401 SPRUCE STREET UNIT 1511 PHILADELPHIA, PA 19102	84-2378026	501(C)(4)	40,000.	0.			CAPACITY BUILDING
PLAN ACTION FUND 2330 PASEO DEL PRADO 109 LAS VEGAS, NV 89102	45-2606048	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
PLANNED PARENTHOOD VERMONT ACTION FUND INC - 784 HERCULES DRIVE SUITE 110 - COLCHESTER, VT 05446	03-0326364	501(C)(4)	27,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLUS ACTION FUND PO BOX 410075 SAN FRANCISCO, CA 94141	81-1205696	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PODER NC ACTION 1101 HAYNES ST SUITE 205 RALEIGH, NC 27604	84-2828142	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
POWER ACTION FUND 1419 N 11TH STREET PHILADELPHIA, PA 19122	86-1492251	501(C)(4)	125,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESS MICHIGAN 614 SEYMOUR AVE LANSING, MI 48933	26-0900990	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW 614 N SEYMOUR AVE LANSING, MI 48933	20-8720230	501(C)(4)	105,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSNOW NEW MEXICO 625 SILVER AVE SW SUITE 320 ALBUQUERQUE, NM 87102	45-4130072	501(C)(4)	35,000.	0.			ENVIRONMENTAL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMOTE THE VOTE 2966 WOODWARD AVE DETROIT, MI 48201	82-3347897	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	2,160,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROTECT MI VOTE PO BOX 545 ROYAL OAK, MI 48068	87-0963658	501(C)(4)	2,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RED WINE & BLUE 15830 S PARK BLVD SHAKER HEIGHTS, OH 44120	84-4355156	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RENEW NEW ENGLAND 91 WILLIAMS ST PROVIDENCE, RI 02906	85-1613694	501(C)(4)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RENEWABLE ENERGY BUYERS ALLIANCE 1425 K ST NW SUITE 1110 WASHINGTON, DC 20005	83-2935439	501(C)(6)	150,000.	0.			ENVIRONMENTAL PROGRAMS
RIGHTS AND DEMOCRACY PROJECT 70 S WINOOSKI AVE 205 BURLINGTON, VT 05401	47-3746922	501(C)(4)	120,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROAD TO MICHIGAN'S FUTURE PO BOX 12248 LANSING, MI 48901	84-4298056	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROCKY MOUNTAIN VALUES 635 HILL AVENUE GRANT JUNCTION, CO 81501	84-1860320	501(C)(4)	30,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUN FOR SOMETHING ACTION FUND 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005	81-4761176	501(C)(4)	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL ARIZONA ACTION 345 W CENTRAL AVE STE 4 COOLIDGE, AZ 85128	83-4660479	501(C)(4)	115,000.	0.			ENVIRONMENTAL PROGRAMS
RURALORGANIZING.ORG 191 CLINTON ST COLUMBUS, OH 43202	82-5040665	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S LAKE PARK CHICAGO, IL 60653	06-1707903	501(C)(3)	10,000.	0.			CAPACITY BUILDING
SCALE INC 18157 WYNDALE RD ABINGDON, VA 24210	27-0963696		50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SCHOLARS STRATEGY NETWORK 1035 CAMBRIDGE ST SUITE 14B CAMBRIDGE, MA 02141	27-0480740	501(C)(3)	13,853.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURING AMERICAS FUTURE ENERGY ALLIANCE - 1111 19TH ST NW SUITE 406 - WASHINGTON, DC 20036	20-1727977	501(C)(3)	200,000.	0.			ENVIRONMENTAL PROGRAMS
SIEMBRA NC 801 NEW GARDEN RD GREENSBORO, NC 27410	87-2256899	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SMALL BUSINESS MAJORITY FOUNDATION INC - 9328 ELK GROVE BLVD SUITE 105 #318 - ELK GROVE, CA 95624	03-0576666	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLAR UNITED NEIGHBORS ACTION 1350 CONNECTICUT AVE NW SUITE 412 WASHINGTON, DC 20036	86-2788934	501(C)(4)	7,000.	0.			ENVIRONMENTAL PROGRAMS
SOMOS ACCION 1804 ESPINACITAS ST SANTA FE, NM 87505	83-1487234	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
STAND UP AMERICA INC 51 EAST 12TH STREET 2ND FLOOR NEW YORK, NY 10003	32-0512546	501(C)(4)	150,000.	0.			CAPACITY BUILDING
TAKEACTION MINNESOTA 705 RAYMOND AVE SUITE 100 ST PAUL, MN 55114	20-3338691	501(C)(4)	315,000.	0.			ENVIRONMENTAL PROGRAMS
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVE SUITE 100 - ST PAUL, MN 55114	41-1635130	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS FREEDOM NETWORK 608 W 22ND ST AUSTIN, TX 78705	74-2736849	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS IMPACT 200 EAST 30TH STREET AUSTIN, TX 78705	74-1902234	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ARENA 611 PENNSYLVANIA AVE SE #143 WASHINGTON, DC 20003	81-5171259	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
THE COALITION TO STOP GUN VIOLENCE 805 15TH ST NW SUITE 410 WASHINGTON, DC 20005	52-1106316	501(C)(4)	163,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMON GROUND PROJECT 2578 FLORIDIANE DRIVE MELBOURNE, FL 32935	83-4375307	501(C)(4)	8,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND, CA 94612	94-3173571	501(C)(3)	150,000.	0.			ENVIRONMENTAL PROGRAMS
THE LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS - 1620 L STREET NW STE 1100 - WASHINGTON, DC 20036	52-0789800	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ORGANIZING ALLIANCE 2450 REVERE STREET NORTH LAS VEGAS, NV 89030	82-2756297	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
THE PRAXIS PROJECT INC PO BOX 7259 OAKLAND, CA 94601	30-0044814	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE TERRELL BOSLEY ANTI VIOLENCE ASSOCIATION INC - 551 E 105TH PLACE - CHICAGO, IL 60628	27-4657750	501(C)(3)	7,000.	0.			CAPACITY BUILDING
THE VOTER PROJECT 121 S BROAD ST SUITE 400 PHILADELPHIA, PA 19107	85-0556933	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	1,765,000.	0.			ENVIRONMENTAL PROGRAMS
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ULTRAVIOLET ACTION 900 BRENTWOOD ROAD NE WASHINGTON, DC 20018	47-5180376	501(C)(4)	402,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNIDOS MN 1126 16TH STREET NW WASHINGTON, DC 20036	82-3888866	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
UNITE HERE LOCAL 355 871 NW 167TH ST MIAMI, FL 33169	13-3819434	501(C)(5)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITED WE DREAM ACTION 1201 16TH ST NW SUITE 714 WASHINGTON, DC 20036	46-5216666	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
US MIDDLE EAST PROJECT INC 641 LEXINGTON AVE NEW YORK, NY 10022	41-2213721	501(C)(3)	61,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VIRGINIA COALITION FOR PROGRESSIVE VALUES - PO BOX 29187 - HENRICO, VA 23243	83-4002555	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
VIRGINIA NEW MAJORITY 3801 MT VERNON AVE ALEXANDRIA, VA 22304	26-1377619	501(C)(4)	815,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTER FORMATION PROJECT 712 H ST NE PMB 41 WASHINGTON, DC 20002	85-4227678	501(C)(3)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE THE PEOPLE ACTION FUND 440 BURROUGHS ST UNIT 174 DETROIT, MI 48202	84-3528071	501(C)(4)	450,000.	0.			ENVIRONMENTAL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA CENTER ON BUDGET AND POLICY - 8 CAPITOL STREET - CHARLESTON, WV 25301	56-2653132	501(C)(3)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN CONSERVATION ACTION 1675 LARIMER STREET SUITE 420 DENVER, CO 80202	20-8091495	501(C)(4)	275,000.	0.			ENVIRONMENTAL PROGRAMS
WESTERN FUTURES FUND INC 30 N GOULD ST SHERIDAN, WY 82801	87-3907363	501(C)(4)	107,850.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN FARMERS UNION 117 WEST SPRING STREET CHIPPEWA FALLS, WI 54729	39-0808571	501(C)(5)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN OPPORTUNITY COALITION INC - 2935 S FISH HATCHERY RD NO 3 255 - FITCHBURG, WI 53711	82-4943049	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA - 3700 BUTLER STREET - PITTSBURGH, PA 15201	74-3055311	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING AMERICA 815 18TH STREET NW WASHINGTON, DC 20006	20-0263611	501(C)(5)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING AMERICA EDUCATION FUND 815 16TH STREET NW WASHINGTON, DC 20006	20-2035052	501(C)(3)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING FAMILIES ORGANIZATION 77 SANDS ST 6TH FLOOR BROOKLYN, NY 11201	20-4994004	501(C)(4)	153,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKMONEY INC 790 N MILWAUKEE ST STE 300 MILWAUKEE, WI 53202	85-0604101	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ZERO EMISSION TRANSPORTATION ASSOCIATION - 659 C STREET SE - WASHINGTON, DC 20003	84-4536665	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS

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

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

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

PART I, LINE 2:

SIXTEEN THIRTY FUND GENERALLY REQUIRES A WRITTEN GRANT APPLICATION STATING THE PURPOSE FOR THE USE OF FUNDS. GRANTS ARE ISSUED IF, AFTER THE REVIEW AND EVALUATION OF THE APPLICATION, THE USE MEETS THE NECESSARY REQUIREMENTS. INTERIM AND FINAL REPORTING IS REQUIRED TO CONFIRM FUNDS WERE USED FOR THE SPECIFIED PURPOSE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RYAN JOHNSON PROJECT DIRECTOR	(i)	205,000.	0.	0.	6,300.	28,320.	239,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY KURTZ PRESIDENT	(i)	172,000.	0.	0.	5,175.	12,023.	189,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARL J. WALZ CAMPAIGNS DIRECTOR	(i)	147,500.	0.	900.	4,527.	23,608.	176,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA KUPFER CAMPAIGNS DIRECTOR	(i)	145,000.	0.	900.	4,527.	21,780.	172,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY STEINHOFF CAMPAIGNS DIRECTOR	(i)	150,000.	0.	900.	4,527.	8,422.	163,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION MAY PROVIDE \$75 PER MONTH FOR FITNESS RELATED COSTS, WHICH
MAY INCLUDE CLUB FEES. THE AMOUNTS WERE CONSIDERED TAXABLE COMPENSATION TO
THE EMPLOYEES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

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

PROVIDING OPERATIONAL SUPPORT TO CHANGEMAKERS COMMITTED TO TACKLING
SOCIETY'S BIGGEST SOCIAL CHALLENGES.

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

THE SIXTEEN THIRTY FUND BELIEVES IN THE POWER OF NEW IDEAS, CREATIVE
PARTNERSHIPS, AND EMERGING LEADERS TO ACHIEVE MEANINGFUL AND LASTING
SOLUTIONS TO THE MOST PRESSING CHALLENGES OF OUR TIME - FROM ADVANCING
EQUITY AND RACIAL JUSTICE, TO PROMOTING ACCESS TO AFFORDABLE HEALTH
CARE, TO CONFRONTING CLIMATE CHANGE, TO STRENGTHENING OUR DEMOCRACY.
WE HELP CHANGEMAKERS MAXIMIZE THEIR IMPACT BY PROVIDING OPERATIONAL
SUPPORT WHILE ALLOWING THEM TO FOCUS ON ADVANCING THEIR CORE MISSIONS.

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

OTHER PROGRAMS.

EXPENSES \$ 4,120,244. INCLUDING GRANTS OF \$ 547,757. REVENUE \$ 0.

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

SIXTEEN THIRTY FUND CONTRACTED WITH ARABELLA ADVISORS, A PROFESSIONAL
SERVICES FIRM THAT SUPPORTS PHILANTHROPISTS, IMPACT INVESTORS, AND
NONPROFIT ORGANIZATIONS, TO PROVIDE BUSINESS AND ADMINISTRATIVE SERVICES
UNDER AN ADMINISTRATIVE AGREEMENT. IN THAT CAPACITY, ARABELLA SUPPLIES THE
SYSTEMS AND SERVICES TO ENSURE COMPLIANCE WITH FEDERAL, STATE, AND LOCAL
REGULATIONS RELATED TO CHARITABLE SOLICITATION AND PROVIDES HR, LEGAL,
PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR SIXTEEN THIRTY FUND,
THEREBY ENABLING SIXTEEN THIRTY FUND TO BETTER FURTHER ITS MISSION AND

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

Schedule O (Form 990) 2021

132211 11-11-21

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

ACHIEVE IMPACT.

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

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

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

NEW VENTURE FUND (AN UNAFFILIATED ORGANIZATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3)) IS A PAYROLL REPORTING AGENT FOR SIXTEEN THIRTY FUND UNDER THE IRS COMMON PAYMASTER RULES. UNDER THE ARRANGEMENT, SIXTEEN THIRTY FUND REIMBURSES NEW VENTURE FUND FOR ITS ALLOCATED SHARE OF SALARIES AND BENEFITS. AS OF 7/1/2021, SIXTEEN THIRTY FUND IS THE PRIMARY PAYROLL REPORTING AGENT AND DIRECTLY PAID SALARIES AND BENEFITS FOR THE ORGANIZATION'S FULL TIME EMPLOYEES. THE AMOUNTS REPORTED ON FORM 990, PART VII REPRESENT THE COMBINED AMOUNTS OF THESE ARRANGEMENTS.

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

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

PERSON IS FOUND IN VIOLATION OF THIS POLICY, IT MAY BE CAUSE FOR REMOVAL FROM THE BOARD OF DIRECTORS.

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

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

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

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

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

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS - COMMUNICATIONS:

PROGRAM SERVICE EXPENSES	3,822,391.
MANAGEMENT AND GENERAL EXPENSES	133,247.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,955,638.

CONSULTANTS - PROJECT MANAGEMENT:

PROGRAM SERVICE EXPENSES	6,400,944.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,400,944.

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

CONSULTANTS - RESEARCH & EVALUATION:

PROGRAM SERVICE EXPENSES	8,075,280.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,075,280.

OTHER PROFESSIONAL FEES/CONSULTANTS:

PROGRAM SERVICE EXPENSES	585,440.
MANAGEMENT AND GENERAL EXPENSES	5,850.
FUNDRAISING EXPENSES	54,480.
TOTAL EXPENSES	645,770.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	19,077,632.

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

RETURN OF PRIOR YEAR GRANT EXPENSE	436,426.
------------------------------------	----------