# SCANNED AUG မေ

Department of the Treasury

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service FEB 19, 2009 and ending DEC 31. A For the 2009 calendar year, or tax year beginning D Employer identification number B Check if applicable C Name of organization Please use IRS label or Address change SIXTEEN THIRTY FUND print or Name change 26-4486735 Doing Business As X Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 600 202-595-1020 734 15TH STREET, NW Instruc-Amende retum City or town, state or country, and ZIP + 4 4.828.000. G Gross receipts \$ WASHINGTON , DC 20005 Applica H(a) is this a group return pending F Name and address of principal officer. ERIC KESSLER for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No. I Tax-exempt status: X 501(c) (4 ) ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2009 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTES SOCIAL WELFARE THROUGH Governance PUBLIC EDUCATION & ADVOCACY REGARDING PROGRESSIVE POLICIES. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) ...... 3 6 For grown meated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. 654 **Prior Year Current Year** 8 Contributions and grains (Part VIII, line 1h) 4,828,000. Program service revenue (Part VIII, line 2g) (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,828,000. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,336,624. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 55,620. 16a Professional fundraising fees (Part IX, column (A), line 11e) 55,620. b Total fundraising expenses (Part IX, column (D), line 25) 988,362. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,380,606. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 447,394. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or l Beginning of Current Year End of Year 510,626. 20 Total assets (Part X, line 16) 63,232. Total liabilities (Part X, line 26) 447,394. Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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 Signature of officer Here ERIC KESSLER PRESIDENT Type or print name and title Preparer's Paid

May the IRS discuss this return with the preparer shown above? (see instruc-932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Not

LARSONALLEN

2900 SOUTH QUINCY ST., ARLINGTON, VA 22206

signature

yours if self-employed),

Firm's name (or

Preparer's

Use Only

4d Other program services. (Describe in Schedule O.)
(Expenses \$ Including grants of \$

) (Revenue \$

Total program service expenses ▶\$ 4,174,242.

26-4486735 Form 990 (2009) SIXTEEN THIRTY FUND Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 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 ..... 3 X . . . . . ... . Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Schedule D, Part III R Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • 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. • 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 assets in Part X, line 15 that is 5% or more of its total assets reported in Part X. line 16? If "Yes." complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X. 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 487 If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No Х If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E <u>1</u>3 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Part II X

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

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

. . .. ..

. ... .. .. .. ...

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

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

. . . . . . . . . . .

located outside the United States? If "Yes," complete Schedule F, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . .

complete Schedule G, Part III .....

Form **990** (2009)

X

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Was the organization related to any tax-exempt or taxable entity?

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

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

. . . . .

Is any related organization a controlled entity within the meaning of section 512(b)(13)?

26-4486735 SIXTEEN THIRTY FUND Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the 21 X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 . . 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 Х Schedule K. If "No", go to line 25 24a . ... .. . b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L. Part I . . .. ... . . . . . . . . . . . . . . . Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete X .. ..... 27 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 282 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X ..... 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I ....... X 33

> X Form 990 (2009)

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Form	990 (2009) SIXTEEN THIRTY FUND 26-4486	735	<u> Р</u>	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		-	
	U.S. Information Returns. Enter -0· if not applicable	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	)	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	)	i	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ŀ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," 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		х
b	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
Ū	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
_	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1	ŀ	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			•
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
122	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			

26-4486735 SIXTEEN THIRTY FUND Form 990 (2009) 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. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1b **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 X Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a .. . X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Яa a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b X . . c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? . . . X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 900 is required to be filed MONE

17	List the states with which a copy of this form 550 is required to be filed F
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 

ARABELLA PHILANTHROPIC INVESTMENT ADVISORS - 202-595-1020

734 15TH STREET, NW SUITE 600, WASHINGTON, DC 20005

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

#### 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. Use Schedule J-2 if additional space is needed.

- 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	hours per week	-	necl	k ali	that	rann	ALL A			(F) Estimated	
		Individual trustee or director	Institutional trustee	Officer	Key employee	sated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
ERIC KESSLER									_	_	
PRESIDENT	1.00	X	<u> </u>	X	<u> </u>	ļ	<b> </b>	0.	0.	0.	
MOLLY MCUSIC TREASURER	1.00	v		x			ŀ	0.	0.	0.	
BRIAN KATHMAN	1.00	1^	<del> </del>	^	<u> </u>		<del> </del>	0.	0.		
DIRECTOR	1.00	X		X				0.	0.	0.	
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Pai	rt VII   Section A. Officers, Directors, Tr	1	mple	oyee		<u>nd (</u> C)	High	est	Compensated Employ (D)	ees (continued) (E)	$\overline{}$	<del></del>	(F)	
	(A) Name and title	(B) Average			۱) Pos	•	1		(D) Reportable	(E) Reportable	,	E	(r) stimate	ed
		hours per week	H		all		app	<u> </u>	compensation from the organization	compensation from related organization (W-2/1099-MIS	on d s	com	nount other pensa rom th	ıtion
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	janizat d relat anizati	edi
							_					<del></del>		
										·				
														-, -
		1												
	Total								0.		0.			0.
2	Total  Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed at	oove	e) wt	no re		,000 in reportabl				3
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke					nighest compensated en	nployee on		3	Yes	No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab 0,000? If "Yes,	le co	mple	ete S	itior Sche	anc adule	l oth	her compensation from for such individual		. [	4		Х
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheotion B. Independent Contractors				rom 	any	unr	elate	ed organization for servi	ces rendered to	]	5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of com	pensa	ation f	rom	
<del></del>	(A) Name and business								Description of s		C	(C ompe	c) nsatio	n
P.(	FORMATION STAFFING SER D.BOX 7084 , ALEXANDRI ABELLA PHILANTHROPIC I	A, VA 2		<u>)7</u>					STRATEGIC CO SERVICES MANAGEMENT A			33	9,5	48.
AD'	VISORS, 734 15TH STREE E ATLAS PROJECT, 888 1	<u>r, nw, s</u> 6th stri	SUI SEI				0,_	(	OPERATIONS S STRATEGIC CO	ERVICES			2,6	
<u>SU:</u>	ITE 333 , WASHINGTON,	DC 2000	<u>.                                    </u>						SERVICES			10	7,2	<u>50.</u>
	Total number of independent contractors (	including but a	ot lu	nite	d to	tho	se lis	ted	above) who received m	ore than				
_	\$100.000 in compensation from the organi		•"			_	3							

Form 990 (2009)

SIXTEEN THIRTY FUND

26-4486735

Page 9

## 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) but are not required to complete columns (B), (C), and (D).

	All other organizations mast comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,336,624.	_3,336,624.		
2	Grants and other assistance to individuals in			<del></del>	
	the U.S See Part IV, line 22				-
3	Grants and other assistance to governments,			•	
Ŭ	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	•	· <u>·</u> ·	· · ·		
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)		<u> </u>		
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	131,769.		131,769.	
b	Legal	24,779.	24,779.	· <del></del> -	
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	55,620.			55,620.
f	Investment management fees				
g	O44	730,106.	711,131.	18,975.	
12	Advertising and promotion	75072001	, , , , , , , , , , , ,		
	Office expenses	64,901.	64,901.		<del></del>
13	Information technology	767.	767.		
14	<u> </u>	7071	707.		
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	35,557.	35,557.		
17	Travel	33,337.	33,331.	· · · · · · · · · · · · · · · · · · ·	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	402	402		
19	Conferences, conventions, and meetings	483.	483.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			–	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	,	'		
а					
b					
С					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,380,606.	4,174,242.	150,744.	55,620.
26	Joint costs. Check here ▶ ☐ If following		, = = = -	, · ·	
20	SOP 98-2. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	GOOGGOOD COMPANY AND TONORASING SONCHARD	<del> </del>			<del></del>

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	510,626
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
l ŭ	employees, and highest compensated employees Complete Part II			
	of Cohodula I		5	
6	Receivables from other disqualified persons (as defined under section			<del></del>
"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
μ 7			7	······································
6   6	Notes and loans receivable, net		8	
8   8	Prepaid expenses and deferred charges		9	<u> </u>
9			-	
10	a Land, buildings, and equipment cost or other			
	basis. Complete Part VI of Schedule D		40-	
	b Less: accumulated depreciation 10b	<del> </del>	10c	
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	0.	15	E10 C2C
16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	<del></del>	510,626
17	Accounts payable and accrued expenses		17	63,232
18	Grants payable	<del> </del>	18	<del></del>
19	Deferred revenue		19	<del></del> -
20	Tax-exempt bond liabilities		20	· ·
<u>ဗ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete Part II			
<b>-</b>	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. Complete Part X of Schedule D		25	52 020
26	Total liabilities. Add lines 17 through 25	0.	26	63,232
	Organizations that follow SFAS 117, check here   X  and complete			
န္	lines 27 through 29, and lines 33 and 34.			4.5 004
E   27	Unrestricted net assets		27	447,394
28			28	
29	•		29	
∄	Organizations that do not follow SFAS 117, check here   and			•
5	complete lines 30 through 34.	•		
2 30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	<del></del>
27 28 29 30 31 32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Retained earnings, endowment, accumulated income, or other funds	<del>.</del>	32	
ž   33	Total net assets or fund balances	0.	33	447,394
34	Total liabilities and net assets/fund balances .	0.	34	510,626

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Open To Public Inspection

Name of the organization

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

Employer identification number SIXTEEN THIRTY FUND 26-4486735 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (iv) Gross receipts (i) Name of individual to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) FUNDRAISING Yes No SUPPORT SERVICES 0 0 20,000. STRAUS/BAKER, LLC ARABELLA FUNDRAISING 0 0 16,645. PHILANTHROPIC INVESTMMANAGEMENT SUPPORT GRANT PROPOSAL 0 0 18,975. SUJATA TEJWANI WRITING AND MANAGE X 55,620 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Chantable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses Rent/facility costs Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses % Yes % Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?

Schedule G (Form 990 or 990-EZ) 2009 SIXTEEN THIRTY FUND

Schedule G (Form 990 or 990-EZ) 2009 SIXTEEN THIRTY FUND 2	<u>6-448</u>	673	5 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	%	ĺ		
b An outside facility	%	1		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		ĺ		İ
Name			İ	
Address				
	İ			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		_15a		-
L 16 TV as I product the appropriate of manager and appropriate the appropriate of the ap				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	i			
c If "Yes," enter name and address of the third party:				
Cili res, entername and address of the third party.				
Name >				
Nanc P				
Address ▶	İ			
	<del></del>			
16 Gaming manager information				
Name				
Gaming manager compensation > \$			9	
Description of services provided				
			.	
	]			
Director/officer Employee Independent contractor	1			
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		47-		
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	<u> </u>	17a		
organization's own exempt activities during the tax year \bullet \$	ie			

Schedule G (Form 990 or 990-EZ) 2009

# SCHEDULE I

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

2009

Open to Public

Department of the Treasury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Name of the organization Employer identification number 26-4486735 SIXTEEN THIRTY FUND General Information on Grants and Assistance Part I 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 X Vec criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash non-cash assistance or assistance FMV. appraisal. assistance other) ACORN 2101 MAIN ST 72-0481941 501(C)(4) LITTLE ROCK, AR 72206 25 000 PUBLIC EDUCATION/ADVOCACY AMERICAN VALUES NETWORK 1901 NORTH FORT MYERS DRIVE SUITE 901 SOUTH BUILDING - ARLINGTON 26-4222057 501(C)(4) 20.360 n VA 22209 PUBLIC EDUCATION/ADVOCACY AMERICANS UNITED FOR CHANGE 1800 MASSACHUSETTS AVE NW. #100 WASHINGTON DC 20036 03-0556312 501(C)(4) 448 075 PUBLIC EDUCATION/ADVOCACY BLUE GREEN ALLIANCE 2929 UNIVERSITY AVE SUITE 208 26-4086284 501(C)(4) MINNEAPOLIS MN 55414 100 000 0 PUBLIC EDUCATION/ADVOCACY BUSINESS FORWARD 1224 M ST. NW 26-4336291 501(C)(4) WASHINGTON DC 20005 255,000 PUBLIC EDUCATION/ADVOCACY CATHOLICS UNITED 1730 RHODE ISLAND AVE, NW WASHINGTON, DC 20036 20-4898661 501(C)(3) 67,340 n PUBLIC EDUCATION/ADVOCACY 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

Schedule I (Form 990) 2009 SIXTEEN THIRTY	Y FUND				26-4486735	Page 2
Part III Grants and Other Assistance to Individuals in the Use Part IV and Schedule I-1 (Form 990) if additional	United States, Con	plete if the organi	zation answered "Yes	" to Form 990, Part IV, line 22.		
(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 non-cash	assistance
		-				
						<del></del>
<del></del>						
Part IV Supplemental Information. Complete this part to pro-	ovide the information	I on required in Part	I, line 2, and any othe	r additional information		
SCHEDULE I, PART I, LINE 2: FOR 1	MOST GRANT	S CONTRIB	UTED, SIXTE	EEN THIRTY	· · · · · · · · · · · · · · · · · · ·	<u> </u>
FUND REQUIRES THAT ORGANIZATIONS	RECEIVING	FUNDS SU	BMIT A PROF	POSAL AND		
PROVIDE POST-GRANT REPORTS.						

#### SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

# Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

Employer identification number

SIXTEEN T	HIRTY FUN	ID.					26-4486735
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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 assistanc	
CHANGE THAT WORKS							
1800 MASSACHUSETTS AVE NW, #100							
WASHINGTON, DC 20036	27-0826928	501(C)(4)	283,549.	0.			PUBLIC EDUCATION/ADVOCACY
COMMUNITY ORGANIZATIONS IN ACTION							
3518 S. EDMUNDS ST							
SEATTLE, WA 98118	26-2613701	501(C)(4)	350,000.	0.			PUBLIC EDUCATION/ADVOCACY
DIMITEONICENT AMEDICA							
ENVIRONMENT AMERICA 218 D ST., SE, 2ND FLOOR							
WASHINGTON DC 20003	20-5355252	501(C)(4)	17,800.	0.			PUBLIC EDUCATION/ADVOCACY
							TOPHIC HOCKITON, NOVOCACI
FAITH IN PUBLIC LIFE ACTION FUND							
1101 VERMONT AVE, NW 9TH FLOOR							
WASHINGTON DC 20005	26-3827419	501(C)(4)	272,000.	0,			PUBLIC EDUCATION/ADVOCACY
HEALTH CARE FOR AMERICA NOW!							
1825 K ST NW, SUITE 400							
WASHINGTON, DC 20006	35-2332813	501(C)(4)	145,000.	0.			PUBLIC EDUCATION/ADVOCACY
LEAGUE OF CONSERVATION VOTERS							
1920 L. ST., NW, SUITE 800							
WASHINGTON, DC 20036	52-1733698	501(C)(4)	35,000,	0.			PUBLIC EDUCATION/ADVOCACY
MAINE WOMEN'S LOBBY							
PO BOX 15							
HALLOWELL, ME 04347	01-0357336	501(C)(4)	79,400.	0,	_		PUBLIC EDUCATION/ADVOCACY
ODTIVIOU LEIDENG INVOCATOR VIII							
OPINION LEADERS ADVOCACY NETWORK 2000 M STREET, NW, SUITE 400							
WASHINGTON DC 20036	80-0473117	501(C)(4)	20,000.	0.			PUBLIC EDUCATION/ADVOCACY
IIIA E D: A . ID .			. 20,000,		·		FORTIC PROCEEDING WINDOWK

## **SCHEDULE I-1** (Form 990) Department of the Treasury Internal Revenue Service

#### Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization

Employer identification number 26-1106725

SIXTEEN T								-4486735
Part I Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), P 	art 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) Descript non-cash ass		(h) Purpose of grant or assistance
PLANNED PARENTHOOD VOTERS OF								
NEBRASKA - 2246 O ST LINCOLN,						1		
NE 20036	47-0762497	501(C)(4)	112,000.	٥.			ļ Pī	JBLIC EDUCATION/ADVOCAC
PROGRESSNOW COLORADO			•					
1536 WYNKOOP ST. #203								
DENVER, CO 80202	65-1244918	501(C)(4)	52,000.	0.			P1	JBLIC EDUCATION/ADVOCAC
DVIDLEG TVERDEGE DD0.TEGES 1.CET.OU				:				
PUBLIC INTEREST PROJECTS ACTION								
FUND - 80 BROAD STREET, SUITE 1600 - NEW YORK, NY 10004	80-0444461	E01/0\/4\	20.000				L.	
- NEW TORK, NI 10004	80-0444461	501(0)(4)	30,000,	<u> </u>			P	JBLIC EDUCATION/ADVOCAC
SERVICE EMPLOYEES INTERNATIONAL							1	
UNION - 1800 MASSACHUSETTS AVE.,								
NW - WASHINGTON, DC 20036	36-0852885	501(C)(5)	376,000.	0.			P1	JBLIC EDUCATION/ADVOCAC
				1				
SIERRA CLUB								
85 SECOND ST								
SAN FRANCISCO, CA 94105	94-1153307	_501(C)(4)	190,000.	0.			P1	JBLIC EDUCATION/ADVOCAC
THE PARTNERSHIP PROJECT ACTION								
FUND - 1615 M ST., NW -								
WASHINGTON DC 20036	81-0606786	501(C)(4)	122,500.	0.			Pt	JBLIC EDUCATION/ADVOCAC
U.S. PUBLIC INTEREST RESEARCH								
GROUP INC 218 D ST. SE -								
WASHINGTON DC 20003	04-2790740	501(C)(4)	10,000.	0.			Pt	JBLIC EDUCATION/ADVOCAC
USACTION				1				
1825 K STREET NW				!				
WASHINGTON DC 20008	52-2214305	501(C)(4)	32,000	0.			, D.T.	JBLIC EDUCATION/ADVOCAC
HA For Privacy Act and Panerwork Red				<u></u>	·		P	Sabadula L 1/Farra 000) 000

#### SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service

# Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009 Open to Public Inspection

Name of the organization

Employer identification number

1 . 1	THIRTY FUN		ninations in the LI	mited Ptates (Sch	adula I (Farm 000). De		26-4486735
Part I Continuation of Grants and Other  (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 assistant	(h) Purpose of grant ce or assistance
VIRGINIA ORGANIZING PROJECT 703 CONCORD AVE CHARLOTTESVILLE VA 22903	54-1677492	501(0)(3)	5.000.	0.			DURI TO EDUGATION ADVIOUS
VOTEVETS.ORG ACTION FUND 520 BUCHANNAN ST., #12 SAN FRANCISCO, CA 94102	51-0596352		177,000,	0.			PUBLIC EDUCATION/ADVOCAGE PUBLIC EDUCATION/ADVOCAGE
WORKING AMERICA 815 16TH ST., NW WASHINGTON, DC 20006	20-0263611		111,000,	0.			PUBLIC EDUCATION/ADVOCA
	20 0200012	232(3)(3)	122,000,				FORBIC EDUCATION/ADVOCAT

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number 26-4486735 SIXTEEN THIRTY FUND Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under . . .... . .. . 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990 EZ, Part V, line 38a. (f) Approved by board or (a) Name of interested (b) Loan to or from (c) Original principal (g) Written (e) In (d) Balance due person and purpose the organization? amount default? agreement? committee? From Yes No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (b) Relationship between interested person and (a) Name of interested person (c) Amount and type of the organization assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No ERIC KESSLER 162,604 ERIC KESSLE ERIC KESSLER IS THE Х 162,604.BRIAN KATHM BRIAN KATHMAN BRIAN KATHMAN IS TH X

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

Schedule L (Form 990 or 990-EZ) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization SIXTEEN THIRTY FUND 26-4486735 FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: NEW PROJECT UNITY, AN ACTIVITY DISCLOSED IN THE ORGANIZATION'S EXEMPTION APPLICATION, BEGAN IN 2009. FORM 990, PART VI, SECTION A, LINE 2: ERIC KESSLER AND BRIAN KATHMAN -BUSINESS RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 8B: ALL MEETING MINUTES ARE REVIEWED AND APPROVED DURING THE FOLLOWING BOARD MEETING. 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, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO THE POLICY IS MONITORED AT THE BOARD DISCLOSE CONFLICTS OF INTEREST. 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, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization SIXTEEN THIRTY FUND 26-4486735 SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: ERIC KESSLER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ERIC KESSLER IS THE PRESIDENT OF SIXTEEN THIRTY FUND (D) DESCRIPTION OF TRANSACTION: ERIC KESSLER SERVES ON THE BOARD OF DIRECTORS OF THE SIXTEEN THIRTY FUND AND ALSO IS A PRINCIPAL OF ARABELLA PHILANTHROPIC INVESTMENT ADVISORS, LLC. ARABELLA ADVISORS PROVIDES CONSULTING SERVICES TO SIXTEEN THIRTY FUND AT RATES APPROVED BY THE ORGANIZATION'S NON-INTERESTED MEMBERS OF THE BOARD OF DIRECTORS. (A) NAME OF PERSON: BRIAN KATHMAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: BRIAN KATHMAN IS THE DIRECTOR OF SIXTEEN THIRTY FUND (D) DESCRIPTION OF TRANSACTION: BRIAN KATHMAN SERVES ON THE BOARD OF DIRECTORS OF THE SIXTEEN THIRTY FUND AND ALSO IS CHIEF OPERATING OFFICER OF ARABELLA PHILANTHROPIC INVESTMENT ADVISORS, LLC. ARABELLA ADVISORS PROVIDES CONSULTING SERVICES TO SIXTEEN THIRTY FUND AT RATES APPROVED BY THE ORGANIZATION'S NON-INTERESTED MEMBERS OF THE BOARD OF DIRECTORS.