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Department of the

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www IRS gov/form990

2015 Open to Public

DLN: 93493314030536 OMB No 1545-0047

Intern		nue Servic	e	omi 330 and its mistractions is at <u>it w</u>	W 110 901/1	<u>0,111990</u>		Inspection
A F	or the	2015 ca	endar year, or tax year beginning	01-01-2015 , and ending 12-31-201	5			
B Ch	eck ıf a	pplicable	C Name of organization SIXTEEN THIRTY FUND			D Emplo	yer ider	ntification number
<u> </u>	ddress o	-				26-44	186735	5
	ame ch iitial ret	-	Doing business as			_		
F		um				E Telepho	one num	ber
	termin'		Number and street (or P O box if mail 1201 CONNECTICUT AVE NW NO 300	is not delivered to street address) Room/suil	:e	(202)	595-1	061
<u> </u>	nended nlication	return n pending	City or town, state or province, country	/, and ZIP or foreign postal code		- (202)	3,3 1	001
1 ,4	plication	ir penang	WASHINGTON, DC 20036	,		G Gross	eceipts \$	5,617,209
			F Name and address of principal	officer	H(a) Is t	his a group	return	for
			ERIC KESSLER 1201 CONNECTICUT AVE NW	NO 300		ordinates?		┌ Yes 🗸
			WASHINGTON, DC 20036	110 300	No u(h) Are	all subordı	nates	
I Ta	x-exem	npt status	501(c)(3) √ 501(c)(4) ◄ (ir	nsert no) 4947(a)(1) or 527		uded?	naces	□Yes □ No
J W	ebsite	e:▶ SIX	TEENTHIRTYFUND ORG			•		(see instructions)
						oup exempt		
K For	n of or	ganızatıon	✓ Corporation Trust Association	n Other ▶	L Year of	formation 20	109 M	State of legal domicile D
Pa	rt I	Sum	mary				l e	
		riefly des	cribe the organization's mission o					
	<u>P1</u>	ROMOTI	ES SOCIAL WELFARE THROUGH	PUBLIC EDUCATION AND ADVOC	ACY REGA	RDING PR	OGRES	SIVE POLICIES
nce								
Шa	_							
o ve	2 (Check th	is box ▶ ☐ if the organization disc	ontinued its operations or disposed o	f more than	25% of its	net as	ssets
<u></u>	3.1	Number	of voting members of the governing	body (Part VI, line 1a)			з	3
₹ 0			-	the governing body (Part VI, line 1b)			4	2
¥				endar year 2015 (Part V, line 2a) .			5	0
Activities & Governance	6 T	Γotal nur	nber of volunteers (estimate if nec	essary)			6	2
•	7a ⊺	Γotal unr	elated business revenue from Part	VIII, column (C), line 12			7a	0
	b N	et unrela	ted business taxable income from	Form 990-T, line 34			7b	(
					Pr	ior Year		Current Year
Oı.	8	Contri	butions and grants (Part VIII, line	1h)		16,523,	_	5,577,209
Ravenue	9	_	m service revenue (Part VIII, line	= '			0	40,000
Ą	10			0		(
_	11 12			nes 5,60,80,90,100,and 11e) nust equal Part VIII, column (A), line				
	12	12)	evenue add mes o emough 11 (r	muse equal i are viii, column (vi), me		16,523,	735	5,617,209
	13	Grants	and sımılar amounts paıd (Part I)	(, column (A), lines 1-3)		9,719,	545	6,768,578
	14		•	column (A), line 4)			0	(
δ	15	Saları 5-10)		benefits (Part IX, column (A), lines			0	87,301
nse	16a	,		olumn (A), line 11e)			0	
Expenses	ь		ndraising expenses (Part IX, column (D),	, ,,				
ш	17		= ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	es 11a-11d, 11f-24e)		1,161,	098	1,805,018
	18			equal Part IX, column (A), line 25)		10,880,	643	8,660,897
	19	Reven	ue less expenses Subtract line 18	3 from line 12		5,643,	092	-3,043,688
Ces Ses					Beginning	of Current	Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			9,157,	873	6,667,545
AB	21		• • • •		_	506,		1,059,908
S.E.	22		sets or fund balances Subtract lir			8,651,		5,607,637
Pai	rt II	Sign	ature Block		L			
				lined this return, including accompany lete Declaration of preparer (other th				
		as any kr		lete Declaration of preparer (other th	all officer) i	s based on	all IIIIO	illiation of which
		T.						
C! -		Signa Signa	* * ture of officer			2016-11-09 Date		
Sigr Her			KESSLER PRESIDENT					
			or print name and title					
					ate C	neck if	PTIN	705
Paid	d	_		YONG ZHANG	se	lf-employed	P01249	
Pre	pare	•r ⊢	rm's name ► RSM US LLP rm's address ► 1861 INTERNATIONAL DR:	IVE SUITE 400		rm's EIN ► 4		
Use	On	ly ˈ		IVE SOITE TOO		none no (703) 330-64	+∪∪
			MCLEAN, VA 22102					
мау	tne IR	5 aiscus	s this return with the preparer sho	wn above? (see instructions)				l√ Yes No

Forn	n 990 (2015)					Page 2
Pai	t IIII Statemen	t of Program Serv	ice Accomplishme	nts		
	Check if Sch	edule O contains a res	ponse or note to any line	ın thıs Part I	II	
1	,	e organızatıon's mıssıor				
					TING SOCIAL WELFARE, INC	
LIM.	ITED TO, PROVIDIN	IG PUBLIC EDUCATIO	IN ON AND CONDUCTI	NG ADVOCA	CY REGARDING PROGRESSI	VE POLICIES
2				ırıng the year	which were not listed on	F., F.,
	•	or 990-EZ?				⊤Yes √No
_		hese new services on S				
3	5	n cease conducting, or	make significant change	s in now it con	ducts, any program	⊤Yes √No
		hese changes on Scheo				Tes VNO
4	•	5				
*					ee largest program services, as the amount of grants and alloc	
			each program service r		ene amount of granes and anoc	ations to others,
4a	(Code) (Expenses \$, ,	grants of \$	5,200,000) (Revenue \$)
	FUND TO SUPPORT OF	RGANIZATIONS WORKING AD	VANCE CLEAN ENERGY AND C	LIMATE SOLUTIO	NS	
4b	(Code) (Expenses \$		grants of \$	1,340,000) (Revenue \$	40,000)
	PROGRAM SEEKING II	D ENGAGE CIVIL RIGHTS, SO	CIAL ACTION, AND ADVOCACY	<u> </u>		
4c	(Code) (Expenses \$	208,736 including	grants of \$	50,000) (Revenue \$	```
40	•	LOPMENT AND FOREIGN AFF	· -	giants of \$	30,000) (Revenue \$)
			AINS			
	See Additional Da	ta				
4d	Other program se	rvices (Describe in Sch	edule O)			
	(Expenses \$	255,771 inc	cluding grants of \$	178,5	78) (Revenue \$)
4e	Total program ser	vice expenses ▶	8,411,094			
		-				Form 990 (2015)

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

Form	n 990 (2015)			Page 3
Pai	rt 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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I \longrightarrow	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🙎	8		No
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? If "Yes," complete Schedule D, Part IV	9		No

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕦 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 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? If "Yes," complete Schedule D, Part VIII 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 为

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

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11c

11d

11e

11f

12a

12b

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14a

14b

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Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
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? If "Yes," complete Schedule L, Pait II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28 c	Yes	

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

N	0	
N	0	
N	_	

Νo

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Yes

Form 990 (2015)

orm	990 (2015)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		╌厂
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 37		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 -	 	
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			

13b

13c

additional information the organization must report on Schedule O

c Enter the amount of reserves on hand

b Enter the amount of reserves the organization is required to maintain by the states

in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*.

14a

14b

year by the following a The governing body? . .

Section C. Disclosure

13

Part

90 ((2015)	Page 6
VI	Governance, Management, and Disclosure	
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below	N,

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

Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax **1**a 3

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

Enter the number of voting members included in line 1a, above, who are independent

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? . . .

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization become aware during the year of a significant diversion of the organization's assets? ..

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

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

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ARABELLA ADVISORS 1201 CONNECTICUT AVE NW NO 300 WASHINGTON, DC 20036 (202) 595-1061

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written whistleblower policy?

a The organization's CEO, Executive Director, or top management official . . .

List the States with which a copy of this Form 990 is required to be filed▶

14 Did the organization have a written document retention and destruction policy? . . .

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

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

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Each committee with authority to act on behalf of the governing body?

2 3 supervision of officers, directors or trustees, or key employees to a management company or other person?

4

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7a

10a

10h

11a

12a

12b

12c

13

15a

15b

16a

16b

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR,

PA, RI, SC, TN, UT, VA, WV, WI

Yes	
Yes	
	No
	No

Yes Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

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Nο

Form 990 (2015)

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

✓ Check this box if neither the organization no	r any related or	ganiza	tion	com	pen	sated	any	current officer, o	irector, or truste	e
(A) Name and Title	(B) Average hours per week (list any hours	more pers and	than on is	one bot rect	note bo: h ar or/tr	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Former Highest compensated emptoxee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) ERIC KESSLER PRESIDENT	1 00	×		х				0	0	0
(2) MICHAEL MADNICK TREASURER	1 00	×						0	0	0
(3) DOUGLAS HATTAWAY DIRECTOR	1 00	×						0	0	0
										Form 990 (2015)

THE KONKURRENZ GROUP 9310 MARSEILLE DRIVE

0

Νo

Νo

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han c on is l	ne b ooth	ox, an d	heck unless officer stee)	5	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
Sub-Total						•				

Total number of individuals (including but not limited to those listed above) who received more than

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

	\$100,000 of reportable compensation from the organization > 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

services rendered to the organization? If "Yes," complete Schedule I for such person Section B. Independent Contractors

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

	(A)	(B)	(C)
	compensation from the organization Report compensation for the calendar year ending	with or within the organization's	tax year
1	Complete this table for your five highest compensated independent contractors that rec	eived more than \$100,000 of	

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year			
(A) Name and business address	(B) Description of services	(C) Compensation	
ARABELLA ADVISORS	MANAGEMENT SERVICES	239,739	
1201 CONNECTICUT AVENUE STE 300 WASHINGTON, DC 20036			
FREEDMAN CONSULTING LLC	COMMUNICATIONS SEVICES	235,000	
1818 N ST NW STE 450 WASHINGTON, DC 20036			
K&L GATES	LEGAL SERVICES	137,680	
1601 K STREET NW WASHINGTON, DC 20006			
JOCHUM SHORE & TROSSEVIN PC	LEGAL SERVICES	126,000	
1100 H STREET NW SUITE 410 WASHINGTON, DC 20005			

POTOMAC, MD 20854 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 5

CONSULTING SERVICES

108,000

Form 99						Page S
Part V	/##	Statement of Revenue	bb Dant Will			_
		Check if Schedule O contains a response or note to any l	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>ν</u>	1a	Federated campaigns 1a				
ant	ь	Membership dues 1b				
G. Gr	С	Fundraising events 1c				
ifts. ar ⊿	d	Related organizations 1d				
S, G m∷	e	Government grants (contributions) 1e				
ion r Si	f	All other contributions, gifts, grants, and 1f 5,577,209				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts not included above Noncash contributions included in lines				
a di		1a-1f \$				
<u>ರಿ ೯</u>	h	Total. Add lines 1a-1f	5,577,209			
Ŧ	3-	Business Code				
Program Service Revenue	2a b	PROGRAM SERVICE 900099	40,000	40,000		
ı, Q⊈	c					
ž.	d					
δ E	e					
grai	f	All other program service revenue				
ĕ	g	Total. Add lines 2a-2f ▶	40,000			
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	and other similar amounts)				
	5	Royalties				
		(I) Real (II) Personal	-			
	6a	Gross rents				
	b	Less rental expenses]			
	С	Rental income or (loss)]			
	d	, ,				
	7a	(i) Securities (ii) Other	1			
		from sales of assets other than inventory				
	b	Less cost or other basis and				
	c	sales expenses Gain or (loss)	-			
	d	Net gain or (loss)	-			
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c) See Part IV, line 18				
Ç Ç	ь	Less direct expenses b]			
0	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	1	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
	1	Net income or (loss) from sales of inventory	1			
		Miscellaneous Revenue Business Code				
	11a					
	b c		 			
	d	All other revenue				
	e	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions		40.05-	_	_
			5,617,209	40,000	l e e e e e e e e e e e e e e e e e e e	Form 900 (2015

orm	990 (2015)				Page 1 (
Part	Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in $\overline{\checkmark}$	this Part IX			
	ot include amounts reported on lines 6b, o, 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	6,768,578	6,768,578		
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	77,095	77,095		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	494	494		
9	Other employee benefits	5,343	5,343		
10	Payroll taxes	4,369	4,369		
11	Fees for services (non-employees)	240.040		240.040	
a	Management	218,948	0.027	218,948	
Ь	Legal	17,066	8,037	9,029	
с	Accounting	15,211		15,211	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,189,882	1,189,882		
12	Advertising and promotion	11.050	0.045	6.645	
13	Office expenses	14,960	8,345	6,615	
14	Information technology	9,987	9,987		
15	Royalties				
16	Occupancy	176,164	176,164		
17 18	Travel	59,047	59,047		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	103,753	103,753		
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					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,660,897	8,411,094	249,803	(
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)				

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10a

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31 32

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34

Net Assets or Fund Balances

(B)

End of year

6,410,908

25,362

219,539

11,736

68,108

765,000

226.800

221,128

5.386.509

5.607.637

6.667,545

Form 990 (2015)

1,059,908

6,667,545

(A)

Beginning of year

8,826,581

1

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31

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33

0

9,157,873

32,677

473.871

506,548

8.306.958

8.651.325

9,157,873

37,500

293,792

323.292

103,753

10a

10b

Part X	Balance	Sheet
--------	---------	-------

Part X	Balance Shee
	Check if Schedul

Balance Sheet
Check if Schedule O. contains

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Unsecured notes and loans payable to unrelated third parties .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets . . .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Investments—publicly traded securities . .

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

,	
Balance	Sheet

,	
Balance	Sheet

•	
Balance	Sheet

990	(2015)	
tΧ	Balance	Sheet

	•			
Part X	Ba	alance	Sheet	

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

,	
Balance	Sheet
C C	

a response or note to any line in this Part X . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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 instructions) Complete Part

irt XI	Reconcilliation of Net Assets								
	Check if Schedule O	contains a response							

Net unrealized gains (losses) on investments .

Part XIII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

-	•					
art XI	Reconcilliation of Net Assets					
	Check if Schedule O contains a response					

issets	
a response or note to any line in this Part XI	
column (A.) line 12)	

5,617,209

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10

2a

2b

2c

3a

3b

Yes

8,660,897 -3,043,688

Page **12**

8,651,325

5,607,637 Yes

Νo Νo

Nο

Form 990 (2015)

No

Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Additional Data

OTHER PROGRAMS

Software ID: Software Version:

EIN: 26-4486735

Name: SIXTEEN THIRTY FUND

Form 990. Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	174,523	including grants of \$	150,000) (Revenue \$

YOUTH DEVELOPMENT AND EDUCATION

28,578) (Revenue \$

(Code 81.248

) (Expenses \$ including grants of \$

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493314030536 Political Campaign and Lobbying Activities OMB No 1545-0041 **SCHEDULE C** (Form 990 or For Organizations Exempt From Income Tax Under section 501(c) and section 527 990-EZ) ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the Inspection www.irs.gov/form990. Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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 the organization Employer identification number SIXTEEN THIRTY FUND 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 expenditures 205,329 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B 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? ☐ No Was a correction made? ☐ No If "Yes," describe in Part IV 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 205,329 Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 205,329 4 Did the filing organization fileForm 1120-POL for this year? ☐ Yes √ No 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) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-

Page 2

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)

1	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
la	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)		

Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount Enter the amount from the following table in both columns

under section 501(h)).

If the amount on line 1e, column (a) or (b) is:

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beginning in)

Not over \$500,000

Over \$17,000,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

reporting section 4911 tax for this year?

Lobbying nontaxable amount

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Lobbying ceiling amount (150% of line 2a, column(e))

2a

The lobbying nontaxable amount is:

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

20% of the amount on line 1e

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

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**

(a)2012

(b)2013

Yes

(c)2014

☐ No

(d)2015

Schedule C (Form 990 or 990-EZ) 2015

(e) Total

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT		
	and Myan Managaran and Israel distribution of the class and an according to the classic control of the classic con	(a)	(b)
ror e <u>activ</u>	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity		No	A mount
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	Yes		
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1)?			

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?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

Were substantially all (90% or more) dues received nondeductible by members?

Taxable amount of lobbying and political expenditures (see instructions)

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

c Media advertisements?

d Mailings to members, legislators, or the public?

e Publications, or published or broadcast statements?

Grants to other organizations for lobbying purposes?

Direct contact with legislators, their staffs, government officials, or a legislative body? Other activities?

line 3, is answered "Yes." Dues, assessments and similar amounts from members

expenses for which the section 527(f) tax was paid).

Supplemental Information

b If "Yes," enter the amount of any tax incurred under section 4912

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)?

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

501(c)(6).

Part III-A

Part III-B

Total

Part IV

PART I-A, LINE 1

Current vear

Carryover from last year

political expenditure next year?

Return Reference

2

1

2

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

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,

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

FUNDS EXPENDED TO FURTHER SOCIAL WELFARE

Explanation

1

2a

2b

2c 3

4

5

Schedule C (Form 990 or 990EZ) 2015



1

2



Yes

Yes

No

Νo

Nο

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

DLN: 93493314030536 OMB No 1545-0047

2015

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.

eas		Information about Schedule D	Attach to Form 99 ► Form 990) and its instr)		.gov/f	orm990.	Open to Inspec	
	nal Revenue Service me of the organi	·			Fmnl	over identi	fication numb	er
	TEEN THIRTY FUND	Zacion			-	•	reaction numb	
Da	rt I Organ	izations Maintaining Donor	Advised Funds on	Othor Similar Eu		486735	ntc	
·		ete if the organization answere			iius c	n Accou	iits.	
		<u>-</u>	(a) Donor advised fun	ds	(b)	Funds and	other account	s
L	Total numbe	er at end of year						
2	Aggregate v year)	ralue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
1	Aggregate v	alue at end of year						
5	_	zation inform all donors and donor a organization's property, subject to t	_		or advis	sed	Yes	No
5	used only for c	zation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?		2 2		purpose	Yes	□ No
Pai		rvation Easements. Comple	ete if the organization	n answered "Yes" or	n Forn	n 990, Par		
L	Purpose(s) of o	conservation easements held by th	e organization (check a	ll that apply)				
	•	on of land for public use (e g , recre	eation or	_				
	education) —			Preservation of an				a
	<u>'</u>	of natural habitat	I	Preservation of a	ertifie	d historic s	tructure	
	•	on of open space			_			
2		s 2a through 2d if the organization l he last day of the tax year	held a qualified conserv	ation contribution in th]	ne form			- W
а	Total number o	of conservation easements			2a	Heid at	the End of th	е теаг
b		restricted by conservation easeme	ents		2b			
c	•	servation easements on a certified		ded in (a)	2c			
d	Number of con	servation easements included in (c ure listed in the National Register		` ′	2d			
3	Number of con	servation easements modified, trai	nsferred, released, extin	guished, or terminated	by the	e organizati	ion during the	
	tax year ▶							
1	Number of stat	es where property subject to cons	ervation easement is loo	ated ▶				
5	Does the organ	nization have a written policy regar enforcement of the conservation e	ding the periodic monito		— ling of	Г	_ Yes	No
5	Staff and volun	iteer hours devoted to monitoring,	inspecting, handling of v	riolations, and enforcin	ng cons			
	>							
7	A mount of exp ▶ \$	enses incurred in monitoring, inspe	ecting, handling of violat	ions, and enforcing co	nserva	ition easem	nents during th	ne year
3		uservation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e requirements of sect	ion 17	` '` '	_ Yes	No
•	balance sheet,	escribe how the organization report and include, if applicable, the text	of the footnote to the or					
ar	t IIII Organ	n's accounting for conservation ea izations Maintaining Collec	tions of Art, Histor		or Oth	er Simila	ar Assets.	
		ete if the organization answere tion elected, as permitted under SF			ue stat	ement and	halance shee	t
La	works of art, hi	storical treasures, or other similar le, in Part XIII, the text of the footi	assets held for public e	xhibition, education, c	r resea	arch in furth		
b	works of art, hi	tion elected, as permitted under SF storical treasures, or other similar le the following amounts relating to	assets held for public e	•				olic
((i) Revenue inclu	uded on Form 990, Part VIII, line 1	L		> \$ _			
		ed in Form 990, Part X		•				
2	If the organiza	tion received or held works of art, h nts required to be reported under S						

Revenue included on Form 990, Part VIII, line 1

ŁΠ	edule D (Form 990) 2015	0-11								Page
	t III Organizations Maintaining (continued)	Collections of A	Art, His	torica	al Tre	asures	, or C	ther Sim	nilar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords,ch	eck an	y of the	following	g that a	are a signifi	ıcant us	e of its
а	Public exhibition		d		Loan o	exchang	je prog	ırams		
b	Scholarly research		e	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization Part XIII	's collections and ex	plaın how	they f	urther	he organ	ızatıon	ı's exempt _l	purpose	ın
5	During the year, did the organization soli assets to be sold to raise funds rather th			•					┌ Ye	s No
Par	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 9	990, P	art IV	line 9,	or rep	oorted an	amour	nt on Form 990,
1a	Is the organization an agent, trustee, custincluded on Form 990, Part X?	stodian or other intei	rmediary	for cor	ntributio	ns or oth	ner ass	ets not	ΓYe	s No
b	If "Yes," explain the arrangement in P	art XIII and complet	te the foll	owing	table				Am	ount
c	Beginning balance						1 c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount o	n Form 990, Part X,	line 21, f	oresc	row or o	ustodial	accou	nt liability?	☐ Ye	s No
b	If "Yes," explain the arrangement in Part	XIII Check here if	the expla	nation		on provid	lad in [Part XIII		
Pa	rt V Endowment Funds. Comple	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
	<u> </u>		tion ans		l "Yes"		1 990,		line 10	
	Beginning of year balance	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a	Beginning of year balance	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b	Beginning of year balance Contributions	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b c	Beginning of year balance Contributions	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b c	Beginning of year balance	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b c d e	Beginning of year balance Contributions	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b c d e	Beginning of year balance Contributions	te if the organiza	tion ans	wered	l "Yes"	to Form	1 990,	Part IV,	line 10	
1a b c d e	Beginning of year balance Contributions	(a)Current year	(b)Pno	wered	b (4	to Form	n 990, s back	Part IV,	line 10	
1a b c d e	Beginning of year balance Contributions	(a)Current year	(b)Pno	wered	b (4	to Form	n 990, s back	Part IV,	line 10	
1a b c d e	Beginning of year balance	(a)Current year	(b)Pno	wered	b (4	to Form	n 990, s back	Part IV,	line 10	
1a b c d e f g	Beginning of year balance	(a)Current year	(b)Pno	wered	b (4	to Form	n 990, s back	Part IV,	line 10	
1a b c d e f g 2 a b c	Beginning of year balance	current year end bal should equal 100%	ance (line	e 1g, c	b (c	to Form)Two years a)) held a	n 990, s back	Part IV, (d)Three yea	line 10	(e)Four years back
1a b c d e	Beginning of year balance	current year end ballshould equal 100% ssession of the organization.	ance (line	e 1g, c	olumn	to Form)Two years a)) held a	n 990, s back	Part IV, (d)Three yea	line 10	Yes No
1a b c d e	Beginning of year balance	current year end ballshould equal 100% ssession of the organization.	ance (line	e 1g, c	olumn	to Form)Two years a)) held a	n 990, s back	Part IV, (d)Three yea	Jars back	(e)Four years back

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10. (a)
Cost or other basis
(investment) (b) Cost or other basis (other) Description of property Accumulated (d)Book value (c)depreciation 1a Land . **b** Buildings . c Leasehold improvements **d** Equipment . 323,292 103,753 219,539 **Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 219,539

Schedule D Part VII	(Form 990) 2015 Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the o	rganızatıon answered '	Page 3 Yes' on Form 990, Part IV, line 11b.
	(a) Description of security or catego (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	al derivatives			,
(3)Other	-held equity interests			
	nn (b) must equal Form 990, Part X, col (B) line 12			
Part VIII	Investments—Program Related Complete if the organization answe	• red '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
				·
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)		•	
	Other Assets. Complete if the organiz	ation answered 'Yes	on Form 990, Part IV, III	
	(a) De	escription		(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lı.	ne 15) .		
Part X		•		
1.	(a) Description of liability	(b) Book v	alue	
Federal inc	ome taxes			
		2	26.800	
DUE TO RE	ELATED PARTY	2	26,800	
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	2	26,800	
	for uncertain tax positions In Part XIII, pron's liability for uncertain tax positions unde			
XIII 🔼				

1

2

а b

c d

3

5

1

2

а

b

c d

e

а

b

c

Part XIII

information

PART X, LINE 2

3

Schedule D (Form 990) 2015

2e

3

A mounts included on line 1 but not on Form 990, Part VIII, line 12
Net unrealized gains (losses) on investments
Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII)

Recoveries of prior year Other (Describe in Par Add lines 2a through 2d .

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Add lines 4a and 4b .

Total expenses and losses per audited financial statements .

Supplemental Information

Other (Describe in Part XIII) . . .

Subtract line 2e from line 1 . . .

Add lines 2a through 2d . .

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines **4a** and **4b**

Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

OR EXCISE OR OTHER TAXES

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

Explanation

Other (Describe in Part XIII)

b c Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total revenue, gains, and other support per audited financial statements . . .

4b

2a

2b

2c

2d

4b

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 ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE FUND IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME

371,070

4c

1

2e

3

4c

5,617,209 9,031,967

Page 4

371,070

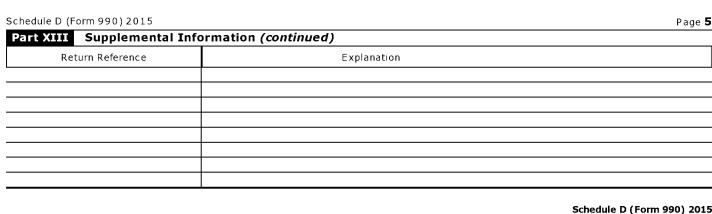
371,070

8,660,897

8.660.897

Schedule D (Form 990) 2015

5,617,209



efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493314030536 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number SIXTEEN THIRTY FUND 26-4486735 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (c) IRC section (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

PART I, LINE 2

Additional Data

WASHINGTON, DC 20006
BREAD FOR THE WORLD

425 3RD STREET SW SUITE

WASHINGTON, DC 20024

1200

13-2803276

Software ID: Software Version:

EIN: 26-4486735

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

501(C)(4)

Name: SIXTEEN THIRTY FUND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
350DOTORG ACTION FUND 20 JAY ST SUITE 732 BROOKLYN,NY 11201	26-1181604	501(C)(4)	75,000				PROGRAM SUPPORT
AMERICANS FOR TAX FAIRNESS ACT 1825 K STREET NW SUITE 400	52-1861766	501(C)(4)	100,000				PROGRAM SUPPORT

12,500

PROGRAM SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER FOR COMMUNITY 27-0061100 501(C)(4) 610,000 PROGRAM SUPPORT

CHANGE ACTION 1536 U ST NW WASHINGTON, DC 20036		(-,(-,			
CENTER FOR RIGHTS IN	45-3951426	501(C)(4)	50,000		PROGRAM SUPPORT

12,500

PROGRAM SUPPORT

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

501(C)(3)

20 HIGH ST

PO BOX 968 ELKHART, IN 46515

COLRAIN, MA 01340
CHURCH WORLD SERVICE

13-4080201

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CITIZEN ACTION OF 39-1424314 501(C)(4) 14,000 PROGRAM SUPPORT

PPORT

PROGRAM SUPPORT

WISCONSIN INC 221 S 2ND STREET SUITE 300 MILWAUKEE, WI 53204					
COLOR OF CHANGEORG 1714 FRANKLIN ST SUITE	20-4496889	501(C)(4)	40,000		PROGRAM SUP

75,000

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

501(C)(3)

100-136

136

OAKLAND, CA 94612 COLOROFCHANGEORG

OAKLAND, CA 94612

1714 FRANKLIN ST STE 100-

EDUCATION FUND

45-5569879

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) DEMAND PROGRESS 46-1493219 501(C)(4) 55 000 PROGRAM SUPPORT

501(C)(4)

ENVIRONMENT AMERICA

294 WASHINGTON STREET

BOSTON, MA 02108

SUITE 500

20-5355252

ACTION 30 RITCHIE AVENUE SILVER SPRING,MD 20910	40 1433213	301(0)(4)	33,000		I ROCKATI SOLI ORI
EARTH DAY NETWORK	13-3798288	501(C)(3)	50,000		PROGRAM SUPPORT

475,000

PROGRAM SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(C)(4)

218 D STREET SE WASHINGTON, DC 20003 FREE PRESS ACTION FUND

40 MAIN STREET SUITE 301 FLORENCE, MA 01062

04-3771598

ENVIRONMENTAL DEFENSE FUND INC 257 PARK AVE S 17TH FL	11-6107128	501(C)(3)	675,000		PROGRAM SUPPORT
NEW YORK, NY 10010					
FAIR SHARE	26-1525298	501(C)(4)	550.000		PROGRAM SUPPORT

125,000

PROGRAM SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance FREEDOM FOR ALL 47-4156415 501(C)(4) 75,000 PROGRAM SUPPORT AMERICANS 1775 PENNSYLVANIA AVE NW STE 350 WASHINGTON, DC 20006 RAM SUPPORT

LEAGUE OF CONSERVATION VOTERS EDUCATION FUND 1920 L STREET NW SUITE 800 WASHINGTON, DC 20036	52-1379661	501(C)(3)	1,925,000		PROGR
LOUISIANA FEDERATION	33-0627955	501(C)(4)	70,000		PROGRA

ALEXANDRIA, VA 22314

RAM SUPPORT FOR CHILDREN PAC 228 S WASHINGTON STREET SUITE 115

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW PROGRESSIVE 32-0073649 501(C)(4) 13,000 IPROGRAM SUPPORT NETWORK

PO BOX 15132 PORTLAND,OR 97293					
NORTHWEST HEALTH FOUNDATION 221 NW SECOND AVENUE	91-1854545	501(C)(4)	10,000		PROGRAM SUPPORT

5,000

PROGRAM SUPPORT

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

501(C)(4)

SUITE 300 PORTLAND, OR 97209

47-5679449

ONE NATION FORWARD

NW APT 622

4501 CONNECTICUT AVE

WASHINGTON, DC 20008

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PINEROS CAMPESINOS 93-0939941 501(C)(5) 20,000 PROGRAM SUPPORT UNIDOS DEL

WOODBURN, OR 97071					
PLANNED PARENTHOOD ADVOCATES OF WISCONSIN INC 302 N JACKSON STREET MILWALIKEE WI 53202	39-1678012	501(C)(4)	14,000		PROGRAM SUPPORT

360

BERKELEY, CA 94704

PRESENTE ACTION 27-0587622 501(C)(4) 20,000 PROGRAM SUPPORT 2150 ALLSTON WAY SUITE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) STAND FOR CHILDREN 52-2146673 501(C)(4) 000,08 PROGRAM SUPPORT LOUISIANA INC

1732 NW QUIMBY PORTLAND,OR 97209					
SUMOFUS 901 MISSION ST SUITE 205 SAN FRANCISCO.CA	45-2513966	501(C)(4)	25,000		PROGRAM SUPPORT

94103

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

1225 EYE ST NW SUITE 307 WASHINGTON, DC 20005

THE PARTNERSHIP 81-0606786 501(C)(4) 1,450,000 PROGRAM SUPPORT PROJECT ACTION FUND

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) THE PUBLIC 47-3140153 501(C)(3) 28,578 PROGRAM SUPPORT INVESTIGATOR 1127 GRANT ST

SANTA MONICA, CA 90405						
UNITED WORKING	47-1539202	501(C)(4)	75,000			PROGRAM SUPPORT
FAMILIES						
2229 S HALSTED						
CHICAGO IL 60608		1	1	1		l

CHICAGO,IL 60608 US GLOBAL LEADERSHIP 52-2024493 501(C)(4) 25,000 CAMPAIGN

1129 20TH STREET NW

WASHINGTON, DC 20036

SUITE 600

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

PROGRAM SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable arant (book, FMV, appraisal, non-cash assistance orassistance cash other) or government assistance

WISCONSIN LEAGUE OF CONSERVATION VOTERS 133 S BUTLER STREET SUITE 320	39-2018854	501(C)(4)	14,000		PROGRAM SUPPORT

MADISON, WI 53703

efile GRAPH	IC pri	nt - DO N	OT PROC	ESS A	s Filed Dat	ta -				DLN:	9349	33140	30536			
Schedule L			Tra	nsacti	ons with	Intereste	d Person	S			ОМВ	No 154!	5-0047			
(Form 990 or 99	90-EZ)		"Yes" on	Form 990, or Fo	plete if the or Part IV, lines rm 990-EZ, Par tach to Form 9	25a, 25b, 26, rt V, line 38a	27, 28a, 28b, o or 40b.	or 28c,			2	01	.5			
Department of the Treasury		▶Ir	nformation a	about Sche	•	990 or 990-EZ ov /form 990.	() and its instru	uctions	is at			en to P				
nternal Revenue Se	ervice				WWW.III.	, , , , , , , , , , , , , , , , , , ,					1	nspect	ion			
Name of the or SIXTEEN THIRTY F		ion						Er	nploye	r identi	ificatio	n numbe	r			
_									5-448							
)(4), and 501(d 25a or 25b, or					40b				
		squalified p			elationship bet	tween disqual	ıfıed person an		c) Des	cription	n of		rected?			
					0	rganızatıon		-	tran	saction		Yes	No			
2 Enter the	amount	of tax incu	rred by orga	nızatıon m	anagers or di	squalified pers	sons during the	e year	under	section						
4958 .										> \$						
3 Enter the	amount	of tax, if an	iy, on line 2,	, above, re	imbursed by t	he organization	on	•		▶ \$						
Co	(b) Re	tion reported an amount on Relationship (c) (with Purpose of co		Relationship With Reported an amount on Form 990, Part 3 (c) Purpose of or from the		th Purpose of or from the principal due		orm 990, Part X, line 5, 6, or 22 Loan to (e)Original from the principal due) In nult?	(h A ppro	(h) (i		(i)Written agreement?	
				То	From	-		Yes	No	Yes	No	Yes	No			
									+		+					
									+		+					
Total			▶ \$													
	ants o	r Assista		efitina I	nterested	Persons.										
		of the org	anızatıon	answere	d "Yes" on F	orm 990, Pa	rt IV, line 27	·								
(a) Name of perso			Relationshi rested pers organizat	on and the	` '	t of assistanc	e (d) Type	of assı	stance	e (e)) Purpo	se of ass	sistance			
					+											
			_													
For Paperwork Re	duction	Act Notice,	see the Insti	ructions fo	r Form 990 or 9	990-EZ.	Cat No 50056A		Sched	dule L (F	orm 99	0 or 990	-EZ) 201			

of organization's revenues? Yes

Page 2

No

Νo

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description o
-------------------------------	--	-------------------------------	-------------------

(1) ARABELLA ADVISORS LLC SEE PART V 239,739 | SEE PART V

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

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

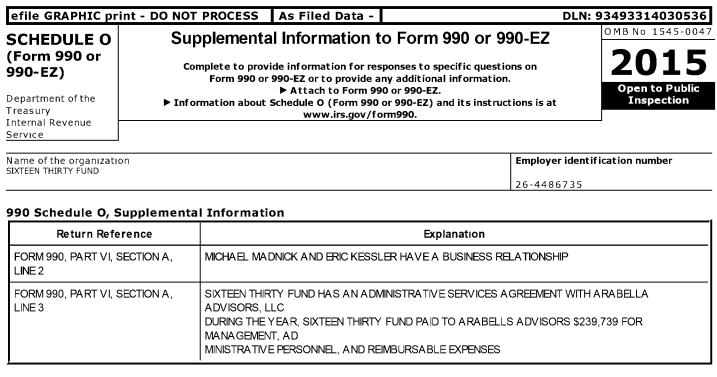
Part V

Return Reference Explanation

(A) NAME OF PERSON ARABELLA ADVISORS, LLC(B) RELATIONSHIP BETWEEN INTERESTED

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PERSON AND ORGANIZATION ENTITY MORE THAN 35% OWNED BY ERIC KESSLER-PRESIDENT(C) AMOUNT OF TRANSACTION\$ 239,739(D) DESCRIPTION OF TRANSACTION ARABELLA ADVISORS PROVIDED OPERATIONAL SUPPORT IN MANAGING THE ORGANIZATION (E) SHARING OF ORGANIZATION REVENUES? = NO



Return Reference Explanation

FORM 990, PART VI, SECTION B,
LINE 11

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,
ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST THE POLICY IS

990 Schedule O. Supplemental Information

MONITORED

IRECTORS

LINE 12C

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 A

RE ANY SUITABLE ALTERNATIVES TO POTENTIAL TRANSACTIONS THAT CAUSE CONFLICT IF A

COVERED P

ERSON IS FOUND IN VIOLATION OF THIS POLICY IT MAY BE CAUSE FOR REMOVAL FROM THE BOARD OF D

Return Reference Explanation

FORM 990, PART VI, SECTION THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

C, LINE 19 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART IX, LINE 11G CONSULTING FEES PROGRAM SERVICE EXPENSES 1, 189,882 MANAGEMENT AND GENERAL EXPENSES 0

FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1.189.882

990 Schedule O, Supplemental Information