Form	990
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EXTENDED TO NOVEMBER 15, 2022

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

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 021 n t **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

ΑI	For th	e 2021 calendar year, or tax year beginning and	d ending		
B	Check if applicab	le: C Name of organization		D Employer identified	cation number
	Addre chang				F 0
	Name chang			81-23197	
	returr	, , , , , , , , , , , , , , , , , , , ,	Room/suite		
	Final returr termii)-	1095	(916)442	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	77,634,550.
	Amer			H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer. AV T GATCOON		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $501(c)(3)$ X $501(c)(4) \lt$ (insert no.) $4947(a)(1)$) or 🛄 527		list. See instructions
		te: HTTP: //FUNDFORABETTERFUTURE.ORG/		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2015	State of legal domicile: DE
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: FUND	FOR A	A BETTER FUT	URE INC.
Activities & Governance		(FBF) IS DEDICATED TO PROMOTING THE COMM			
ērn	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		1 1	-
Š	3				6
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			66
ivit	6	Total number of volunteers (estimate if necessary)			5
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		35,131,100.	68,441,746.
len.	9	Program service revenue (Part VIII, line 2g)		4,200.	653,891.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,967.	22,785.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,157,267.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,410,000.	34,244,260.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	1,771,660.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, X		Total fundraising expenses (Part IX, column (D), line 25) 44,0			05 060 066
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		254,736.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	32,664,736.	
		Revenue less expenses. Subtract line 18 from line 12		2,492,531.	7,234,136.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		3,674,140.	12,452,035.
etA	21	Total liabilities (Part X, line 26)		24,987.	1,568,746.
		Net assets or fund balances. Subtract line 21 from line 20		3,649,153.	10,883,289.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vnich prepare	r nas any knowledge.	

Sign Here	Signature of officer AVI GARBOW, PRESIDENT Type or print name and title		Date				
Paid	Print/Type preparer's name KEITH R. GLEN	Preparer's signature KEITH R. GLEN	Date Check PTIN 09/20/22 self-employed P0131	7613			
Preparer	Firm's name 🕞 GILBERT CPAS		Firm's EIN 🕨 68-0037	990			
Use Only	Firm's address 2880 GATEWAY OAK						
	SACRAMENTO, CA 9	5833	Phone no.916-646-6	464			
May the II	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No						
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		319758	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: FUND FOR A BETTER FUTURE INC. (FBF) IS DEDICATED TO PROMOTIN		
	COMMON GOOD BY PROTECTING THE ENVIRONMENT, UPHOLDING DEMOCRA		
	VALUES, ADDRESSING DISPARITIES IN PUBLIC HEALTH, AND ADVANCI	NG SOCI	AL
	EQUITY.		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service reported.	• •	
40		653	891.)
48	(Code:) (Expenses \$ 61,516,869. including grants of \$ 34,244,260.) (Revenue \$ DURING 2021, THE FUND FOR A BETTER FUTURE INC. (FBF) PROVIDE ORGANIZATIONS ADVANCING SOLUTIONS TO THE CLIMATE CRISIS; PRO	D GRANT	s to
	VOTER RIGHTS; PRESERVING FUNDAMENTAL ENVIRONMENTAL LAWS; AND		
	EQUITABLE PUBLIC HEALTH, INCLUDING REPRODUCTIVE RIGHTS. AS A		
	SPONSOR, FBF CONTINUED TO PROVIDE ADMINISTRATIVE (HUMAN RESO		
	LEGAL, FINANCIAL, TECHNOLOGY) SERVICES TO CLIMATE POWER, AN		
	ORGANIZATION WORKING TO EMPOWER U.S. POLITICAL LEADERS TO TA		
	URGENT ACTION TO COMBAT THE CLIMATE CRISIS.		/
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d			
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 61,516,869.)	
4e	Total program service expenses 61 , 516, 869.	O	

Form	990	(2021)

Form 990 (2021) FUND FOR A BETTER FUTURE INC 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)?			v
•	If "Yes," complete Schedule A	1 2	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		х	
	public office? If "Yes," complete Schedule C, Part I	3	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		л
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	l l
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 30		<u> </u>
	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 1a 39		.03	
b		_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

Form 990	
Part V	Sta

rai				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6 6			
h	filed for the calendar year ending with or within the year covered by this return 2a 6 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
لم	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of qualined intellectual property, did the organization file a Form 1098-C?	79 7h		
8				
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2021)
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132006 12-09-21

FUND FOR A BETTER FUTURE INC

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 res	ponse or note to any	/ line in this Part VI	
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	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		37	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 70	Did the organization have members or stockholders?	6		
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		x
h	more members of the governing body?	7a		<u></u>
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			<u> </u>
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 21
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, CO, CT, FL, GA, H	I,IL	,KS	,KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(
	for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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			
	ROSINA BUGARIN, CFO - (916)442-5057			
	555 CAPITOL MALL, 1095, SACRAMENTO, CA 95814			

Form 990 (2021)	FUND	FOR	А	BETTI	ER F	UTUR	E INC	l			81-
Part VII Compensation	of Offic	cers, I	Dire	ctors, T	ruste	ees, Ke	y Empl	oyees, I	Highest	Compe	nsat
E a se la se	- I I - - I										

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)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(1)		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC/	from the
	related	istee	truste		e	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal 1		ploye	com ee		1099-NEC)		and related
	(list any hours for related organizations below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL A. MANTELL	2.00	<u> </u>	=	ò	ž	포히	R			
DIRECTOR, PRESIDENT	1.00	x		x				24,292.	12,292.	0.
(2) ROSINA BUGARIN	4.00									
TREASURER, CFO	1.00			X				17,591.	1,551.	0.
(3) HELENA CHOI	1.00									
SECRETARY, VP	1.00			Х				3,637.	5,058.	0.
(4) JASON BURNETT	1.00									
DIRECTOR, CHAIR	1.00	х		X				0.	0.	0.
(5) CHRISTOPHER J. ELLIMAN	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(6) MELISSA ROY DIRECTOR	1.00	x						0.	0.	0.
(7) MARTHA KONGSGAARD	1.00	<u> </u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(8) PRESTON PINKETT III	1.00							0.		
DIRECTOR	1.00	x						0.	0.	0.
		-								
										Farm 990 (0001)

X

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Form 990 (2021) FUND FOR	A BETTH	ER	FU	JTU	JRE	5 I)	NC	2	81-2	3197	58	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hi	ghest	t C	ompensated Employe	es (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Posi		than or	ne	Reportable	Reportable		Esti	mateo	t
	hours per	box,	unles	ss pei	rson i	s both a	an	compensation	compensatio			ount o	ſ
	week (list any				10010		,0)	from	from related			ther	
	hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS		comp	ensati m the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)			nizatio	
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	10001120)		•	relate	
	below	d ual 1	ution	-	Key employee	est co oyee	er	,			organ	izatio	ns
	line)	Indivi	Instit	Officer	Key ei	Highest compensated employee	Former						
1b Subtotal						🕨	•	45,520.	18,9				0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)						🕨	•	45,520.	18,9	01.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) who	o re	eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
										_	<u> </u>	/es	No
3 Did the organization list any former officer,			ey e	empl	oye	e, or ł	nig	hest compensated emp	loyee on				37
line 1a? If "Yes," complete Schedule J for s											3	_	X
4 For any individual listed on line 1a, is the su									the organization				v
and related organizations greater than \$15										····· 📙	4	_	X
5 Did any person listed on line 1a receive or a					-			-		,	-		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedule	JT	or su	icn j	oers	on			<u></u>	<u></u>	5		<u></u>
1 Complete this table for your five highest co	mpensated in	lono	ndo	nt c	ontr	actor	c tl	hat received more than	\$100.000 of con	nnoncat	ion fro	m	
the organization. Report compensation for										препза		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A)	the calcindar y		, nui	ing w			Т	(B)	ycar.		(C)		
Name and business	address							Description of s	ervices	Co	mpens		
STAGWELL MEDIA LP DBA SKI	OKNICKER	RBC	OCK	KEF	٤,	LL	c						
1150 18TH STREET, NW, SUI					-		- I	CONSULTING		14,	536	,20)4.
BULLY PULPIT INTERACTIVE												-	
							CONSULTING		7,	055	,59	93.	
THE MARKHAM GROUP, LLC													
2001 S STEET NW, WASHING		20	00)9			k	CONSULTING			670	,20)0.
ANNE LEWIS STRATEGIES, L													
MASSACHUSETTS AVE NW, WAS			DC	2 2	200	01	K	CONSULTING			658	,10)1.
YANG STRATEGIC RESEARCH							T					_	
CONNECTICUT AVENUE, NW,, WASHINGTON, DC CONSULTING								245	,25	<u>. 0</u>			
2 Total number of independent contractors (i	-	ot lir	nite	d to		-	ed	I above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				6)							

		Check if Schedule O	contains a r	esponse	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns		1a 1b					
s, G		Fundraising events		1c					
Gift lar ,		Related organizations		1d					
is, (Government grants (contr		1e					
rion S		All other contributions, gifts,							
ibut		similar amounts not included	l above	1f	68,441,746.				
dt	g	Noncash contributions included in	n lines 1a-1f	1g \$	8,516,725.				
an Co	h	Total. Add lines 1a-1f			►	68,441,746.			
					Business Code				
e	2 a	CONTRACT REVENUE			541900	653,891.	653,891.		
Program Service Revenue	b								
s Se	с								
am eve	d								
ogr	е								
P	f	All other program service	revenue						
	g					653,891.			
	3	Investment income (inclue							
		other similar amounts)			►	1,581.			1,581.
	4	Income from investment of							
	5	Royalties			►				
				Real	(ii) Personal				
	6 a	Gross rents	6a						
			6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss	s)		►				
	7 a	Gross amount from sales of	(i) Se	curities	(ii) Other				
		assets other than inventory	7a 8,5	37,332.					
	b	Less: cost or other basis							
anı		and sales expenses	7b 8,5	16,128.	.				
ver	с	Gain or (loss)	7c	21,204.	,				
Re		Net gain or (loss)			►	21,204.			21,204.
ther Revenue		Gross income from fundraisi							
đ		including \$		of					
		contributions reported on	line 1c). Se	e					
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	с	Net income or (loss) from	fundraising	events	►				
	9 a	Gross income from gamin	ng activities.	See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	с	Net income or (loss) from	gaming acti	vities <u>.</u>	►				
	10 a	Gross sales of inventory,	less returns						
		and allowances		10a	1				
	b	Less: cost of goods sold		10k					
	с	Net income or (loss) from	sales of inv	entory	►				
S					Business Code				
Miscellaneous Revenue	11 a								
lane	b								
lev.	с								
Mis	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue See instruction	ากร			69 118 422.	653 891.	0.	22 785.

FUND FOR A BETTER FUTURE INC

Form 990 (2021)
Part VIII

Statement of Revenue

81-2319758

Page 9

FUND FOR A BETTER FUTURE INC

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

D -	Check if Schedule O contains a respor	(A)	(B)	(C)	X (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,244,260.	34,244,260.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ů	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,				
Ũ	trustees, and key employees	45,520.	7,451.	31,988.	6,081
6	Compensation not included above to disqualified		.,		- ,
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,328,363.	1,260,175.	52,229.	15,959
8	Pension plan accruals and contributions (include	, ,	,,		- , - • •
-	section 401(k) and 403(b) employer contributions)	72,624.	64,300.	6,737.	1,587
9	Other employee benefits	325,153.	282,793.	34,950.	1,587 7,410
10	Payroll taxes	.,	. ,	. ,	, ==•
11	Fees for services (nonemployees):				
	Management				
	Legal	272,160.	161,793.	107,009.	3,358
	Accounting	18,200.	10,819.	7,156.	225
	Lobbying	567,568.	567,568.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	598.		598.	
g					
3	column (A), amount, list line 11g expenses on Sch 0.)	24,668,031.	24,662,532.	5,332.	167
12	Advertising and promotion				
13	Office expenses	11,046.	8,032.	2,673.	341
14	Information technology	163,032.	159,446.	1,519.	2,067
15	Royalties	-			
16	Occupancy	153,490.	82,528.	64,105.	6,857
17	Travel	5,172.	5,172.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,069.		9,069.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	61,884,286.	61,516,869.	323,365.	44,052
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 Check here for the contract of the				

	FUND FOR A	BETTER	FUTURE	INC
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81-2319758 Page 11

		Check if Schedule O contains a response or n	ote to a	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			30,035.	1	270,744.
	2	Savings and temporary cash investments			821,105.	2	9,345,529.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	700.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantia	al contributor, or 35%			
		controlled entity or family member of any of th	ese pe	rsons		5	
	6	Loans and other receivables from other disqua	alified p	persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in s	ection 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Duran side and a second defense dela seconda				9	12,062.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	a			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11		2,823,000.	12	2,823,000.
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ec			3,674,140.		12,452,035.
	17	Accounts payable and accrued expenses			24,987.	17	462,130.
	18	Grants payable			18	1,106,616.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	ostantia	al contributor, or 35%			
iab		controlled entity or family member of any of th	ese pe	rsons		22	
_	23	Secured mortgages and notes payable to unre	elated t	third parties		23	
	24	Unsecured notes and loans payable to unrelate	ted thir	d parties		24	
	25	Other liabilities (including federal income tax, p	bayable	es to related third			
		parties, and other liabilities not included on lin					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			24,987.	26	1,568,746.
ŝ		Organizations that follow FASB ASC 958, cl	heck h	ere 🕨 🔟			
JCe		and complete lines 27, 28, 32, and 33.			F00 000		1 105 050
alaı	27	Net assets without donor restrictions			503,030.		1,135,070.
а р	28	Net assets with donor restrictions			3,146,123.	28	9,748,219.
ů		Organizations that do not follow FASB ASC	958, c	heck here 🕨 📖			
г Г		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current func				29	<u> </u>
sse	30	Paid-in or capital surplus, or land, building, or				30	<u> </u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	10 002 000
Ne	32	Total net assets or fund balances			3,649,153.		10,883,289.
	33	Total liabilities and net assets/fund balances			3,674,140.	33	12,452,035.

Form **990** (2021)

Form 990 (2021) Part X Balance Sheet

	990 (2021) FUND FOR A BETTER FUTURE INC	81-23	19758	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,118	3 , 4:	22.		
2							
3	 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3 						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4						
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			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	10,883	3,2	89.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	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?		3 a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	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

nber

Name of the organization		Employer identification nur
F	UND FOR A BETTER FUTURE INC	81-2319758
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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).

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

Name of organization

Employer identification number

FUND FOR A BETTER FUTURE INC

81-2319758

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ <u>20,280,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ <u>11,750,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$ <u>11,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	N/A	\$ <u>7,598,136</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$2,800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FUND FOR A BETTER FUTURE INC

81-2319758

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$ <u>2,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	<u>N/A</u>	\$ <u>1,600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$1,388,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	N/A	\$1,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	N/A	\$794,610.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	<u>N/A</u>	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

81-2319758

FUND FOR A BETTER FUTURE INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X N/A Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 14 N/A Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X N/A Person Payroll 482,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 Х N/A Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X N/A Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 18 X N/A Person Pavroll 250,000. Noncash \$ (Complete Part II for noncash contributions.)

123452 11-11-21

Name of organization

Employer identification number

81-2319758

FUND FOR A BETTER FUTURE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ <u>123,979.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

			Employ	er identification num
FUND	FOR A BETTER FUTURE INC		81-	-2319758
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is n	eeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
4	PUBLICLY TRADED SECURITIES			
		\$7,598	,136.	09/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
11	PUBLICLY TRADED SECURITIES			
		\$794	,610.	03/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
19	PUBLICLY TRADED SECURITIES			
		\$123	,979.	02/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct		(d) Date received

\$

Page 3

	B (Form 990) (2021) organization				Page 4 Employer identification number
FUND : Part III	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	utions to organizations desc (a) through (e) and the followi s, charitable, etc., contributions of (na line entry. For	organizations	
(a) No. from	Use duplicate copies of Part III if additiona (b) Purpose of gift	al space is needed. (c) Use of g	aift	(d) Desc	ription of how gift is held
		(e) Transf	fer of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g		(d) Desc	cription of how gift is held
Part I			,	(u) Desc	
		(e) Transf			
	Transferee's name, address,	and ZIP + 4	R	lelationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of ((c) Use of gift		cription of how gift is held
		(e) Transf	fer of gift	1	
	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Desc	cription of how gift is held
		(e) Transf	fer of gift		
	Transferee's name, address,	and ZIP + 4	R	elationship of tra	nsferor to transferee

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section	501(c) and section 52	7	2021
		if the organization is described				Oner de Dublie
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for				Open to Public Inspection
If the organization ans		n Form 990, Part IV, line 3, or Fo			aign Activ	rities), then
-		plete Parts I-A and B. Do not co			•	<i></i>
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	I-B.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activ	rities), the	en
 Section 501(c)(3) or 	ganizations that	have filed Form 5768 (election ur	nder section 501(h)): C	omplete Part II-A. Do no	ot comple	te Part II-B.
 Section 501(c)(3) or 	ganizations that	have NOT filed Form 5768 (electi	on under section 501(h)): Complete Part II-B.	Do not co	omplete Part II-A.
-		n Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form	990-EZ, I	Part V, line 35c (Proxy
Tax) (See separate inst						
), or (6) organiza [.]	tions: Complete Part III.				
Name of organization				E		identification number
		R A BETTER FUTUR				1-2319758
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	/ orgar	nization.
	-	ation's direct and indirect politication				671 060
2 Political campaign	• •				►\$	671,960.
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the ord	anization is exempt und	er section 501(c)	(3)		
		incurred by the organization und			► \$	
		incurred by organization manage			\$	
		n 4955 tax, did it file Form 4720				Yes No
						Yes No
b If "Yes," describe in						
		anization is exempt und	er section 501(c)	, except section 5	01(c)(3)	
1 Enter the amount of	lirectly expended	d by the filing organization for sec	ction 527 exempt func	tion activities	► \$	671,960.
		ization's funds contributed to oth				
					►\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	•		
line 17b				I	►\$	671,960.
						X Yes No
		nployer identification number (EI				
	-	tion listed, enter the amount paid				-
		omptly and directly delivered to a			parate se	gregated fund or a
political action com	imittee (PAC). If	additional space is needed, prov	ide information in Part	IV.		
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid fro		e) Amount of political
				filing organization' funds. If none, enter		tributions received and romptly and directly
				iunus. in none, enter	de	elivered to a separate
					p	olitical organization.
						If none, enter -0
			+	+		

			BETTER FUTU			2319758 Page 2
Part II-A Complete if the orga	anizatio	on is exer	npt under section	on 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).						
A Check 🕨 🛄 if the filing organizat	ion belon	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's na	ne, address, EIN,
expenses, and share	e of exces	s lobbying	expenditures).			
B Check ► if the filing organizat	ion check	ed box A ar	nd "limited control" pr	ovisions apply.		
l imit	s on Lohl	oying Expe	nditures		(a) Filing	(b) Affiliated group
			nts paid or incurred	.)	organization's totals	totals
· ·			•	,	totais	
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	nes 1a an	d 1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures	s (add line	s 1c and 1c)			
f Lobbying nontaxable amount. Ente	r the amo	unt from the	e following table in bo	th columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	enter -0-				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	o on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	/ear?					Yes No
			raging Period Under	• •		
(Some organizations th					of the five columns	below.
		•	ate instructions for li			
	Lobb	oying Exper	ditures During 4-Ye	ar 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	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				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	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				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	ie 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	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
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 exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
	ide 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 I	I-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT I-A, LINE 1:				

INTERNAL AND EXTERNAL COSTS RELATED TO LOBBYING AND CAMPAIGNS FOR

AFFECTING POSITIVE CLIMATE CHANGE.

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Employer identification number

81-2319758

Name of the organization

FUND FOR A BETTER FUTURE INC

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 No are the organization's property, subject to the organization's exclusive legal control? Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? ___ Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 🛛 🕨 💲 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

	dule D (Form 990) 2021 FUND FO	R A BETTER				319758 Page 2
3	Using the organization's acquisition, accessi					
Ŭ	collection items (check all that apply):		io, one of any of an			5
а		d	Loan or ex	change program		
b	Scholarly research	e		lerialige pregram		
c	Preservation for future generations	-				
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	empt purpose in Pa	rt XIII.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes No
Pa	t IV Escrow and Custodial Arran					, line 9, or
	reported an amount on Form 990, Pa		-			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other assets no	ot included	
	on Form 990, Part X?		-			Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
	Additions during the year					
е	Distributions during the year				1e	
f	Ending balance					
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account liat	oility?	∐Yes
_	If "Yes," explain the arrangement in Part XIII.					
Pa	t V Endowment Funds. Complete i					
		(a) Current year	(b) Prior year	(c) I wo years back	(d) Three years back	(e) Four years back
	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses			_		
	Grants or scholarships			_		
е	Other expenditures for facilities					
	and programs			_		
f	Administrative expenses					
g	End of year balance		<i>"</i> . , .			
2	Provide the estimated percentage of the cur	rent year end baland		(a)) held as:		
a	Board designated or quasi-endowment	0/	_%			
	Permanent endowment Term endowment	%				
С	·					
20	The percentages on lines 2a, 2b, and 2c sho	•	ation that are hold	and administered for	the organization	
Ja	Are there endowment funds not in the posse by:				the organization	Yes No
	(i) Unrelated organizations					
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requi	red on Schedule B			3b
4	Describe in Part XIII the intended uses of the			••		
Pa	t VI Land, Buildings, and Equipm					
	Complete if the organization answere		0, Part IV, line 11a.	See Form 990, Part >	K, line 10.	
	Description of property	(a) Cost or o basis (investr		• •	Accumulated epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)	▶	0.

Schedule D (Form 990) 2021

	BETTER FUTUR	RE INC	81-2319758 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost c	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) INVESTMENTS	2,823,000	END-OF-YEAR MARK	KET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,823,000).	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		▶
I conjuity for uncortain tay positions. In Dark VIII, provide	a that taxt at the featuret	to the organization's financial statem	onto that ranauta tha

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...

Sche	dule D (Form 990) 2021 FUND FOR A BETTER FUTURE	INC		81-	2319758 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	69,117,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	69,117,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	598.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	598.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	69,118,422.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With E	xpenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	61,883,688.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
-	Total expenses and losses per audited financial statements			1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	61,883,688.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e	61,883,688.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		2e	61,883,688.
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		2e	61,883,688. 0. 61,883,688.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	598.	2e 3 4c	61,883,688. 0. 61,883,688. 598.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	598.	2e 3	61,883,688. 0. 61,883,688.

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.

SCHEDULE I (Form 990)	Go	vernments, an	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	•		nation.		Inspection
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 2021 Department of the Treasury Attach to Form 990. Open to Public							
Part I General Information on Grants a	nd Assistance						
criteria used to award the grants or assis	stance?						
					nization answord "Y	(os" on Form 000 Par	t IV line 21 for any
	-				anization answered f	es on Form 990, Far	try, line 21, for any
1 (a) Name and address of organization	1	(c) IRC section	(d) Amount of	(e) Amount of noncash	valuation (book, FMV, appraisal,		
,	96 2447747	F(1/C)(4)	2 980 000	0			CENEDAL CUDDODM
	00-244//4/	501(C)(4)	2,980,000.	0.			GENERAL SUPPORT
- WASHINGTON, DC 20005	30-0192708	501(C)(4)	1,000,000.	0.			GENERAL SUPPORT
JOHNSTOWN - 216 MARKET STREET,	25-1637373	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WASHINGTON, DC 20005	82-3390896	501(C)(3)	15,000.	0.			EDUCATIONAL EVENT
WASHINGTON, DC 20005	86-3689961	501(C)(4)	2,000,000.	0.			SOCIAL WELFARE
ENERGY ACTION FUND 301 BATTERY STREET, 5TH FLOOR	26.2200444	501(0)(4)	500,000	0			CENTRAL GUIDEODE
SAN FRANCISCO, CA 94111	26-3390444		500,000.	0.			GENERAL SUPPORT 3.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	0	•					14.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021

FUND FOR A BETTER FUTURE INC

81-2319758 Page 1

		FUTURE INC					1-2319758 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	s and Domestic G	overnments (Sche	edule I (Form 990), Pa I	art II.) T	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 non-cash assistance	(h) Purpose of grant or assistance
EVERYTOWN FOR GUN SAFETY ACTION FUND, INC P.O. BOX 4184 - NEW YORK, NY 10163	20-8802884	501(C)(4)	15,000.	0.			GENERAL SUPPORT
FAIR FIGHT ACTION, INC. 1270 CAROLINE STREET, NE SUITE D120		501(0)(4)	4 000 000	0			
ATLANTA, GA 30307	47-1427359	501(C)(4)	4,900,000.	0.			GENERAL SUPPORT
INDIVISIBLE PROJECT PO BOX 43884 WASHINGTON, DC 20010	81-4944067	501(C)(4)	750,000.	0.			GENERAL SUPPORT
LEAGUE OF CONSERVATION VOTERS, INC. – 740 15TH ST NW, SUITE 700 – WASHINGTON, DC 20005	52-1733698	501(C)(4)	10,675,000.	0.			GENERAL SUPPORT
NORTH FUND 1101 CONNECTICUT AVE SUITE 450 WASHINGTON, DC 20036	83-4011547	501(C)(4)	50,000.	0.			GENERAL SUPPORT
OUR HAWAII ACTION 1408 MOKOLEA DRIVE KAILUA, HI 96734	87-2686486	501(C)(4)	50,000.	0.			HOME STRETCH ACCOUNTABILITY CAMPAIGN
PARTNERSHIP PROJECT ACTION FUND PO BOX 65826 WASHINGTON, DC 20035	81-0606786	501(C)(4)	1,119,260.	0.			CLIMATE ACTION CAMPAIGN
PRIORITIES USA 530 8TH ST SE WASHINGTON, DC 20003	47-4596232	501(C)(4)	10,000,000.	0.			GENERAL SUPPORT
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE. NW SUITE 300 WASHINGTON, DC 20036	26-4486735		20,000.	0.			POLLING

Schedule I (Form 990)

Schedule I (Form 990) FUND FOR A BETTER FUTURE INC 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
TIDES FOUNDATION P.O. BOX 399389 1012 TORNEY AVENUE SAN FRANCISCO, CA 94139		501(C)(3)	25,000.	0.			PODER LATINX
WEST VIRGINIA STRONG, INC. 3590 BENEDICT ROAD CULLODEN, WV 25510	82-4058689	501(C)(4)	125,000.	0.			GENERAL SUPPORT

81-2319758 Page 1

Schedule I (Form 990)

81-2319758

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(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:

FBF GRANTS INCLUDE REQUIREMENTS FOR PERIODIC REPORTS RECONCILING GRANT

ACTIVITIES, PROGRESS, AND OUTCOMES WITH GRANT OBJECTIVES, AS WELL AS A

RECONCILIATION OF GRANT EXPENDITURES WITH THE PROPOSAL BUDGET. IN ADDITION,

STAFF MAINTAINS CONTACT WITH GRANTEES AND PERIODICALLY CONDUCTS FIELD

VISITS FOR SIGNIFICANT PROJECTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

	Open to Public Inspection
F armelauran	identification mum

Name of the	organization
-------------	--------------

FUND FOR A BETTER FUTURE INC

Employer	Identific	ation n	umpe
8	1-231	975	8

Pa	rt I Types of Property			-				
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de	termini	ng	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion an	nount	S
1	Art - Works of art							
2	Art - Historical treasures							
2	Art - Fractional interests							
4								
5	Books and publications Clothing and household goods							
6								
	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	3	8,516,725.	FM(7			
9	Securities - Publicly traded			0,510,725.	r 14 v			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	. ,						

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

Schedule M (Form 990) 2021

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

81-2319758

Part II

SCHEDULE O

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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.

Employer identification number 81-2319758

OMB No 1545-0047

FUND FOR A BETTER FUTURE INC

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

ENVIRONMENT, UPHOLDING DEMOCRATIC VALUES, ADDRESSING DISPARITIES IN

PUBLIC HEALTH, AND ADVANCING SOCIAL EQUITY.

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

THE PRESIDENT, TREASURER AND ONE DIRECTOR ALSO SERVED THE SAME ROLES AT

RESOURCES LEGACY FUND (RLF), A 501(C)(3) ORGANIZATION AND SHARED ASCENT

FUND, A 501(C)(3) ORGANIZATION. FBF AND SAF ARE RELATED TO EACH OTHER BUT

ARE UNRELATED TO RLF.

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

THE 990 IS PREPARED BY OUTSIDE TAX ACCOUNTANTS AND THEN REVIEWED BY

MANAGEMENT AND THE AUDIT COMMITTEE. IT IS THEN SENT TO ALL VOTING MEMBERS BEFORE FILING.

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

A CONFLICT OF INTEREST POLICY COVERS OFFICERS AND DIRECTORS, WHO ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUALLY IN WRITING AND PRIOR TO ANY VOTE BY THE BOARD OF DIRECTORS IN WHICH A CONFLICT EXISTS OR APPEARS TO EXIST. THE BOARD OF DIRECTORS DETERMINES IF AN ACTUAL OR APPARENT CONFLICT EXISTS AND IS RESPONSIBLE FOR ANY REQUIRED REVIEW AND ACTION. IN ALL CASES, BOARD MEMBERS RECUSE THEMSELVES FROM VOTING IN CASE OF CONFLICTS OF INTEREST.

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

THE RLF GOVERNANCE COMMITTEE, A COMMITTEE OF THE RLF BOARD, ENGAGED AN

Schedule O (Form 990) 2021	Page 2
Name of the organization FUND FOR A BETTER FUTURE INC	Employer identification number 81-2319758
OUTSIDE CONSULTANT TO REVIEW THE EXECUTIVE COMPENSATION OF	F PEER
ORGANIZATIONS, TO ASSESS EXECUTIVE COMPENSATION, AND TO PI	ROVIDE AN
INDEPENDENT OPINION REGARDING THE REASONABLENESS OF THE EX	KECUTIVE
COMPENSATION. THE FBF OFFICERS INCLUDING PRESIDENT, SECRE	TARY, AND
TREASURER WERE INCLUDED IN THIS ASSESSMENT. THIS PROCESS W	NAS LAST
UNDERTAKEN IN 2021.	

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

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

AUDITED STATEMENTS AND 990 TAX RETURNS ARE AVAILABLE AND DOWNLOADABLE FROM THE FBF'S WEBSITE. FORM 1023 IS AVAILABLE UPON REQUEST.

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

FBF AND RESOURCES LEGACY FUND, AN UNRELATED ORGANIZATION, ARE PARTY TO

A COST SHARING REIMBURSEMENT AGREEMENT UNDER WHICH FBF REIMBURSES RLF

FOR DIRECT AND INDIRECT COSTS, INCLUDING PERSONNEL COSTS, INCURRED ON

BEHALF OF FBF. AS A PART OF THAT, FBF REIMBURSED RLF FOR PERSONNEL

COSTS FOR MICHAEL MANTELL, ROSINA BUGARIN, AND HELENA CHOI.

RLF'S COMPENSATION OF \$24,292 TO MICHAEL MANTELL, \$17,591 TO ROSINA

BUGARIN, AND \$3,637 TO HELENA CHOI, RESPECTIVELY, WAS REIMBURSED BY FBF

FOR THEIR DIRECT AND INDIRECT COSTS INCURRED ON BEHALF OF FBF.

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

Schedule O (Form 990) 2021	Page 2
Name of the organization FUND FOR A BETTER FUTURE INC	Employer identification number 81-2319758
OTHER PROFESSIONAL SVCS:	
PROGRAM SERVICE EXPENSES	8,062.
MANAGEMENT AND GENERAL EXPENSES	5,332.
FUNDRAISING EXPENSES	167.
TOTAL EXPENSES	13,561.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	24,654,470.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,654,470.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,668,031.
FORM 990, PART XII, LINE 2C	
NEITHER PROCESS HAS CHANGED FROM THE PRIOR YEAR.	

FORM 990, PART IX, LINES 5-10

FBF DOES NOT PAY ANY PAYROLL TAXES DIRECTLY; RESOURCES LEGACY FUND

SATISFIES EMPLOYMENT TAX-RELATED OBLIGATIONS ON BEHALF OF FBF.

SCH	EDULE	R

(Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Employer identification number

81-2319758

Department of the Treasury Internal Revenue Service Name of the organization

FUND FOR A BETTER FUTURE INC

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ction entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
SHARED ASCENT FUND - 83-4584093	PROMOTE THE COMMON GOOD -						
555 CAPITAL MALL, SUITE 1095	DEMOCRATIC VALUES, HEALTH,						
SACRAMENTO, CA 95814	SOCIAL EQUITY	DELAWARE	501(C)(3)	LINE 7	NA		x
	-						

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

Schedule R (Form 990) 2021

Page 2

Schedule R (Form 990) 2021 FUND FOR A BETTER FUTURE INC 81-2319758 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part III organizations treated as a partnership during the tax year. (a) (b) (d) (e) (f) (i) (j) (k) (c) (g) (h) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Predominant income Share of total Share of Code V-UBI Disproportionate domicile (related, unrelated, managing of related organization end-of-year amount in box entity income ownership (state or allocations? 20 of Schedule K-1 (Form 1065) Yes No partner? excluded from tax under assets foreign sections 512-514) country) Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related Part IV organizations treated as a corporation or trust during the tax year. (f) (i) Section (a) (b) (c) (d) (e) (g) (h) Percentage ownership Name, address, and EIN Primary activity Legal domicile Direct controlling Type of entity Share of total Share of 512(b)(13) (C corp, S corp, of related organization (state or entity income end-of-year controlled entity? foreign or trust) assets country) Yes

No

Schedule R (Form 990) 2021 FUND FOR A BETTER FUTURE INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			No		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
	Gift, grant, or capital contribution to related organization(s)	1b		Х		
с	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		Х		
	Purchase of assets from related organization(s)	1h		Х		
	Exchange of assets with related organization(s)	1i		Х		
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
0	Sharing of paid employees with related organization(s)	10		Х		
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
q	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
	Other transfer of cash or property from related organization(s)	1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2021 FUND FOR A BETTER FUTURE INC

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	sec. 3)	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or F ging er?	(k) Percentage ownership

Part VII	Supplemental	Information

Provide additional information for responses to questions on Schedule R. See instructions.