

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SIXTEEN THIRTY FUND		D Employer identification number 26-4486735	
	Doing business as		E Telephone number (202) 971-1337	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 CONNECTICUT AVENUE, NW, NO. 300		G Gross receipts \$ 143,837,877.	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: ERIC KESSLER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **SIXTEENTHIRTYFUND.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2009** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	364
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	67,500.
b Net unrelated business taxable income from Form 990-T, line 38	7b	66,500.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	79,372,569.	143,309,203.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	146,270.	221,600.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,073.	50,101.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,924.	256,973.
		79,559,836.	143,837,877.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,336,144.	91,386,301.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,136,229.	3,938,981.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	90,091.	112,702.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 123,593.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	31,330,619.	45,958,768.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,893,083.	141,396,752.	
19 Revenue less expenses. Subtract line 18 from line 12	32,666,753.	2,441,125.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	43,614,008.	45,335,085.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,741,886.	2,821,838.
		39,872,122.	42,513,247.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ AMY KURTZ, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	YONG ZHANG, CPA				P01249785
Preparer Use Only	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102			Phone no. 703-336-6400	

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 OPERATES EXCLUSIVELY FOR THE PURPOSE OF PROMOTING SOCIAL WELFARE, INCLUDING, BUT NOT LIMITED TO, PROVIDING PUBLIC EDUCATION ON AND CONDUCTING ADVOCACY REGARDING KEY POLICIES.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 89,377,802. including grants of \$ 76,979,463.) (Revenue \$ 221,500.) PROGRAM SEEKING TO PROMOTE CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

4b (Code:) (Expenses \$ 36,250,208. including grants of \$ 6,003,338.) (Revenue \$ 100.) FUND FOR CAPACITY BUILDING

4c (Code:) (Expenses \$ 7,668,500. including grants of \$ 7,668,500.) (Revenue \$) FUND FOR ENVIRONMENTAL PROGRAMS

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,573,962. including grants of \$ 735,000.) (Revenue \$)

4e Total program service expenses 137,870,472.

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> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections 2a through 16, covering topics like employee reporting, 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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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 - 202-595-1020
1201 CONNECTICUT AVENUE, NW, NO. 300, WASHINGTON, DC 20036

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	143,309,203.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			143,309,203.				
Program Service Revenue	2 a CONSULTING REVENUE	Business Code	900099	221,600.	154,100.	67,500.		
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			221,600.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			50,101.			50,101.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099		256,973.			256,973.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			256,973.				
12 Total revenue. See instructions			143,837,877.	154,100.	67,500.	307,074.		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	91,386,301.	91,386,301.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,247,579.	3,218,059.	29,520.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,637.	75,413.	1,224.	
9 Other employee benefits	387,468.	379,809.	7,659.	
10 Payroll taxes	227,297.	226,065.	1,232.	
11 Fees for services (non-employees):				
a Management	7,664,288.	4,426,567.	3,237,721.	
b Legal	761,584.	731,010.	30,574.	
c Accounting	37,115.	7,215.	29,900.	
d Lobbying	24,504,273.	24,493,382.		10,891.
e Professional fundraising services. See Part IV, line 17	112,702.			112,702.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,966,136.	3,918,872.	47,264.	
12 Advertising and promotion	7,797,123.	7,797,123.		
13 Office expenses				
14 Information technology	145,017.	133,405.	11,612.	
15 Royalties				
16 Occupancy	270,714.	270,714.		
17 Travel	364,444.	364,109.	335.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	176,262.	176,262.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,183.	33,183.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	238,629.	232,983.	5,646.	
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	141,396,752.	137,870,472.	3,402,687.	123,593.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,314,750.	1	11,736,367.
	2 Savings and temporary cash investments	10,003,877.	2	28,260,847.
	3 Pledges and grants receivable, net	18,966,666.	3	5,025,000.
	4 Accounts receivable, net	250,445.	4	17,844.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	991.	9	13,170.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 587,059.		
	b Less: accumulated depreciation	10b 351,841.	66,629.	10c 235,218.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		10,650.	15 46,639.
16 Total assets. Add lines 1 through 15 (must equal line 34)		43,614,008.	16 45,335,085.	
Liabilities	17 Accounts payable and accrued expenses	2,467,432.	17	1,994,555.
	18 Grants payable	554,914.	18	538,062.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		719,540.	25 289,221.
	26 Total liabilities. Add lines 17 through 25		3,741,886.	26 2,821,838.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	602,044.	27	1,268,601.
	28 Temporarily restricted net assets	39,270,078.	28	41,244,646.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		39,872,122.	33 42,513,247.	
34 Total liabilities and net assets/fund balances		43,614,008.	34 45,335,085.	

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	143,837,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	141,396,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,441,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,872,122.
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 in Schedule O)	9	20,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,333,247.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 51,705,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 26,747,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 9,965,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 4,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 4,237,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,050,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 2,045,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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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/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 446,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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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/>	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 142,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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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/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 94,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 76,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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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/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 47,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<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 SIXTEEN THIRTY FUND	Employer identification number 26-4486735
-------------------------------------------------	--------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 18,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 12,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 5,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ 35,881,914.
- 3 Volunteer hours for political campaign activities

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 1,669,914.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 34,212,000.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 35,881,914.
- 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-.
FLORIDA FOR ALL	TAMPA, FL 33611	46-2913391	480,000.	0.
FORWARD MAJORITY ACTION	WASHINGTON, DC 20003	83-0611104	1,000,000.	0.
NO CUTS TO CARE PAC	PO BOX 42307 PORTLAND, OR 97242	83-1522636	600,000.	0.
STAND UP AMERICA PAC	PO BOX 26141 ALEXANDRIA, VA 22313	81-3480698	25,000.	0.
CHANGE NOW INC	WASHINGTON, DC 20036	83-1307183	2,822,500.	0.

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

Schedule C (Form 990 or 990-EZ) 2018

LHA SEE PART IV FOR CONTINUATION

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

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

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

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

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

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

Part IV Supplemental Information

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

PART I-A, LINE 1:

FUNDS EXPENDED TO FURTHER SOCIAL WELFARE.

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

CHANGE NOW INC

2021 L ST NW SUITE 101-326 WASHINGTON, DC 20036

Part IV Supplemental Information (continued)

PART I-C CONTINUATION:

FLORIDA FOR ALL

3690 W GANDY BLVD 118 TAMPA, FL 33611

EIN: 46-2913391 COL (D) AMOUNT: 480000. COL (E) AMOUNT: 0.

FORWARD MAJORITY ACTION

918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003

EIN: 83-0611104 COL (D) AMOUNT: 1000000. COL (E) AMOUNT: 0.

NO CUTS TO CARE PAC

PO BOX 42307 PORTLAND, OR 97242

EIN: 83-1522636 COL (D) AMOUNT: 600000. COL (E) AMOUNT: 0.

STAND UP AMERICA PAC

PO BOX 26141 ALEXANDRIA, VA 22313

EIN: 81-3480698 COL (D) AMOUNT: 25000. COL (E) AMOUNT: 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) about conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and questions about monitoring and expenses.

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

Form with questions (1a, 1b, 2) about reporting collections of art and historical treasures, including amounts for revenue and assets.

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted 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				
e Other		587,059.	351,841.	235,218.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				235,218.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

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) DUE TO RELATED PARTY	289,221.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	289,221.

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements	1	143,893,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	55,448.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	55,448.
3	Subtract line 2e from line 1	3	143,837,877.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	143,837,877.

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

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

1	Total expenses and losses per audited financial statements	1	141,252,200.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	55,448.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	55,448.
3	Subtract line 2e from line 1	3	141,196,752.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	200,000.
c	Add lines 4a and 4b	4c	200,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	141,396,752.

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 IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(4).

THE INTERNAL REVENUE SERVICE RECOGNIZES THE FUND'S STATUS AS A SOCIAL

WELFARE ORGANIZATION. THE FUND'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW

AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE FUND IS NOT AWARE OF

ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

THE FUND INCURRED \$34,262 OF FEDERAL UNRELATED BUSINESS INCOME TAX IN

2018.

GENERALLY, THE FUND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR

Part XIII Supplemental Information *(continued)*

THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER

31, 2015.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF GRANT EXPENSES

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: STEVEN BIEL STRATEGIES

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

(II) ACTIVITY: MEMBER FUNDRAISING CONSULTING AND WRITING SERVICES

(I) NAME OF FUNDRAISER: BETH GRUPP ASSOCIATES

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

(II) ACTIVITY: MAJOR DONOR FUNDRAISING INCLUDING DONOR ENGAGEMENT STRATEGIE

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
215 PEOPLE'S ALLIANCE 5012 KINGSESSING AVE PHILADELPHIA, PA 19143	81-3511044	501(C)(4)	8,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
40 FRIENDS (WE CARE) 2017 BERWICK DRIVE MYRTLE BEACH, SC 29575	42-1573667	501(C)(3)	5,000.	0.			CAPACITY BUILDING
ACT INDIANA, INC 337 N. WARMAN AVE. INDIANAPOLIS, IN 46222	82-3672820	CORPORATION C	15,000.	0.			HEALTH
ACTION NC 5500 EXECUTIVE CENTER DR SUITE 234 CHARLOTTE, NC 28212	27-2050581	501C4	5,000.	0.			HEALTH
ALASKA CONSERVATION VOTERS 921 W SIXTH AVE STE 200 ANCHORAGE, AK 99501	92-0090065	501C4	43,500.	0.			ENVIRONMENTAL PROGRAMS
ALLIANCE FOR YOUTH ACTION 810 7TH ST. NE WASHINGTON, DC 20002	46-2914731	501(C)(4)	750,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 21.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 95.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA VOTES 1155 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	27,150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN BRIDGE 21ST CENTURY FOUNDATION - 455 MASSACHUSETTS AVE NW STE 650 - WASHINGTON, DC 20001	27-5278038	CORPORATION - C	200,000.	0.			ENVIRONMENTAL PROGRAMS
AMERICAN CANCER SOCIETY CANCER ACTION NETWORK - 555 11TH ST NW STE 300 - WASHINGTON, DC 20004	52-2340031	501(C)(4)	30,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARIZONA WINS 530 E MCDOWELL RD STE 107-189 PHOENIX, AZ 85004	36-4781665	501(C)(3)	93,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARKANSANS FOR A FAIR WAGE 1501 N UNIVERSITY AVE SUITE 228 LITTLE ROCK, AR 72207	83-0876321	501(C)(4)	1,346,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BALLOT INITIATIVE STRATEGY CENTER INC - 1660 L ST NW SUITE 605 - WASHINGTON, DC 20036	04-3411708	501(C)(4)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BATTLE BORN PROGRESS 2657 WINDMILL PKWY UNIT 619 HENDERSON, NV 89074	27-0854852	501C4	90,000.	0.			HEALTH
BLACK YOUTH PROJECT 100 4217 S. HALSTED CHICAGO, IL 60609	47-4435527	501(C)(4)	12,500.	0.			CAPACITY BUILDING
BLUE INSTITUTE ENTERPRISES, INC. 245 N. HIGHLAND AVE. NE, SUITE 230 ATLANTA, GA 30307	82-4655054	CORPORATION - S	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

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CARE IN ACTION, INC 243 5TH AVE., MAILBOX 257 NEW YORK, NY 10016	46-4605470	CORPORATION - C	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CASA IN ACTION 8151 15TH AVE HYATTSVILLE, MD 20783	27-2145405	CORPORATION - C	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR AMERICAN PROGRESS ACTION FUND - 1333 H ST NW FLOOR 10 - WASHINGTON, DC 20005	30-0192708	501(C)(4)	500,000.	0.			ENVIRONMENTAL PROGRAMS
CENTER FOR POPULAR DEMOCRACY ACTION FUND - 449 TROUTMAN ST. - BROOKLYN, NY 11237	45-3860271	LLC C	701,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHANGE NOW INC 2021 L ST NW SUITE 101-326 WASHINGTON, DC 20036	83-1307183	527 POLITICAL ORGANIZ	2,822,500.	0.			CAPACITY BUILDING
CHICAGO INTERNATIONAL SOCIAL CHANGE FILM FESTIVAL - 23 EAST 16TH ST. UNIT 2 - CHICAGO, IL 60616	90-0782008	501(C)(3)	12,500.	0.			CAPACITY BUILDING
CHIRL ACTION FUND 2533 W THIRD ST #101 LOS ANGELES, CA 90057	27-1460237	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CITIZEN ACTION OF NY 94 CENTRAL AVENUE ALBANY, NY 12206	11-2644562	C CORP	40,000.	0.			HEALTH
CITIZEN ACTION ILLINOIS 2229 S. HALSTED CHICAGO, IL 60608	36-4163480	CORPORATION	20,000.	0.			HEALTH

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CITIZEN ACTION OF NEW JERSEY 744 BROAD STREET SUITE 2080 NEWARK, NJ 07102	22-2395222	CORPORATION - C	305,500.	0.			HEALTH
COLLECTIVE FUTURE 410 1ST ST, SE, SUITE 310 WASHINGTON, DC 20003	82-3079496	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLOR OF CHANGE EDUCATION FUND 1714 FRANKLIN ST., STE #100 - 136 OAKLAND, CA 94612	45-5569879	501(C)(3)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS CREATING OPPORTUNITIES PO BOX 100292 DENVER, CO 80250	47-2607588	CORPORATION - C	545,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS FOR FAIRNESS PO BOX 102766 DENVER, CO 80210	81-4420090	CORPORATION - C	2,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADANS TO STOP PREDATORY PAYDAY LOANS - 1665 GRANT ST. 2ND FLR. - DENVER, CO 80203	82-4474835	501C4	2,075,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO FISCAL INSTITUTE 1905 SHERMAN SUITE 225 DENVER, CO 80203	46-1281109	501(C)(3)	17,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COLORADO PEOPLE'S ACTION 700 KALAMATH ST DENVER, CO 80204	81-1303316	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COMMON CAUSE 805 FIFTEENTH STREET NW STE 800 WASHINGTON, DC 20005	52-6078441	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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COMMUNITY VOICES HEARD POWER INC 115 EAST 106TH ST 3RD FLOOR NEW YORK, NY 10029	27-3095637	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
COUNT MI VOTE PO BOX 8362 GRAND RAPIDS, MI 49518	82-1389940	501(C)(4)	6,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ECONOMIC POLICY INSTITUTE 1225 EYE ST NW STE 600 WASHINGTON, DC 20005	52-1368964	501(C)(3)	6,000.	0.			CAPACITY BUILDING
ENVIRONMENT AMERICA 294 WASHINGTON STREET SUITE 500 BOSTON, MA 02108	20-5355252	501(C)(4)	357,300.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ENVIRONMENTAL DEFENSE ACTION FUND 1875 CONNECTICUT AVE NW SUITE 600 WASHINGTON, DC 20009	90-0080500	501(C)(4)	1,000,000.	0.			ENVIRONMENTAL PROGRAMS
FAIR MAPS COLORADO 820 SOUTH MONACO PARKWAY #284 DENVER, CO 80224	82-5297008	501(C)(4)	68,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAITH IN PUBLIC LIFE ACTION FUND 1111 14TH ST. NW 9TH FLOOR WASHINGTON, DC 20005	26-3827419		50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA ALLIANCE FOR CIVIC ENGAGEMENT - 1713 MAHAN DR. - TALLAHASSEE, FL 32308	46-4874864	501(C)(3)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDA ALLIANCE OF PLANNED PARENTHOOD AFFILIATES INC. - 736 CENTRAL AVE. - SARASOTA, FL 34236	59-3142119	501(C)(4)	40,000.	0.			CAPACITY BUILDING

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FLORIDA FOR ALL, INC 3690 W. GANDY BLVD. #118 TAMPA, FL 33611	46-2913391	527 POLITICAL ORGANIZATION	480,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FLORIDIANS FOR A FAIR DEMOCRACY 3000 GULF TO BAY BLVD. STE. 503 CLEARWATER, FL 33759	47-2089046	501(C)(4)	2,650,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MAJORITY ACTION 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	83-0611104	527 POLITICAL ORGANIZATION	1,000,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUND FOR A BETTER FUTURE, INC 555 CAPITOL MALL, SUITE 1095 SACRAMENTO, CA 95814	81-2319758	501(C)(4)	1,750,000.	0.			ENVIRONMENTAL PROGRAMS
GOOD JOBS COLORADO 4950 S. YOSEMITE STREET F2-164 GREENWOOD VILLAGE, CO 80111	83-0862715	CORPORATION - C	920,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GREEN TECH ACTION FUND 301 BATTERY STREET 5TH FLOOR SAN FRANCISCO, CA 94111	26-3390444	501(C)(4)	75,000.	0.			ENVIRONMENTAL PROGRAMS
JANNUS, INC. 1607 W. JEFFERSON ST. BOISE, ID 83702	81-6035382	501(C)(3)	17,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JUSTICE COLORADO 35 S BELLAIRE STREET DENVER, CO 80246	82-4031610	CORPORATION - C	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KANSAS VALUES INSTITUTE 200 W DOUGLAS ST, STE 600 WICHITA, KS 67202	45-2621342	501(C)(4)	325,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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KINGDOM MISSION SOCIETY 13131 ROSE PETAL CIRCLE HERNDON, VA 20171	47-5608351	501(C)(3)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LATINO VICTORY PROJECT 700 14TH STREET NW, SUITE 200 WASHINGTON, DC 20005	46-4651149	501(C)(4)	5,000.	0.			CAPACITY BUILDING
LEAGUE OF CONSERVATION VOTERS 740 15TH STREET NW STE 700 WASHINGTON, DC 20005	52-1733698	501(C)(4)	8,000,000.	0.			ENVIRONMENTAL PROGRAMS
MAINE PEOPLE'S ALLIANCE 565 CONGRESS ST. STE 200 PORTAND, ME 04101	01-0383493	501(C)(3)	250,713.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAKE NORTH CAROLINA FIRST PO BOX 648 RALEIGH, NC 27602	46-3981642	501(C)(4)	223,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN LEAGUE OF RESPONSIBLE VOTERS - 215 S WASHINGTON SQ STE 135 - LANSING, MI 48933		501C4	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN TIME TO CARE PO BOX 1502 ROYAL OAK, MI 48068	82-2405397	CORPORATION - C	1,760,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MISSOURI JOBS WITH JUSTICE VOTER ACTION - 2725 CLIFTON - ST LOUIS, MO 63139	46-3985290	501C4	5,000.	0.			HEALTH
MOMSRISING TOGETHER 12011 BEL-RED RD. STE 100A BELLEVUE, WA 98005	20-4448446		75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MONTANA BUDGET AND POLICY CENTER 101 N. LAST CHANCE GULCH STE 220 HELENA, MT 59601	80-0624179	CORPORATION - C	17,750.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH ACTION FUND - 14 WALL STREET SUITE 3B - NEW YORK, NY 10005	13-2934132	501C4	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NC JUSTICE CENTER 224 S. DAWSON ST. RALEIGH, NC 27601	56-1348186	501(C)(3)	70,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NETWORK 820 FIRST ST NE SUITE 350 WASHINGTON, DC 20002	52-0984255	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEVADANS FOR SECURE ELECTIONS 401 S CURRY ST CARSON CITY, NV 89703	83-0769395	501(C)(4)	6,250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW ERA COLORADO ACTION FUND 907 ACOMA ST DENVER, CO 80204	20-5392556	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	20-5806345		778,000.	0.			HEALTH
NO CUTS TO CARE PAC PO BOX 42307 PORTLAND, OR 97242	83-1522636	527 POLITICAL ORGANI	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NORTH CAROLINA CITIZENS FOR PROTECTING OUR SCHOOLS - PO BOX 1093 - RALEIGH, NC 27602	45-2294710	501(C)(4)	400,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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OHIO SAFE AND HEALTHY COMMUNITIES CAMPAIGN - 545 E TOWN STREET - COLUMBUS, OH 43215	82-3215606	UNDETERMINED	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE PA 1414 BRIGHTON RD PITTSBURGH, PA 15212	82-0714373	501(C)(4)	188,000.	0.			CAPACITY BUILDING
ORGANIZE NOW INC PO BOX 533732 ORLANDO, FL 32853	27-1869914	501C4	10,000.	0.			HEALTH
OUR COLORADO VALUES PO BOX 100033 DENVER, CO 80250	81-4474149	CORPORATION - C	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PENNSYLVANIA HEALTH ACCESS FUND 1501 CHERRY STREET PHILADELPHIA, PA 19102	82-2684612	501C4	5,000.	0.			HEALTH
PEOPLE'S ACTION INSTITUTE 2125 W NORTH AVE CHICAGO, IL 60647	36-2755109	501(C)(3)	93,062.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PHILADELPHIA UNEMPLOYMENT PROJECT 112 N. BROAD STREET 11TH FLOOR PHILADELPHIA, PA 19111	23-1985416	CORPORATION - C	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PICO ACTION FUND 110 MARYLAND AVE NE STE 201 WASHINGTON, DC 20002	45-4434103	501C4	25,000.	0.			HEALTH
PLAN ACTION FUND 203 S ARLINGTON AVE RENO, NV 89501	45-2606048	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PROGRESS MICHIGAN 215 S. WASHINGTON SQUARE STE 135 LANSING, MI 48933	26-0900990	501C4	240,000.	0.			CAPACITY BUILDING
PROGRESS NORTH CAROLINA ACTION 2912 HIGHWOODS BLVD RALEIGH, NC 27604	45-2862217	501(C)(4)	355,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROGRESSNOW 215 S WASHINGTON SQ STE 100 LANSING, MI 48933	20-8720230	501(C)(4)	335,688.	0.			CAPACITY BUILDING
PROGRESSNOW COLORADO 1536 WYNKOOP ST. STE 300 DENVER, CO 80202	65-1244918		191,700.	0.			CAPACITY BUILDING
PROGRESSOHIO.ORG INC 35 E. GAY ST. STE 404 COLUMBUS, OH 43215	20-5462965		20,000.	0.			HEALTH
PROMISE ARIZONA IN ACTION 701 S 1ST ST. PHOENIX, AZ 85004	45-2278901	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PROMOTE THE VOTE 2966 WOODWARD AVE DETROIT, MI 48201	82-3347897	UNINCORPORATED ASSOC	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAISE UP MASSACHUSETTS 202 BONHAM RD DEDHAM, MA 02026	46-3152328		100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RAISE UP MISSOURI 2725 CLIFTON AVE ST LOUIS, MO 63139	82-2177755	501(C)(4)	4,241,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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RUN FOR SOMETHING ACTION FUND 220 EYE ST. NE #280 WASHINGTON, DC 20002	81-4761176	501(C)(4)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAVE OUR NEIGHBORHOODS 1536 WYNKOOP STREET, SUITE 510 DENVER, CO 80202	83-1499556	501(C)(4)	3,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SAVE THE CHILDREN ACTION NETWORK INC - 899 NORTH CAPITOL STREET NE SUITE 900 - WASHINGTON, DC 20002	46-5465189	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SECURE DEMOCRACY 611 PENNSYLVANIS AVE SE #143 WASHINGTON, DC 20003	82-3846342		95,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SOCIAL GOOD FUND 12651-5473 SAN PABLO AVE. RICHMOND, CA 94805	46-1323531	501(C)(3)	15,000.	0.			CAPACITY BUILDING
STAND UP AMERICA PAC PO BOX 26141 ALEXANDRIA, VA 22313	81-3480698	527 POLITICAL ORGANI	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STAND UP FOR OHIO 25 E BOARDMAN STREET STE 230 YOUNGSTOWN, OH 44503		501C4	75,000.	0.			CIVI
STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA - 1621 MIDTOWN PLACE - RALEIGH, NC 27609	58-1575076	501(C)(5)	73,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STATE ENGAGEMENT FUND 1101 HAYNES ST STE 205 RALEIGH, NC 27604	81-0865943	501(C)(4)	787,918.	0.			ENVIRONMENTAL PROGRAMS

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STATE INNOVATION EXCHANGE PO BOX 260230 MADISON, WI 53726	46-1368531	501(C)(3)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
STOP DECEPTIVE AMENDMENTS PO BOX 825 RALEIGH, NC 27602-0825	83-1846942	CORPORATION - C	3,500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TAKEACTION MINNESOTA EDUCATION FUND - 705 RAYMOND AVE STE 100 - ST. PAUL, MN 55114	41-1635130	501(C)(3)	9,450.	0.			ENVIRONMENTAL PROGRAMS
TEXAS ORGANIZING PROJECT 700 S ZARZAMORA SUITE 212 SAN ANTONIO, TX 78207	27-1482075	501(C)(4)	10,000.	0.			HEALTH
THE ADVOCACY FUND 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3153687	CORPORATION - C	27,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ARC OF THE UNITED STATES 1825 K ST NW, SUITE 1200 WASHINGTON, DC 20006	13-5642032	501(C)(3)	40,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ARENA 171 ELIZABETH STREET 2ND FLOOR NEW YORK, NY 10012	81-5171259	501(C)(4)	200,000.	0.			ENVIRONMENTAL PROGRAMS
THE FAIRNESS PROJECT 1342 FLORIDA AVE NW WASHINGTON, DC 20009	37-1779557	501(C)(4)	697,000.	0.			CAPACITY BUILDING
THE FRANKLIN AND ELEANOR ROOSEVELT FOUNDATION - 570 LEXINGTON AVENUE - NEW YORK, NY 10022	23-7213592	501(C)(3)	12,000.	0.			CAPACITY BUILDING

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THE HOPEWELL FUND 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 20036	47-3681860	501(C)(3)	68,112.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE MOVEMENT COOPERATIVE 200 SCHERMERHORN ST. SUITE 326 BROOKLYN, NY 11201	82-2905563	LLC C	46,250.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	12,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
URBAN AFFAIRS COALITION 1207 CHESTNUT ST. PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	12,500.	0.			CAPACITY BUILDING
VOTE NO ON AMENDMENT 1, INC PO BOX 11376 CHARLESTON, WV 25339	83-0660663	CORPORATION - C	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WE THE PEOPLE OF FLORIDA, INC 3182 MUNROE DRIVE MIAMI, FL 33133	82-2690024	501(C)(4)	15,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WEST VIRGINIA CITIZEN ACTION GROUP 1500 DIXIE STREET CHARLESTON, WV 25311	55-0547956	501(C)(4)	55,000.	0.			HEALTH
WIN COLORADO 1567 S. UNIVERSITY BLVD. DENVER, CO 80210	37-1867572	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S FOUNDATION OF CALIFORNIA 300 FRANK H. OGAWA PLAZA STE 420 OAKLAND, CA 94612	94-2752421	501(C)(3)	25,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE ORGANIZATION REQUESTS POST-GRANT REPORTS FROM GRANTEES TO ENSURE THE
 FUNDS ARE PROPERLY MANAGED.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ARABELLA ADVISORS, LLC	SEE PART V	3,483,127.	SEE PART V		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ARABELLA ADVISORS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY MORE THAN 35% OWNED BY ERIC KESSLER-PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 3,483,127

(D) DESCRIPTION OF TRANSACTION: ARABELLA IS A VENDOR THAT PROVIDES HR, FINANCIAL, LEGAL, PAYROLL, AND OTHER ADMINISTRATIVE SERVICES TO THE SIXTEEN THIRTY FUND.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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:

SIXTEEN THIRTY FUND OPERATES EXCLUSIVELY FOR THE PURPOSE OF PROMOTING

SOCIAL WELFARE, INCLUDING, BUT NOT LIMITED TO, PROVIDING PUBLIC

EDUCATION ON AND CONDUCTING ADVOCACY REGARDING KEY POLICIES.

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

OTHER PROGRAMS.

EXPENSES \$ 4,573,962. INCLUDING GRANTS OF \$ 735,000. REVENUE \$ 0.

FORM 990, PART V, LINE 2:

NEW VENTURE FUND (NVF) IS THE PAYMASTER FOR SIXTEEN THIRTY FUND

PAYROLL. NVF PAYS THE SALARY AND IMMEDIATELY INVOICES SIXTEEN THIRTY

FUND, WHICH REIMBURSES THE FULL AMOUNT.

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

ERIC KESSLER, WILBUR PRIESTER, AND ANDREW SCHULZ HAVE A BUSINESS

RELATIONSHIP.

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

ARABELLA ADVISORS IS A MANAGEMENT, STRATEGY AND EVALUATION FIRM SERVING

FAMILY, INSTITUTIONAL, AND CORPORATE PHILANTHROPISTS ACROSS THE COUNTRY AND

AROUND THE WORLD. ARABELLA PROVIDES BUSINESS AND ADMINISTRATIVE SERVICES TO

THE SIXTEEN THIRTY FUND UNDER AN ADMINISTRATIVE AGREEMENT BETWEEN THE TWO.

IN THAT CAPACITY, ARABELLA PROVIDES HR, FINANCIAL, LEGAL, AND OTHER

BUSINESS SERVICES TO SIXTEEN THIRTY.

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

Schedule O (Form 990 or 990-EZ) (2018)

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

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

THE BOARD OF DIRECTORS AND THE ORGANIZATION'S LEGAL COUNSEL REVIEWED THE 990 BEFORE IT WAS FILED WITH THE IRS.

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

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

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

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

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:

REFUND OF GRANT EXPENSES 20,000.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL

Name of the organization SIXTEEN THIRTY FUND	Employer identification number 26-4486735
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STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, BOX C:

SIXTEEN THIRTY FUND TRADE NAMES:

ALLIED PROGRESS ACTION

AMERICANS FOR AFFORDABLE BIRTH CONTROL ACTION FUND

ARIZONANS UNITED FOR HEALTH CARE

BUSINESSES FOR RESPONSIBLE TAX REFORM

CIVIC ACTION FUND

COLORADO UNITED FOR FAMILIES

CONSTITUTIONAL RESPONSIBILITY PROJECT

DEMAND JUSTICE

DEMAND PROGRESS ACTION

DIDYOUKNOWMN ACTION FUND

EQUITY FORWARD ACTION

FLORIDIANS FOR A FAIR SHAKE

FOR OUR FAMILIES

HEALTH CARE FACTS

HEALTH CARE FAQs

HEALTH CARE VOTER

HEALTH CARE VOTERS OF NEVADA

JUSTICE MARCH

KANSANS FOR SECURE ELECTIONS

KEEP IOWA HEALTHY

LADY PARTS JUSTICE

MAINERS AGAINST HEALTH CARE CUTS

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

MICHIGAN FAMILIES FOR ECONOMIC PROSPERITY

NAVIGATOR RESEARCH

NEW JERSEY FOR A BETTER FUTURE

NORTH CAROLINIANS FOR A FAIR ECONOMY

NOT ONE PENNY

OHIO COMMITTEE FOR SAFE AND SECURE ELECTIONS

OHIOANS FOR ECONOMIC OPPORTUNITY

OUR LIVES ON THE LINE

PA PROGRESS

PROTECT OUR CARE

PROTECT PA VOTERS

PROTECT THE INVESTIGATION

RESPECT WORKERS, RESPECT VOTERS

RESTORE TRUST ACTION

SAVE MY CARE

SECURE MICHIGAN ELECTIONS

SOCAL HEALTH CARE COALITION

SPEAK OUT CNY

STOP PAYDAY PREDATORS

SURVEY AMERICA PROJECT

TAX MARCH

TAX PLAN ANSWERS

VOTER RIGHTS ACTION

WESTERN VALUES PROJECT ACTION