

PUBLIC DISCLOSURE COPY

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>SIXTEEN THIRTY FUND</b>	Taxpayer identification number (TIN) <b>26-4486735</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1828 L STREET, NW, 300-B</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **ARABELLA ADVISORS, LLC**  
**1828 L STREET, NW, SUITE 300 - WASHINGTON, DC 20036**

Telephone No. **(202) 595-1020** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SIXTEEN THIRTY FUND</b>		<b>D</b> Employer identification number <b>26-4486735</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 971-1337</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1828 L STREET, NW</b>	<b>300-B</b>	<b>G</b> Gross receipts \$ <b>181,428,723.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20036</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>AMY KURTZ</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.SIXTEENTHIRTYFUND.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2009</b>	<b>M</b> State of legal domicile: <b>DC</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>80</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 189,979,327.	<b>Current Year</b> 176,676,637.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	16,025.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	779,499.	3,725,793.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	789,281.	934,797.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,548,107.	181,353,252.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	148,773,983.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,930,328.	7,231,758.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		89,400.	266,750.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		321,611.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,144,989.	27,345,826.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	195,938,700.	141,266,886.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,390,593.	40,086,366.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 86,553,897.	<b>End of Year</b> 139,942,052.
	<b>21</b> Total liabilities (Part X, line 26)	10,338,844.	23,615,231.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	76,215,053.	116,326,821.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>AMY KURTZ, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MICHAEL LUMSDEN</b>	<b>MICHAEL LUMSDEN</b>	<b>11/13/24</b>	<input type="checkbox"/>	<b>P01262236</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>MOSS ADAMS LLP</b> <b>101 SECOND STREET SUITE 900</b> <b>SAN FRANCISCO, CA 94105</b>	<b>91-0189318</b>		<b>415-956-1500</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SIXTEEN THIRTY FUND PROVIDES OPERATIONAL SUPPORT TO CHANGEMAKERS COMMITTED TO TACKLING SOCIETY'S BIGGEST SOCIAL CHALLENGES.

(CONT. SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 57,812,650. including grants of \$ 42,567,326. ) (Revenue \$ 16,025. ) CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY PROGRAMS. SIXTEEN THIRTY FUND'S WORK TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY SUPPORTS A BROAD ARRAY OF PROJECTS AND GRANTEES, INCLUDING THOSE WORKING TO ENSURE VOTING ACCESS AND CIVIC PARTICIPATION; GROUPS ADVOCATING FOR PAY EQUITY, PAID FAMILY LEAVE, AND FAIR TAX POLICY; FIGHTING FOR ACCESS TO HEALTH CARE FOR ALL AMERICANS; AND ADVOCATING FOR COMMON SENSE GUN REFORM.

4b (Code: ) (Expenses \$ 41,803,245. including grants of \$ 40,373,802. ) (Revenue \$ 0. ) ENVIRONMENTAL PROGRAMS. SIXTEEN THIRTY FUND'S ENVIRONMENTAL PROJECTS ARE WORKING TO REVERSE THE CURRENT PACE OF CLIMATE CHANGE AND FIND POLICY SOLUTIONS TO REDUCE GLOBAL EMISSIONS AND PROMOTE ENVIRONMENTAL EQUITY.

4c (Code: ) (Expenses \$ 30,980,766. including grants of \$ 23,371,424. ) (Revenue \$ 0. ) CAPACITY BUILDING PROGRAMS. SIXTEEN THIRTY FUND'S CAPACITY BUILDING PROJECTS SUPPORT THE CAPACITY DEVELOPMENT OF GRANTEES ON ISSUES RELATED TO CIVIC PARTICIPATION, EQUITY, EQUAL REPRESENTATION, AND OTHER ADVOCACY ISSUES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,144,200. including grants of \$ 110,000. ) (Revenue \$ 0. )

4e Total program service expenses 133,740,861.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with 3 main columns: Question, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

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

Section C. Disclosure

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



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RYAN JOHNSON PROJECT DIRECTOR	40.00				X		210,000.	0.	32,595.	
(2) PATRICIA KUPFER CAMPAIGNS DIRECTOR	40.00				X		179,900.	0.	32,592.	
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	40.00				X		176,686.	0.	27,826.	
(4) CARL WALZ CAMPAIGNS DIRECTOR	40.00				X		180,900.	0.	20,104.	
(5) AMY KURTZ PRESIDENT	40.00			X			172,500.	0.	23,668.	
(6) NILOFAR GANJAIE PROJECT DIRECTOR	40.00				X		130,825.	0.	13,896.	
(7) RAUL ALVILLAR CHAIR	1.00	X		X			0.	0.	0.	
(8) DARA FREED TREASURER	1.00	X		X			0.	0.	0.	
(9) DOUGLAS HATTAWAY SECRETARY	1.00	X		X			0.	0.	0.	
(10) MARISSA BROWN DIRECTOR	1.00	X					0.	0.	0.	
(11) JEFF CHERRY DIRECTOR	1.00	X					0.	0.	0.	
(12) LATOIA JONES DIRECTOR	1.00	X					0.	0.	0.	
(13) ERIC KESSLER DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							1,050,811.	0.	150,681.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,050,811.	0.	150,681.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARABELLA ADVISORS, LLC, 1828 L STREET NW, SUITE 300, WASHINGTON, DC 20036	ADMIN. & OPERATIONAL SUPPORT SERVICES	4,086,452.
GLOBAL STRATEGY GROUP LLC, 215 PARK AVENUE SOUTH 15TH FLOOR, NEW YORK, NY 10003	CONSULTING SERVICES	1,243,367.
WPP GROUP USA INC, 501 SANTA MONICA BLVD SUITE 600, SANTA MONICA, CA 90401	CONSULTING SERVICES	1,058,966.
GROW PROGRESS INC, 1201 CONNECTICUT AVE NW SUITE 600, WASHINGTON, DC 20036	CONSULTING SERVICES	1,001,850.
PIPELINE INITIATIVE 1606 POTOMAC AVE SE, WASHINGTON, DC 20003	CONSULTING SERVICES	960,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 47

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	176,676,637.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 75,471.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		176676637.				
Program Service Revenue	<b>2 a</b>	FORUM REGISTRATION	<b>Business Code</b>					
			541900	16,025.	16,025.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		16,025.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		3,725,524.			3725524.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other	75,740.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	75,471.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	269.				
	<b>d</b>	Net gain or (loss) .....		269.			269.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>					
			900099	934,797.			934,797.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		934,797.					
<b>12</b>	<b>Total revenue.</b> See instructions .....		181353252.	16,025.	0.	4660590.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	106,422,552.	106,422,552.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	196,167.	9,808.	186,359.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,287,154.	5,266,711.	20,443.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	343,792.	338,964.	4,828.	
<b>9</b> Other employee benefits	905,544.	889,648.	15,896.	
<b>10</b> Payroll taxes	499,101.	485,537.	13,564.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	5,307,716.		5,307,716.	
<b>b</b> Legal	923,464.	627,173.	296,291.	
<b>c</b> Accounting	127,450.	80,050.	47,400.	
<b>d</b> Lobbying	5,549,584.	5,549,584.		
<b>e</b> Professional fundraising services. See Part IV, line 17	266,750.			266,750.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	10,901,548.	10,706,407.	140,280.	54,861.
<b>12</b> Advertising and promotion	464,151.	464,151.		
<b>13</b> Office expenses	279,559.	277,490.	2,069.	
<b>14</b> Information technology	1,011,362.	969,958.	41,404.	
<b>15</b> Royalties				
<b>16</b> Occupancy	239,547.	219,875.	19,672.	
<b>17</b> Travel	375,469.	373,177.	2,292.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,020,770.	1,001,695.	19,075.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	36,309.	36,309.		
<b>23</b> Insurance	40,951.	53.	40,898.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a TAXES</b>	1,054,435.	9,544.	1,044,891.	
<b>b OTHER EXPENSES</b>	13,511.	12,175.	1,336.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	141,266,886.	133,740,861.	7,204,414.	321,611.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	8,093,487.	<b>1</b>	7,608,527.
	<b>2</b> Savings and temporary cash investments .....	51,286,266.	<b>2</b>	93,587,292.
	<b>3</b> Pledges and grants receivable, net .....	26,564,000.	<b>3</b>	38,179,290.
	<b>4</b> Accounts receivable, net .....	435,465.	<b>4</b>	68,915.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	63,761.	<b>9</b>	424,023.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 592,743.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 523,362.	105,690.	<b>10c</b> 69,381.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,228.	<b>15</b>	4,624.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	86,553,897.	<b>16</b>	139,942,052.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,637,665.	<b>17</b>	6,016,399.
	<b>18</b> Grants payable .....	4,700,575.	<b>18</b>	17,598,832.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	604.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,338,844.	<b>26</b>	23,615,231.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,038,336.	<b>27</b>	4,225,470.
	<b>28</b> Net assets with donor restrictions .....	74,176,717.	<b>28</b>	112,101,351.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	76,215,053.	<b>32</b>	116,326,821.
	<b>33</b> Total liabilities and net assets/fund balances .....	86,553,897.	<b>33</b>	139,942,052.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,353,252.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,266,886.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,086,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76,215,053.
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	25,402.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,326,821.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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).

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

Schedule B (Form 990) (2023)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
--------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>50,450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>31,425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>21,801,875.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>13,615,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>7,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>5,425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>5,360,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>4,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>2,463,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>2,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>1,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>1,497,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>1,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>740,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 249,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 162,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	 <hr/> <hr/> <hr/>	\$ <u>125,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ <u>105,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>91,836.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>75,471.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
86		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
87		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
88		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ 75,471.	05/18/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SIXTEEN THIRTY FUND</b>	Employer identification number  <b>26-4486735</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>SIXTEEN THIRTY FUND</b>	Employer identification number <b>26-4486735</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ 13,080,029.
- 3 Volunteer hours for political campaign activities ..... 0.

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ 1,540,848.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ 11,539,181.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ 13,080,029.
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
CFFE PAC	WASHINGTON, DC 20005	85-0792961	75,000.	0.
FAIR SHARE ACTION	BOSTON, MA 02108	46-0932086	1,450,000.	0.
OPEN DEMOCRACY PAC	WASHINGTON, DC 20003	86-2772049	50,000.	0.
PA UNITED PAC	PITTSBURGH, PA 15206	83-3433784	49,999.	0.
PROJECT DEMOCRACY	WASHINGTON, DC 20005	88-1008330	45,000.	0.
WOMEN WHO RUN NEBRASKA PAC	6035 BINNEY STREET OMAHA, NE	84-2824201	35,000.	0.

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

Schedule C (Form 990) 2023

SEE PART IV FOR CONTINUATION

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART I-A, LINE 1:**

FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

**PART I-C CONTINUATION:**

CFFE PAC

1032 15TH STREET NW, SUITE 247 WASHINGTON, DC 20005

**Part IV** Supplemental Information *(continued)*

EIN: 85-0792961 COL (D) AMOUNT: 75000. COL (E) AMOUNT: 0.

FAIR SHARE ACTION

294 WASHINGTON ST, STE 500 BOSTON, MA 02108

EIN: 46-0932086 COL (D) AMOUNT: 1450000. COL (E) AMOUNT: 0.

OPEN DEMOCRACY PAC

600 PENNSYLVANIA AVE SE, UNIT 15180 WASHINGTON, DC 20003

EIN: 86-2772049 COL (D) AMOUNT: 50000. COL (E) AMOUNT: 0.

PA UNITED PAC

523 HASTINGS ST PITTSBURGH, PA 15206

EIN: 83-3433784 COL (D) AMOUNT: 49999. COL (E) AMOUNT: 0.

PROJECT DEMOCRACY

1401 K STREET, SUITE 900 WASHINGTON, DC 20005

EIN: 88-1008330 COL (D) AMOUNT: 45000. COL (E) AMOUNT: 0.

WOMEN WHO RUN NEBRASKA PAC

6035 BINNEY STREET OMAHA, NE 68104

EIN: 84-2824201 COL (D) AMOUNT: 35000. COL (E) AMOUNT: 0.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 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 day of the tax year.

	Held at the End 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 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.

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

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 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		293,792.	293,792.	0.
e Other		298,951.	229,570.	69,381.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				69,381.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	181,378,654.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	25,402.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	25,402.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	181,353,252.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	181,353,252.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	141,266,886.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	141,266,886.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	141,266,886.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RETURN OF PRIOR YEAR GRANTS 25,402.









**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 3:**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ABUNDANCE STRATEGIES - 5009 BELT ROAD NW, WASHINGTON, DC	FUNDRAISING COUNSEL		X	4,500,000.	123,950.	4,376,050.
BMK CONSULTING - 4707 CONNECTICUT AVE NW #602,	FUNDRAISING COUNSEL		X	1,500,000.	37,500.	1,462,500.
GUERRA STRATEGIES LLC - 3101 N CENTRAL AVENUE SUITE 610,	FUNDRAISING COUNSEL		X	0.	52,800.	-52,800.
PATH TO VICTORY LLC - 136 SOUTH HANCOCK ST, MADISON, WI	FUNDRAISING COUNSEL		X	0.	52,500.	-52,500.
<b>Total</b>				6,000,000.	266,750.	5,733,250.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

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

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

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

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

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

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

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

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: ABUNDANCE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 5009 BELT ROAD NW, WASHINGTON, DC 20016

(I) NAME OF FUNDRAISER: BMK CONSULTING

(I) ADDRESS OF FUNDRAISER:

4707 CONNECTICUT AVE NW #602, WASHINGTON, DC 20008



**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: GUERRA STRATEGIES LLC

(I) ADDRESS OF FUNDRAISER:

3101 N CENTRAL AVENUE SUITE 610, PHOENIX, AZ 85012

(I) NAME OF FUNDRAISER: PATH TO VICTORY LLC

(I) ADDRESS OF FUNDRAISER: 136 SOUTH HANCOCK ST, MADISON, WI 53703

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
10,000 FRIENDS ADVOCATES FOR PENNSYLVANIA - PO BOX 4547 - LANCASTER, PA 17604	31-1621198	501(C)(4)	203,093.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
1000 WOMEN STRONG INC 1842 ASHLEY HALL WAY TALLAHASSEE, FL 32308	85-2794865	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
1HOOD POWER 460 MELWOOD AVENUE, SUITE 204 PITTSBURGH, PA 15213	85-1461805	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
603 FORWARD PO BOX 676 CONCORD, NH 03302	83-2984780	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
9TO5 ACTION FUND INC 207 E BUFFALO STREET, SUITE 211 MILWAUKEE, WI 53202	87-4654077	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
A BETTER BIG SKY PO BOX 7134 MISSOULA, MT 59807	82-5313159	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14.
- 3** Enter total number of other organizations listed in the line 1 table 29.

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

Schedule I (Form 990) 2023

**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
A BETTER WISCONSIN TOGETHER INC 6516 MONONA DRIVE, UNIT 244 MONONA, WI 53716	84-3646174	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AAPI DEMOCRACY FUND 3435 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90010	93-3775024	501(C)(4)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACT NOW PROJECT 440 N BARRANCA AVE, SUITE 6683 COVINA, CA 91723	92-2517254	501(C)(4)	194,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACTION TOGETHER NEPA 504 FAIRVIEW PARKWAY MOUNTAIN TOP, PA 18707	82-1570948	501(C)(4)	140,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADRC ACTION 2030 W BASELINE RD, #182-631 PHOENIX, AZ 85041	87-3214348	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANCE AMERICAN DEMOCRACY INC 300 DELAWARE AVE, SUITE 210 WILMINGTON, DE 19801	92-0895896	501(C)(4)	720,000.	0.			CAPACITY BUILDING
ADVANCE NORTH CAROLINA INC PO BOX 27421 RALEIGH, NC 27611	47-2740671	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCED ENERGY UNITED 1801 PENNSYLVANIA AVE NW, SUITE 410 WASHINGTON, DC 20006	45-3859544	501(C)(6)	1,500,000.	0.			ENVIRONMENTAL PROGRAMS
ADVANCED ENERGY WORKS 1801 PENNSYLVANIA AVE, SUITE 410 WASHINGTON, DC 20006	80-0373809	501(C)(4)	1,030,000.	0.			ENVIRONMENTAL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCING AZ 530 E MCDOWELL RD, SUITE 107 PHOENIX, AZ 85004	83-4665335	501(C)(4)	3,504,000.	0.			CAPACITY BUILDING
ALASKA AFL-CIO 3333 DENALI STREET, SUITE 125 ANCHORAGE, AK 99503	92-0010498	501(C)(5)	65,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALIANZA FOR PROGRESS 10524 MOSS PARK RD, SUITE 204-625 ORLANDO, FL 32832	82-5519787	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
ALL VOTING IS LOCAL ACTION 11 DUPONT CIRCLE NW, SUITE 575 WASHINGTON, DC 20036	87-3894840	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA VOTES 1155 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	625,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA WORKS USA 1225 EYE STREET NW, SUITE 1100 WASHINGTON, DC 20005	45-2315353	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN COUNCIL FOR AN ENERGY EFFICIENT ECONOMY - 529 14TH ST NW, SUITE 600 - WASHINGTON, DC 20045	94-2711707	501(C)(3)	100,000.	0.			ENVIRONMENTAL PROGRAMS
AMERICAN RESCUE PROJECT 800 MAINE AVE SW, SUITE 400 WASHINGTON, DC 20024	88-0929928	501(C)(3)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMPLIFY NEW HAMPSHIRE PO BOX 3908 MANCHESTER, NH 03105	86-2948810	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNIES LIST TRAINING AND ENGAGEMENT FUND - PO BOX 303277 - AUSTIN, TX 78703	84-3909459	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA WINS 530 E MCDOWELL RD, SUITE 107 189 PHOENIX, AZ 85004	36-4781665	501(C)(4)	80,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN AMERICAN ADVOCACY FUND INC 5680 OAKBROOK PKWY, STE 148 NORCROSS, GA 30093	83-1198242	501(C)(4)	250,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN PACIFIC ISLANDER POLITICAL ALLIANCE - 1528 WALNUT ST, SUITE 808 - PHILADELPHIA, PA 19102	85-0685612	501(C)(4)	350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASSOCIATION FOR ENERGY AFFORDABILITY - 105 BRUCKNER BLVD - BRONX, NY 10454	13-3374285	501(C)(3)	185,000.	0.			ENVIRONMENTAL PROGRAMS
AVOW INC 1101 W 34TH STREET, UNIT 679 AUSTIN, TX 78705	74-2007519	501(C)(4)	160,855.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BATTLE BORN PROGRESS 2657 WINDMILL PKWY, UNIT 619 HENDERSON, NV 89074	27-0854852	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BETTER JOBS FOR ALASKA INC 721 DEPOT DR, SUITE 100 ANCHORAGE, AK 99501	93-2861550	501(C)(4)	820,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BIG SKY FIFTY FIVE PLUS 404 NORTH 31ST STREET, SUITE 128 BILLINGS, MT 59101	82-4712803	501(C)(4)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MALE VOTER PROJECT 384 NORTHYARDS BLVD NW, BUILDING 10 ATLANTA, GA 30313	84-3530186	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLACK VOTERS MATTER FUND INC 4751 BEST RD, SUITE 490 EAST POINT, GA 30337	81-3625061	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLUE HORIZON ACTION FUND PO BOX 780162 SAN ANTONIO, TX 78278	88-1992059	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BLUEGREEN ALLIANCE INC 2701 UNIVERSITY AVE SE, SUITE 209 MINNEAPOLIS, MN 55414	26-4086284	501(C)(4)	25,000.	0.			ENVIRONMENTAL PROGRAMS
BUILDING DECARBONIZATION COALITION 198 ELY ROAD N PETALUMA, CA 94952	85-4008764	501(C)(3)	400,000.	0.			ENVIRONMENTAL PROGRAMS
CAFE ACCION 420 W GRIGGS LAS CRUCES, NM 88005	85-2340038	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CALDWELL HAYS EXAMINER 205 CHEATHAM ST, SUITE 1 SAN MARCOS, TX 78666	87-3919898	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CALIFORNIANS AGAINST WASTE 921 11TH STREET, SUITE 502 SACRAMENTO, CA 95814	94-2466279	501(C)(4)	117,350.	0.			ENVIRONMENTAL PROGRAMS
CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	501(C)(4)	410,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

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CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW, FLOOR 10 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR CHANGE A NORTHERN MICHIGAN ADVOCACY GROUP - 214 S BAILEY ST - CHEBOYGAN, MI 49721	84-2534225	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CIVIC ACTION 625 SILVER AVE SW, SUITE 320 ALBUQUERQUE, NM 87102	02-0779812	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CFPE PAC 1032 15TH STREET NW, SUITE 247 WASHINGTON, DC 20005	85-0792961	527	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHESAPEAKE CLIMATE ACTION NETWORK ACTION FUND - 6930 CARROLL AVENUE INC, SUITE 720 - TAKOMA PARK, MD 20912	01-0879928	501(C)(4)	198,000.	0.			ENVIRONMENTAL PROGRAMS
CITIZEN ACTION OF NEW YORK 209 GARTH ROAD SCARSDALE, NY 10583	11-2644562	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CITIZEN ACTION OF WISCONSIN INC 221 S 2ND STREET, SUITE 300 MILWAUKEE, WI 53204	39-1424314	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CITIZENS FOR RESPONSIBLE ENERGY SOLUTIONS INC - 1201 PENNSYLVANIA AVE NW, SUITE 220 - WASHINGTON, DC 20004	46-0558330	501(C)(4)	200,000.	0.			ENVIRONMENTAL PROGRAMS
CITIZENS NOT POLITICIANS 545 E TOWN STREET COLUMBUS, OH 43215	93-2809225	501(C)(4)	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIC ENGAGEMENT BEYOND VOTING 1341 E KRISTA WAY TEMPE, AZ 85284	85-4166818	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CLEAN ENERGY BUYERS ASSOCIATION 1425 K ST NW, SUITE 1110 WASHINGTON, DC 20005	83-2935439	501(C)(6)	425,000.	0.			ENVIRONMENTAL PROGRAMS
CLEAN JOBS FOR MICHIGAN 156 W MICHIGAN AVE, PMB 1115 JACKSON, MI 49201	92-4019976	501(C)(4)	891,700.	0.			ENVIRONMENTAL PROGRAMS
CLIMATE EQUITY ACTION FUND 1100 13TH ST NW, SUITE 800 WASHINGTON, DC 20005	88-3587010	501(C)(4)	4,250,000.	0.			ENVIRONMENTAL PROGRAMS
CLIMATE JOBS NATIONAL RESOURCE CENTER ACTION FUND - 350 W 31ST ST, 8TH FL - NEW YORK, NY 10001	85-0712215	501(C)(4)	4,970,000.	0.			ENVIRONMENTAL PROGRAMS
CLIMATE POWER 815 BLACK LIVES MATTER PLZ NW #4100 WASHINGTON, DC 20006	92-2307261	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
CLIMATE SOLUTIONS ACTION FUND 1402 THIRD AVE, SUITE 1200 SEATTLE, WA 98101	36-5016879	501(C)(4)	200,000.	0.			ENVIRONMENTAL PROGRAMS
CLIMATE STRATEGIES LAB LLC 530 WALNUT ST, SUITE 200 CINCINNATI, OH 45202	87-1467403		86,396.	0.			ENVIRONMENTAL PROGRAMS
COLORADO COMMUNICATIONS NETWORK ACTION - PO BOX 101482 - DENVER, CO 80250	84-0836874	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO ETHICS INSTITUTE 191 UNIVERSITY BLVD, SUITE 118 DENVER, CO 80206	84-4585348	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLTURA 110 PREFONTAINE PL S, SUITE 304 SEATTLE, WA 98104	47-2276541	501(C)(3)	112,500.	0.			ENVIRONMENTAL PROGRAMS
COMMITTEE ON STATES PO BOX 1607 RALEIGH, NC 27602	84-2558945	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON CAUSE 805 15TH ST NW, SUITE 800 WASHINGTON, DC 20005	52-6078441	501(C)(4)	154,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON GOOD MISSOULA 202 EAST BROADWAY, APT 7436 MISSOULA, MT 59802	86-1594632	501(C)(4)	20,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA CO - 3702 E LAKE STREET - MINNEAPOLIS, MN 55406	83-1278469	501(C)(4)	40,000.	0.			ENVIRONMENTAL PROGRAMS
CONGRESSIONAL INTEGRITY PROJECT 2020 CONNECTICUT AVE NW, SUITE 269 WASHINGTON, DC 20006	85-1339862	501(C)(4)	1,002,274.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COUNT MI VOTE PO BOX 16180 LANSING, MI 48901	82-1389940	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DEEDS ACTION FUND 2318 SANTA ROSA ST AUSTIN, TX 78702	83-1985863	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRT ROAD ORGANIZING 76 MORANG COVE RD NOBLEBORO, ME 04555	87-4406692	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DOWN HOME NORTH CAROLINA 2617 SPRINGWOOD DRIVE GREENSBORO, NC 27403	83-1236736	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ELECTRIFICATION COALITION ALLIANCE 1111 19TH ST NW, SUITE 406 WASHINGTON, DC 20036	01-0927325	501(C)(4)	195,000.	0.			ENVIRONMENTAL PROGRAMS
EMPIRE STATE VOICES 228 PARK AVE SOUTH, PMB 49561 NEW YORK, NY 10003	92-2925787	501(C)(4)	3,462,206.	0.			CAPACITY BUILDING
ENERGY ACTION FUND 301 BATTERY STREET, 5TH FLOOR SAN FRANCISCO, CA 94111	26-3390444	501(C)(4)	6,206,500.	0.			ENVIRONMENTAL PROGRAMS
ENVIRONMENT AMERICA 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108	20-5355252	501(C)(4)	757,000.	0.			ENVIRONMENTAL PROGRAMS
ENVIRONMENTAL DEFENSE ACTION FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	90-0080500	501(C)(4)	200,000.	0.			ENVIRONMENTAL PROGRAMS
EVERGREEN ACTION 7567 CALIFORNIA AVE SW SEATTLE, WA 98136	86-1697158	501(C)(4)	300,000.	0.			ENVIRONMENTAL PROGRAMS
EVERY ELIGIBLE AMERICAN 600 PENNSYLVANIA AVE SE SUITE 15180 WASHINGTON, DC 20003	86-3619093	501(C)(4)	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR SHARE ACTION 294 WASHINGTON ST, STE 500 BOSTON, MA 02108	46-0932086	527	1,450,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN MINNESOTA 2356 UNIVERSITY AVE W, SUITE 405 ST. PAUL, MN 55114	82-2771968	501(C)(4)	162,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAJ ACTION FUND 310 8TH STREET, SUITE 309 OAKLAND, CA 94607	92-0450172	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY FRIENDLY ACTION FUND 114 NORTH MAIN STREET, SUITE 201 CONCORD, NH 03301	83-1806898	501(C)(4)	3,304,500.	0.			CAPACITY BUILDING
FIGHT CORPORATE MONOPOLIES 2001 PENNSYLVANIA AVE NW, SUITE 540 WASHINGTON, DC 20006	82-5097446	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLIC VOTES INC 2800 BISCAYNE BLVD, SUITE 300 MIAMI, FL 33137	81-2185907	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
FLORIDA ADVANCEMENT PROJECT INC 25550 SW 152ND AVE HOMESTEAD, FL 33032	87-1719096	501(C)(4)	205,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA RISING INC 10800 BISCAYNE BLVD, SUITE 1050 MIAMI, FL 33161	27-0167620	501(C)(4)	220,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA STATE HISPANIC CHAMBER OF COMMERCE INC - 45095 STATE ROAD 7, SUITE 151 - WELLINGTON, FL 33449	82-5467031	501(C)(6)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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FLORIDA WATCH INC 2623 FORBES ST JACKSONVILLE, FL 32204	27-1856471	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOR OUR FUTURE ACTION FUND 1411 K STREET NW, SUITE 900 WASHINGTON, DC 20005	81-2638345	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MONTANA PO BOX 2817 MISSOULA, MT 59806	13-4285849	501(C)(4)	143,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREE PRESS ACTION FUND 40 MAIN STREET, SUITE 301 FLORENCE, MA 01062	04-3771598	501(C)(4)	85,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREEDOM ACTION NOW INC 2110 LUANN LN MADISON, WI 53713	84-3944949	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FREEDOM VIRGINIA INC 103 DUNDEE AVE RICHMOND, VA 23225	85-1257540	501(C)(4)	509,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GENDER JUSTICE ACTION 663 UNIVERSITY AVE WEST, SUITE 200 SAINT PAUL, MN 55104	87-3607605	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGIA LEAGUE OF CONSERVATION VOTERS - 725 PONCE DE LEON AVE NE, FLOOR 2 - ATLANTA, GA 30306	58-2525235	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
GLOBAL IMPACT SOCIAL WELFARE FUND 1199 N FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	92-0652730	501(C)(4)	2,303,834.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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GLPA LEAD 100 ORNDORD DR, #866 BRIGHTON, MI 49008	84-2895367	501(C)(4)	355,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HEAT PUMP NATION 116 FRONT ST, PO BOX 642 LEWES, DE 19958	92-1721579	501(C)(4)	635,000.	0.			ENVIRONMENTAL PROGRAMS
HIP HOP CAUCUS ACTION FUND 529 14TH ST NW, SUITE 952 WASHINGTON, DC 20045	85-1100834	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
INDIVISIBLE PROJECT 200 MASSACHUSETTS AVENUE, 7TH FLOOR WASHINGTON, DC 20001	81-4944067	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INNOVATION OHIO 360 SOUTH THIRD STREET, 3RD FLOOR COLUMBUS, OH 43215	27-4562062	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INSTITUTO POWER 221 E INDIANOLA AVE PHOENIX, AZ 85012	83-2870376	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JANNUS INC 1607 W JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	56,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAND STEWARDSHIP ACTION FUND 821 E 35TH ST, STE 200 MINNEAPOLIS, MN 55407	82-4347114	501(C)(4)	90,000.	0.			ENVIRONMENTAL PROGRAMS
LEAD NC PO BOX 1323 RALEIGH, NC 27602	81-3459495	501(C)(4)	105,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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LEAD OHIO 550 E WALNUT STREET COLUMBUS, OH 43215	47-3665908	501(C)(4)	245,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAD PA 100 S BROAD ST, SUITE 3022588 PHILADELPHIA, PA 19110	83-3208722	501(C)(4)	135,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEADERSHIP NOW PROJECT 1401 K ST NW, SUITE 900 WASHINGTON, DC 20005	82-1780610	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEADMO ACTION 3407 SOUTH JEFFERSON AVE SUITE 505 ST LOUIS, MO 63118	84-4939515	501(C)(4)	5,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW, STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	825,000.	0.			ENVIRONMENTAL PROGRAMS
LEAGUE OF WOMEN VOTERS OF NEW JERSEY - 204 WEST STATE ST - TRENTON, NJ 08608	22-1153223	501(C)(4)	60,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LIVING UNITED FOR CHANGE IN ARIZONA - 5716 N 19TH AVE - PHOENIX, AZ 85015	27-1398645	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LOUD LIGHT CIVIC ACTION INC PO BOX 4045 TOPEKA, KS 66604	85-1047024	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LUPE VOTES 1601 E US HIGHWAY 83 SAN JUAN, TX 78589	85-2786747	501(C)(4)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MAINE PEOPLES ALLIANCE 565 CONGRESS ST, SUITE 200 PORTLAND, ME 04101	01-0383493	501(C)(4)	850,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAINERS FOR WORKING FAMILIES 49 QUEBEC ST. APT 3 PORTLAND, ME 04101	84-3390123	501(C)(4)	100,775.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAJORITY RISING NC PO BOX 4174 CARY, NC 27519	87-4783603	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAKE THE ROAD ACTION INC 449 TROUTMAN STREET, SUITE C BROOKLYN, NY 11215	27-1408443	501(C)(4)	289,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARCH ON FUTURE COALITION 9878 W BELLEVIEW AVE, SUITE 2416 DENVER, CO 80123	82-3045346	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLAND RISE INC 841 E FORT AVE, 242 BALTIMORE, MD 21230	85-1251741	501(C)(4)	130,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN ECONOMIC JUSTICE ACTION FUND - 4750 WOODWARD AVENUE, SUITE 215 - DETROIT, MI 48201	46-4769108	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN PEOPLES CAMPAIGN 2227 MEDFORD RD ANN ARBOR, MI 48104	46-4173944	501(C)(4)	320,000.	0.			ENVIRONMENTAL PROGRAMS
MILLION VOTERS PROJECT ACTION FUND 4801 EXPOSITION BLVD LOS ANGELES, CA 90016	81-1953580	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MISSOURI JOBS WITH JUSTICE VOTER ACTION - 2725 CLIFTON AVE - ST LOUIS, MO 63139	46-3985290	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI ORGANIZING AND VOTER ENGAGEMENT ACTION - 1530 S BIG BEND BLVD - ST LOUIS, MO 63117	82-1450617	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI WIN 347 HAZEL AVE WEBSTER GROVES, MO 63119	82-4375006	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURIANS FOR HEALTHY FAMILIES AND FAIR WAGES - 2742 CHEROKEE STREET, UNIT A - ST LOUIS, MO 63118	92-3452773	501(C)(4)	575,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MN350 ACTION 4407 EAST LAKE ST MINNEAPOLIS, MN 55406	82-3247267	501(C)(4)	40,000.	0.			ENVIRONMENTAL PROGRAMS
MOTHERING JUSTICE ACTION FUND 777 LIVERNOIS FERNDAL, MI 48220	82-2828323	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVE TEXAS ACTION FUND 14439 NW MILITARY HWY SUITE 108 415 SAN ANTONIO, TX 78231	46-3339204	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MOVEONORG CIVIC ACTION 1442 WALNUT ST. #538 BERKELEY, CA 94709	06-1553389	501(C)(4)	140,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIVE VOTERS ALLIANCE NEVADA 6675 S TENAYA WAY LAS VEGAS, NV 89117	87-4365518	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NCAAT IN ACTION 711 HILLSBOROUGH STREET, SUITE 106 RALEIGH, NC 27603	84-2889172	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEBRASKANS FOR PAID SICK LEAVE 300 SOUTH 19TH ST, SUITE 312 OMAHA, NE 68102	93-2010914	501(C)(4)	1,905,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEIGHBORS FOR MORE NEIGHBORS 21 1ST AVE NE, APT 26 MINNEAPOLIS, MN 55413	92-1373657		140,350.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEVADA ALLIANCE 6675 S TENAYA WAY, SUITE 200 LAS VEGAS, NV 89178	83-0744945	501(C)(4)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW DAY NEVADA INC 7991 HACKBERRY DRIVE LAS VEGAS, NV 89123	84-3203462	501(C)(4)	228,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW ERA COLORADO ACTION FUND 789 SHERMAN ST, SUITE 460 DENVER, CO 80204	20-5392556	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW GEORGIA PROJECT ACTION FUND INC - 830 GLENWOOD AVE SE, SUITE 510 221 - ATLANTA, GA 30316	82-0934131	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW HAMPSHIRE PROGRESS ALLIANCE PO BOX 3866 CONCORD, NH 03302	82-4281685	501(C)(4)	82,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW HAMPSHIRE YOUTH MOVEMENT PROJECT - 1 WASHINGTON STREET, SUITE 3123 - DOVER, NH 03820	84-1846306	501(C)(4)	58,118.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NEW PROGRESSIVE NETWORK 1001 SE WATER AVE, SUITE 460 PORTLAND, OR 97214	32-0073649	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW RURAL PROJECT 11035 GOLF LINKS DR. #77424 CHARLOTTE, NC 28277	86-3220083	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW VENTURE FUND 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	244,078.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW YORK COMMUNITIES FOR CHANGE INC - 470 VANDERBILT AVE, 9TH FL - BROOKLYN, NY 11238	27-1359103	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
NM NATIVE VOTE 7900 MENAUL BLVD NE ALBUQUERQUE, NM 87110	83-1860603	501(C)(4)	30,000.	0.			ENVIRONMENTAL PROGRAMS
NORTH CAROLINA A PHILIP RANDOLPH EDUCATIONAL FUND INC - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	47-3555626	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH CAROLINA VOTERS FOR CLEAN ELECTIONS - 3125 POPLARWOOD COURT, SUITE 300 - RALEIGH, NC 27604	56-2129334	501(C)(4)	32,200.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH FUND 1828 L STREET NW, SUITE 300-F WASHINGTON, DC 20036	83-4011547	501(C)(4)	8,175,000.	0.			CAPACITY BUILDING
NORTH STAR PROSPERITY 1010 DALE ST N ST PAUL, MN 55117	86-2157002	501(C)(4)	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NRDC ACTION FUND INC 40 WEST 20TH STREET NEW YORK, NY 10011	13-3976062	501(C)(4)	683,000.	0.			ENVIRONMENTAL PROGRAMS
OC ACTION 8682 BEACH BLVD, UNIT 200 BUENA PARK, CA 90620	88-1009568	501(C)(4)	310,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING CAMPAIGN 25 EAST BOARDMAN ST, SUITE 230 YOUNGSTOWN, OH 44503	26-3064170	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIOANS FOR REPRODUCTIVE FREEDOM PAC - 545 EAST TOWN STREET - COLUMBUS, OH 43215	92-2353443	527	1,250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIOANS UNITED FOR REPRODUCTIVE RIGHTS - 545 EAST TOWN ST - COLUMBUS, OH 43215	92-2433361	527	6,967,600.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE APIA NEVADA 181 N ARROYO GRANDE BLVD. #140B HENDERSON, NV 89074	83-0846881	501(C)(4)	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE PERSON ONE VOTE 545 EAST TOWN STREET COLUMBUS, OH 43215	92-1444573	501(C)(4)	5,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONEAMERICA VOTES 1225 S WELLER ST, SUITE 430 SEATTLE, WA 98144	27-2671115	501(C)(4)	5,800.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OPEN DEMOCRACY PAC 600 PENNSYLVANIA AVE SE, UNIT 15180 WASHINGTON, DC 20003	86-2772049	527	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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OPPORTUNITIES FOR ALL FLORIDIANS INC - 1951 NW 7TH AVE, 6TH FLOOR - MIAMI, FL 33136	84-2952039	501(C)(4)	55,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORGANIZE ACTION INC PO BOX 125 CLOVERDALE, CA 95425	87-3632574	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ORGANIZE PENNSYLVANIA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	109,000.	0.			ENVIRONMENTAL PROGRAMS
ORGANIZERS IN THE LAND OF ENCHANTMENT - 411 BELLAMAH AVE NW - ALBUQUERQUE, NM 87102	27-1275724	501(C)(4)	165,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OUR VOICE OUR VOTE ARIZONA 1241 E WASHINGTON ST, SUITE 103 PHOENIX, AZ 85034	82-3222019	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
PA UNITED PAC 523 HASTINGS ST PITTSBURGH, PA 15206	83-3433784	527	49,999.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PARTNERSHIP PROJECT ACTION FUND PO BOX 65826 WASHINGTON, DC 20035	81-0606786	501(C)(4)	250,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA STANDS UP 15 N LIME ST LANCASTER, PA 17602	83-2880678	501(C)(4)	159,000.	0.			ENVIRONMENTAL PROGRAMS
PENNSYLVANIA UNITED 841 CALIFORNIA AVE, 3RD FLOOR PITTSBURGH, PA 15212	82-3674888	501(C)(4)	124,000.	0.			ENVIRONMENTAL PROGRAMS

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PODER NC ACTION 1101 HAYNES ST, SUITE 205 RALEIGH, NC 27604	84-2828142	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
POTENTIAL ENERGY ACTION NETWORK INC - 477 MADISON AVENUE, SUITE 600 - NEW YORK, NY 10022	87-4759225	501(C)(4)	46,182.	0.			ENVIRONMENTAL PROGRAMS
POWER ACTION FUND 1419 N 11TH STREET PHILADELPHIA, PA 19122	86-1492251	501(C)(4)	104,000.	0.			ENVIRONMENTAL PROGRAMS
PROGEORGIA STATE TABLE INC 270 HIGHWAY 314 FAYETTEVILLE, GA 30214	46-1064042	501(C)(3)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS FLORIDA, INC 200 2ND AVE SOUTH, SUITE 808 ST PETERSBURG, FL 33701	30-0599086	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESS TEXAS 1023 SPRINGDALE #11D AUSTIN, TX 78721	80-0687741	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSIVE MARYLAND INC PO BOX 7557 LARGO, MD 20774	52-2326106	501(C)(4)	100,000.	0.			ENVIRONMENTAL PROGRAMS
PROGRESSIVE STATE LEADERS COMMITTEE - 1350 I STREET NW, SUITE 300 - WASHINGTON, DC 20005	05-0623909	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW 614 N SEYMOUR AVE LANSING, MI 48933	20-8720230	501(C)(4)	1,813,240.	0.			CAPACITY BUILDING

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PROGRESSNOW ARIZONA 345 E PALM LN PHOENIX, AZ 85004	83-3393572	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROJECT DEMOCRACY 1401 K STREET, SUITE 900 WASHINGTON, DC 20005	88-1008330	527	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROPERTY TAX RELIEF NOW 3700 QUEBEC ST, UNIT 100 BOX 189 DENVER, CO 80207	93-1848880	501(C)(4)	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROSPERITY MICHIGAN 3265 SKY BLUE LANE SAULT STE MARIE, MI 49783	84-3158975	501(C)(4)	165,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PUBLIC WISE 270 LAFAYETTE STREET, SUITE 1402 NEW YORK, NY 10012	84-2296539	501(C)(4)	300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAPID RESIST ACTION 2045 W GRAND AVE, SUITE B CHICAGO, IL 60612	82-2476207	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RED WINE & BLUE 15830 S PARK BLVD SHAKER HEIGHTS, OH 44120	84-4355156	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REPRESENT GA ACTION NETWORK INC 3859 GREENBRIAR ROAD E MACON, GA 31204	84-2748018	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ROCKY MOUNTAIN VALUES 635 HILL AVENUE GRANT JUNCTION, CO 81501	84-1860320	501(C)(4)	1,852,478.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOSEVELT FORWARD INC 570 LEXINGTON AVE, 5TH FL NEW YORK, NY 10022	84-2486795	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RUN AAPI 1629 K ST NW, SUITE 300 WASHINGTON, DC 20006	85-3272791	501(C)(4)	150,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL ARIZONA ACTION 345 W CENTRAL AVE, STE 4 COOLIDGE, AZ 85128	83-4660479	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL GROUND GAME 676 MELROSE ROAD HARRISONBURG, VA 22802	84-4651295	527	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURAL URBAN BRIDGE INITIATIVE 190 E MAIN ST, SUITE D ABINGDON, VA 24210	87-3370162	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RURALORGANIZING.ORG 191 CLINTON ST COLUMBUS, OH 43202	82-5040665	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAVE OUR SCHOOLS ARIZONA PO BOX 28370 TEMPE, AZ 85285	35-2617978	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECOND HOUSE COLLABORATIVE 211 N 14TH STREET, SUITE 324 LINCOLN, NE 68508	92-2387975	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY USA 611 PENNSYLVANIA AVENUE, SUITE 201 WASHINGTON, DC 20003	87-3854090	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECURE ELECTIONS PROJECT 130 NEILL AVE, SUITE H HELENA, MT 59601	83-3296530	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURING AMERICAS FUTURE ENERGY ALLIANCE - 1111 19TH ST NW, SUITE 406 - WASHINGTON, DC 20036	20-1728102	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS
SHELTER WF INC 937 KALISPELL AVENUE WHITEFISH, MT 59937	88-1744351	501(C)(4)	34,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SIERRA CLUB 2101 WEBSTER STREET, SUITE 1300 OAKLAND, CA 94612	94-1153307	501(C)(4)	1,430,000.	0.			ENVIRONMENTAL PROGRAMS
SMALL BUSINESS MAJORITY FOUNDATION INC - 1015 15TH STREET NW, SUITE 450 - ELK GROVE, CA 95624	03-0576666	501(C)(3)	57,600.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SOMOS ACCION 1804 ESPINACITAS ST SANTA FE, NM 87505	83-1487234	501(C)(4)	30,000.	0.			ENVIRONMENTAL PROGRAMS
SOUTHWEST ENERGY EFFICIENCY PROJECT - 2334 BROADWAY, SUITE A - BOULDER, CO 80304	84-1593046	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STAND UP AMERICA INC 228 PARK AVENUE S, PMB 39030 NEW YORK, NY 10003	32-0512546	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE DEMOCRACY DEFENDERS ACTION 1015 15TH STREET NW, SUITE 1000 WASHINGTON, DC 20005	93-1524544	501(C)(4)	565,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE POWER ACTION FUND 425 CHERRY ST, 2ND FLOOR KENT, OH 44240	85-4015096	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STORY NETWORK FOUNDATION 2300 18TH ST NW LOWER LOBBY BOX 214 WASHINGTON, DC 20009	84-2907396	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STRONGER FAIRER FORWARD PO BOX 36 MAPLEWOOD, NJ 07040	87-4235146	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SUPERMAJORITY 55 BROADWAY, SUITE 424 NEW YORK, NY 10006	83-4266107	501(C)(4)	8,689.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TAKEACTION MINNESOTA 705 RAYMOND AVE, SUITE 100 ST PAUL, MN 55114	20-3338691	501(C)(4)	157,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TENDING THE SOIL 3715 CHICAGO AVE S MINNEAPOLIS, MN 55408	88-2620778	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TEXAS FREEDOM NETWORK 608 W 22ND ST AUSTIN, TX 78705	74-2736849	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE, 5TH FLOOR SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPEWELL FUND 1828 L STREET NW, SUITE 300-D WASHINGTON, DC 20036	47-3681860	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VOTER PROJECT 121 S BROAD ST, SUITE 400 PHILADELPHIA, PA 19107	85-0556933	501(C)(4)	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE WELCOME PARTY INC 867 BOYLSTON ST STE 500 BOSTON, MA 02116	84-3511352	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE WISCONSIN INITIATIVE INC 420 W DAYTON STREET, APT 204 MADISON, WI 53703	87-1540257	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THIRD WAY 1025 CONNECTICUT AVE NW, SUITE 400 WASHINGTON, DC 20036	20-1734070	501(C)(4)	221,135.	0.			ENVIRONMENTAL PROGRAMS
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	501(C)(4)	130,000.	0.			ENVIRONMENTAL PROGRAMS
UNITED WE DREAM ACTION 1201 16TH ST NW, SUITE 714 WASHINGTON, DC 20036	46-5216666	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNRIG OUR ECONOMY INC 300 DELAWARE AVE, SUITE 210 WILMINGTON, DE 19801	88-1164058	501(C)(4)	2,850,000.	0.			CAPACITY BUILDING
URBAN PHOENIX PROJECT NETWORK PO BOX 13553 PHOENIX, AZ 85012	83-2098077	501(C)(4)	229,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VETSFORWARD CIVIC ACTION 1934 E CAMELBACK RD, SUITE 120 418 PHOENIX, AZ 85016	87-2161830	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA NEW MAJORITY 3801 MT VERNON AVE ALEXANDRIA, VA 22304	26-1377619	501(C)(4)	885,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOCES DE LA FRONTERA ACTION 1027 S 5TH ST MILWAUKEE, WI 53204	02-0759160	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTEAMERICA INC 530 DIVISADERO STREET, PMB 126 SAN FRANCISCO, CA 94117	84-3442002	501(C)(3)	275,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTEVETS ACTION FUND PO BOX 11293 PORTLAND, OR 97211	51-0596352	501(C)(4)	95,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WABANAKI ALLIANCE 84 MARGINAL WAY, SUITE 600 PORTLAND, ME 04101	85-1408286	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE ACT 4 CHANGE INC 1854 AMSTERDAM AVE, 2ND FLOOR NEW YORK, NY 10031	85-2851625	501(C)(4)	1,500,000.	0.			ENVIRONMENTAL PROGRAMS
WE THE PEOPLE ACTION FUND 440 BURROUGHS ST, SUITE 174 DETROIT, MI 48202	84-3528071	501(C)(4)	705,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE THE PEOPLE FOR EDUCATION PO BOX 7133 RICHMOND, VA 23221	88-4421501	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WEST VIRGINIA ENVIRONMENTAL COUNCIL - PO BOX 1007 - CHARLESTON, WV 25324	55-0728622	501(C)(4)	50,000.	0.			ENVIRONMENTAL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CONSERVATION ACTION 1675 LARIMER STREET, SUITE 420 DENVER, CO 80202	20-8091495	501(C)(4)	3,350,000.	0.			ENVIRONMENTAL PROGRAMS
WESTERN NATIVE VOICE INC 80 25TH ST WEST BILLINGS, MT 59102	88-3015226	501(C)(4)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN ORGANIZATION OF RESOURCE COUNCILS - 220 S 27TH STREET, SUITE B - BILLINGS, MT 59101	45-0356819	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN PROGRESS INC 33 NOB HILL RD MADISON, WI 53713	47-4544190	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WISCONSIN PUBLIC EDUCATION ACTION FUND INC - 5329 FAYETTE AVE - MADISON, WI 53713	87-3954281	501(C)(4)	45,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN WHO RUN NEBRASKA PAC 6035 BINNEY STREET OMAHA, NE 68104	84-2824201	527	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKING FAMILIES ORGANIZATION 77 SANDS ST, 6TH FLOOR BROOKLYN, NY 11201	20-4994004	501(C)(4)	50,000.	0.			CAPACITY BUILDING
WORKING MONTANANS 1925 GRAND AVENUE, SUITE 129 BILLINGS, MT 59102	93-3520430	501(C)(4)	715,000.	0.			CAPACITY BUILDING
WYOMING INVESTOR NETWORK PO BOX 3462 JACKSON, WY 83001	88-2031141	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG INVINCIBLES 1025 CONNECTICUT AVE NW, SUITE 914 WASHINGTON, DC 20036	46-2214021	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ZERO EMISSION TRANSPORTATION ASSOCIATION - 659 C STREET SE - WASHINGTON, DC 20003	84-4536665	501(C)(4)	150,000.	0.			ENVIRONMENTAL PROGRAMS
ZERO WASTE WASHINGTON PO BOX 84817 SEATTLE, WA 98124	91-1178790	501(C)(3)	45,000.	0.			ENVIRONMENTAL PROGRAMS

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

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

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

PART I, LINE 2:

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**SIXTEEN THIRTY FUND**

Employer identification number

**26-4486735**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RYAN JOHNSON PROJECT DIRECTOR	(i)	210,000.	0.	0.	12,287.	20,308.	242,595.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA KUPFER CAMPAIGNS DIRECTOR	(i)	179,000.	0.	900.	11,154.	21,438.	212,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMY STEINHOFF CAMPAIGNS DIRECTOR	(i)	175,786.	0.	900.	10,599.	17,227.	204,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARL WALZ CAMPAIGNS DIRECTOR	(i)	180,000.	0.	900.	4,183.	15,921.	201,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY KURTZ PRESIDENT	(i)	172,500.	0.	0.	10,350.	13,318.	196,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 1A:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	75,471.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED (DEFINED AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) IN SCHEDULE M, PART I, COLUMN (B).

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SIXTEEN THIRTY FUND

Employer identification number

26-4486735

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

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

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

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

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

OTHER PROGRAMS.

EXPENSES \$ 3,144,200. INCLUDING GRANTS OF \$ 110,000. REVENUE \$ 0.

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

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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AND ACHIEVE IMPACT.

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

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

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

NEW VENTURE FUND (AN UNAFFILIATED ORGANIZATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3)) IS A PAYROLL REPORTING AGENT FOR SIXTEEN THIRTY FUND UNDER THE IRS COMMON PAYMASTER RULES. UNDER THE ARRANGEMENT, SIXTEEN THIRTY FUND REIMBURSES NEW VENTURE FUND FOR ITS ALLOCATED SHARE OF SALARIES AND BENEFITS OF NEW VENTURE FUND EMPLOYEES. ADDITIONALLY, SIXTEEN THIRTY FUND IS THE PRIMARY PAYROLL REPORTING AGENT AND DIRECTLY PAID SALARIES AND BENEFITS FOR THE ORGANIZATION'S DEDICATED FULL TIME EMPLOYEES.

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

ALL BOARD MEMBERS ARE REQUIRED ANNUALLY TO DISCLOSE ANY CONFLICTS OF INTEREST. THE POLICY IS MONITORED AT THE BOARD LEVEL. COVERED INDIVIDUALS CANNOT VOTE ON MATTERS BEFORE THE BOARD WHEN THEY HAVE A CONFLICT IN THE MATTER. DISINTERESTED MEMBERS MUST DETERMINE WHETHER OR NOT THERE ARE ANY SUITABLE ALTERNATIVES TO POTENTIAL TRANSACTIONS THAT CAUSE CONFLICT. IF A COVERED PERSON IS FOUND IN VIOLATION OF THIS POLICY, IT MAY BE CAUSE FOR

Name of the organization <b>SIXTEEN THIRTY FUND</b>	Employer identification number <b>26-4486735</b>
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REMOVAL FROM THE BOARD OF DIRECTORS.

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

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

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

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

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

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

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

RETURN OF PRIOR YEAR GRANT EXPENSE	25,402.
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