

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 83-4011547 NORTH FUND File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1828 L STREET, NW, 300-F instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 20036 WASHINGTON, DC Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ARABELLA ADVISORS 1828 L STREET, NW, SUITE 300 - WASHINGTON, DC 20036 Telephone No. (202) 595-1020 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

Form 8868 (Rev. 1-2024)

PUBLIC DISCLOSURE COPY

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change NORTH FUND Name change 83-4011547 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1828 L STREET, NW 300-F (202) 971-1330 City or town, state or province, country, and ZIP or foreign postal code 59,691,513. **G** Gross receipts \$ Amended return WASHINGTON, DC 20036 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JIM GERSTEIN for subordinates? Yes X No SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: $\boxed{}$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.NORTHFUND.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2018 M State of legal domicile: DC Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 46,549,156. 58,328,113. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 0. 988,693. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 $\overline{374},707.$ 329,809. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 46,878,965. 59,691,513. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 26,359,550. 25,279,295. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,036,178. 1,528,758. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 16,836,958. 12,373,606. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,232,686. 39,181,659. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,646,279. 20,509,854. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 38,239,022. 62,369,243 Total assets (Part X, line 16) 2,736,115. 6,356,482 21 Total liabilities (Part X, line 26) 三年 35,502,907. 56,012,761 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JIM GERSTEIN PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature

Form 990 (2023)

No

P01262236

X Yes

MOSS ADAMS LLP

SAN FRANCISCO, CA 94105

Firm's address 101 SECOND STREET

MICHAEL LUMSDEN

Firm's name

Paid

Preparer

Use Only

MICHAEL LUMSDEN

SUITE 900

11/13/24

self-employed

Firm's EIN 91-0189318

Phone no. 415 - 956 - 1500

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Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE
	OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND
	RAISE FAMILIES.
	(CONT. ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 37,427,190. including grants of \$ 25,267,730.) (Revenue \$)
	CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY: NORTH FUND'S CIVIL RIGHTS,
	SOCIAL ACTION, AND ADVOCACY PROGRAM SUPPORTS A RANGE OF INITIATIVES,
	INCLUDING PROTECTING AND EXPANDING ACCESS TO AFFORDABLE HEALTH CARE,
	SAFEGUARDING THE ENVIRONMENT FOR FUTURE GENERATIONS, AND ADVOCATING FOR
	LGBTQIA+ RIGHTS AND HUMAN RIGHTS.
4b	(Code:) (Expenses \$ 283,196 • including grants of \$ 11,565 •) (Revenue \$)
	HEALTH: NORTH FUND'S HEALTH PROGRAMS FOCUS ON WOMEN'S HEALTH,
	HEALTHCARE ACCESS, GENDER EQUITY, AND REDUCING HEALTH DISPARITIES.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{Revenue \$}}\) (Revenue \$
4e	Total program service expenses 37,710,386.
	Form 990 (2023)

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Form 990 (2023) NORTH FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
_	Schedule D, Part III	8		
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the constitution maintain on office constitution and the the the the the the the Chatego			X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا		\
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

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Form **990** (2023)

Ves No Part IX. column (A), line 2? If "Yes," complete Schedule Parts and III	Pai	t IV Checklist of Required Schedules (continued)		Е	age •
22 In the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, columnial (A) (in 22 or 19 kgs.) complete Schedule (1. Part I and III) compensation of the organization's current and former officers, directoris, fusicetoris, fusicetoria, fusicetoria		continued)		Yes	No
Part X, column (A), line 2º (r Yes, * complete Schedule I, Parts I and III 20 Did the organization assert Yes* to Part VIII Section A, Iline 3. 4 or 63, about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If Yes, * complete Schedule J and the set day of the year, that was issued after December 31, 2002? If Yes, * answer lines 24b through 24b and complete Schedule J * Vivo. * or 6 line year proceeds of tax exempt bonds beyond a temporary period exception? 24b and complete Schedule J * Vivo. * or 6 line year proceeds of tax exempt bonds beyond a temporary period exception? 24b brough 24b and complete Schedule J * Vivo. * or 6 line year proceeds of tax exempt bonds beyond a temporary period exception? 24b brough 24b and complete Schedule J * Vivo. * or 6 line year proceeds of tax exempt bonds beyond a temporary period exception? 24b brough 24b and 24b brough 24b brough 24b and 24b brough 24b brough 24b and 24b brough 24b b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			111
22 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization scurrent and forms officers, directors, tusteses, key employees, and hiphest compensated employees? If "Yes," complete Schedule I, Part IV 100, 20 to line 25a. 23			22		X
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule K. If "No." go to line 25a 24a Dit the organization have a tax exempt bonds 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 24b Dit the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Dit the organization marked an exercive account of the than a nifunding secrow at any time during the year to defease any tax exempt bonds? 25d 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? 25d 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? 25d In the organization area as an orn behalf of issuer for bonds outstanding at any time during the year? 25d In the organization area than the energeted on any other generation with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization promition and the prior of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or explorate security or family marked or family member of any of three persons? If "Yes," complete Schedule I., Part IV. 25d United the organization provide a grant or other assistance to any current or founder, substantial contributor? If yes, complete Schedule II.,	23				
schedule / La 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. Hat was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e. Schedule K. If "No." go to line 25e. Did the organization mives any proceeds of tax-exempt bonds beyond a temporary pariod exception? Did the organization meantain an escrew account other than a refunding servor at any time during the year of the service any tax-exempt bonds? did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
24a Dt the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December \$1,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Dt Dt the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Dt the organization markinal in an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Dt the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Dt the organization acts 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 excoss benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b It the organization provide a grant or other assistance to any current or former officier, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ramity member of any of these persons? If "Yes," complete Schedule L, Part II 25b It the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II 27c X 28c Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II 28c X 2		· ,	23		Х
schedule K. If "Ne", on to line 25a bit Old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 590 or 990E27 if "Yes," complete Schedule L, Part I 25b X b Is the organization show any of the organizations prior forms 590 or 990E27 if "Yes," complete Schedule L, Part II 25b X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% corrolled entity for family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X A family member of any individual described in line 28a 7 if "Yes," complete Schedule L, Part IV 28b X A family member of any individual described in line 28a 7 if "Yes," complete Schedule L, Part IV 32b X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule I, Part IV 32b X Did the organization convolved providers and contributions of a "Yes," c	24a				
schedule K. If "No.", go to line 25a bit Old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 5 b Is the organization avare 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 organizations prior forms 990 or 990 E27 if "Yes," complete Schedule L, Part I " Sched		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 22a Section 501c(A)3, 501c(A)4, and 501c(A)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I yes," complete Schedule I, Part II yes, complete Schedule I, Part II yes," complete Schedule I, Part II yes, complete Schedule II yes, remplete Schedule II yes,			24a		Х
any tax-exempt bonds? d) Did the organization act as an 'on behalf of 'Issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule 1, Part I 25b Is the organization waver that te negaged in an excess benefit and singularization waver that the regardina or 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 1, Part I 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or or 35% controlled entity for family member of any of these persons? If 'Yes,' complete Schedule 1, Part II 27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereofy or family member of any of these persons? If 'Yes,' complete Schedule 1, Part II 27d Was the organization aperture of any of family member of any of these persons? If 'Yes,' complete Schedule 1, Part II II 28d Was the organization aperture of the following parties? (See the Schedule 1, Part IV II 28d A and the schedule 1, Part IV II 28d A style of the organization receive contributions of any individual described in line 28a? If 'Yes,' complete Schedule 1, Part IV II 28d A style of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule II, Part IV II 28d A style organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions or II 'Yes,' complete Schedule II II II II II II I	b	, ,	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50(1)(3), 501(1)(4), and 501(1)(2)) graginations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 50(1)(3), 501(1)(4), and 501(1)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		any tax-exempt bonds?	24c		
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? # "Yes," complete Schedule L, Part I	d		24d		
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 I., 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 sprior Forms 99 or 990 re 20 rev., "complete Schedule L, Part I			25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III 28b X X X X X X X X X	b				
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26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV Instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X X 28b X X 28b C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X X 29 Did the organization receive more than 325,000 in noncash contributions? If "Yes," complete Schedule M 29 X X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X X 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X X 31 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 X X 32 Did the organization self, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 32 X X 34 Was the organization have a controlled entity within the meaning of			25b		X
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 28b X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 organization and that is treated as a partnership for feder	20				
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Part V, line 1	34		
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 organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 In a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a respon	37				
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37		X
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	38				
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Notes All Form 200 files are a miles data consider to the constant of the Cons	38	X	L
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Pai				
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			_		
		· · · · · · · · · · · · · · · · · · ·			
	J		10	Х	

NORTH FUND
Statements Regarding Other IRS Filings and Tax Compliance (continued) 83-4011547 Page 5 Form 990 (2023) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		37	
	any contributions that were not tax deductible as charitable contributions?		6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	· ·		3.7	
_	were not tax deductible?		6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
b		and the state of	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
لم	to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 6 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution received a contribution received a contribution received a contribution received a contrib		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate and appropriate and the second of the first instance and appropriate and the second of the sec		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	المدا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the explanation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	IIIICOTTIC!	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		_X_						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?									
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes							
	Did the organization have local chapters, branches, or affiliates?	10a		X						
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?	10b	37							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40	v							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х							
40	on Schedule O how this was done	12c	X	_						
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14								
15	Did the process for determining compensation of the following persons include a review and approval by independent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		Х						
	The organization's CEO, Executive Director, or top management official	15a		X						
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		Λ						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
104		16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	10.0	1							
17	List the states with which a copy of this Form 990 is required to be filedAL, AR, CA, FL, GA, HI, IL, KS, KY	MD,	, MA	MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3									
	for public inspection. Indicate how you made these available. Check all that apply.	• ,								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ARABELLA ADVISORS - (202) 595-1020									
	1828 L STREET, NW, SUITE 300, WASHINGTON, DC 20036									
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	990	(2023)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga		((C)		out	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SAURABH GUPTA	1.00	-						6 700	_	
GENERAL COUNSEL	1 00			Х				6,720.	0.	0.
(2) JIM GERSTEIN PRESIDENT AND CHAIR	1.00	x		х				0.	0.	0.
(3) CRISTINA URIBE	1.00	Λ		^				0.	0.	.
TREASURER	1.00	Х		Х				0.	0.	0.
(4) MELANIE BELLER	1.00	25						•	•	•
SECRETARY		х		х				0.	0.	0.
	l							l	l	

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal	<u> </u>							6,720.	0.	0.
c Total from continuation sheets to Part VII								0.	0.	0.
d Total (add lines 1b and 1c)								6,720.	0.	0.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ELIAS LAW GROUP LLC, 10 G STREET NE SUITE		
600, WASHINGTON, DC 20002	LEGAL SERVICES	3,325,627.
ARABELLA ADVISORS, 1828 L STREET NW SUITE	ADMIN., OPERATIONS &	
300, WASHINGTON, DC 20036	SUPPORT SERVICES	994,479.
SPECTOR ROH STRATEGIES, 316 W WASHINGTON	MEDIA &	
AVENUE UNIT 675, MADISON, WI 53703	COMMUNICATION SRVCS	550,566.
RISING TIDE INTERACTIVE, 529 14TH STREET	MEDIA PRODUCTION AND	
NW SUITE 709, WASHINGTON, DC 20045	ADVERTISING	229,225.
THE COMPLETE AGENCY, 1025 CONNECTICUT		
AVENUE NW SUITE 1210, WASHINGTON, DC 20036	PROJECT MANAGEMENT	198,000.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 7		
		000

Form **990** (2023)

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NORTH FUND

Form 990 (2023) NORTH F
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	1 1	50 320 113				
ë			similar amounts not included above	1f	58,328,113.				
o d		-	Noncash contributions included in lines 1a-1f	1g \$		58,328,113.			
Oa		n	Total. Add lines 1a-1f		Business Code	30,320,113.			
					Business Code				
<u>ic</u> e	2								
er Je		b							
n S		С							
irar 3ev		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
_		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)			988,693.			988,693.
	4		Income from investment of tax-exen	npt bond p	roceeds				
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
ē			Gross income from fundraising events (i						
₽			including \$	of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundraising						
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			, , =	,	Business Code				
snc	11	а	GENERAL ADMIN RETAINER		541900	288,475.			288,475.
Miscellaneous Revenue	-		OTHER REVENUE		900099	86,232.			86,232.
ella		c				,			,
isc.			All other revenue						
Σ			Total. Add lines 11a-11d			374,707.			
	12		Total revenue. See instructions			59,691,513.	0.	0.	1363400.

332009 12-21-23

Form **990** (2023)

Form 990 (2023) NORTH FUND Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,279,295.	25,279,295.									
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,	6 500	650	6 040								
	trustees, and key employees	6,720.	672.	6,048.								
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	1,156,857.	1,154,407.	2,450.								
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	66,243.		484.								
9	Other employee benefits	194,358.	192,939.	1,419.								
10	Payroll taxes	104,580.	103,816.	764.								
11	Fees for services (nonemployees):											
а	Management	930,332.		930,332.								
b	Legal	3,946,592.	3,860,352.	86,240.								
С	Accounting	39,400.		39,400.								
d	Lobbying	1,139,007.	1,139,007.									
е	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 Sch O.)	2,240,788.		34,628.	580.							
12	Advertising and promotion	2,286,202.										
13	Office expenses	125,746.		9,752.								
14	Information technology	148,548.	137,707.	10,841.								
15	Royalties											
16	Occupancy	140,884.	140,378.	506.								
17	Travel	257,034.	257,034.									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials \dots											
19	Conferences, conventions, and meetings	242,408.	242,408.									
20	Interest											
21	Payments to affiliates	2 2 4 2	2 2 4 5									
22	Depreciation, depletion, and amortization	2,940.	2,940.									
23	Insurance	59,505.		59,505.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)											
а	LICENSES AND FEES	487,340.	486,862.	478.								
b	TAXES	287,846.	200,0020	287,846.								
c	DUES AND SUBSCRIPTIONS	39,034.	39,034.	,								
d		,	,									
e	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	39,181,659.	37,710,386.	1,470,693.	580							
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)											
					Earm 990 (2022							

83-4011547 Page **11** Form 990 (2023)
Part X Balance Sheet NORTH FUND

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		32,980,391.	1	0.	
	2	Savings and temporary cash investments			0.	2	42,015,429.
	3	Pledges and grants receivable, net	5,020,600.	3	20,222,443.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
ι		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
ĕ	9	B			25,928.	9	90,430
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	14,700.			
	b			3,430.	14,210.	10c	11,270
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	105 000	14	00 684		
	15	Other assets. See Part IV, line 11	197,893.	15	29,671.		
	16	Total assets. Add lines 1 through 15 (must e	38,239,022.	16	62,369,243		
	17	Accounts payable and accrued expenses	1,061,115.	17	2,056,482.		
	18	Grants payable		1,675,000.	18	4,300,000	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sui controlled entity or family member of any of the				22	
E.	23	Secured mortgages and notes payable to unr	-	······		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			2,736,115.	26	6,356,482.
		Organizations that follow FASB ASC 958, or					0,000,101
es		and complete lines 27, 28, 32, and 33.		· _			
anc	27	. , , ,			110,834.	27	847,640.
Bal	28	Net assets with donor restrictions		·····	35,392,073.	28	55,165,121.
Б		Organizations that do not follow FASB ASC					
Ī		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun-	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			35,502,907.	32	56,012,761.
_	33	Total liabilities and net assets/fund balances			38,239,022.	33	62,369,243.

Form **990** (2023)

Form 990 (2023) NORTH FUND 83-4011547 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,69</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,18		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,50</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>35</u>	,50	2,9	<u>07.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 56</u>	,01	2,7	61.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

NORTH FUND 83-4011547 Organization type (check one): Filers of: Section: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

NORTH	H FUND 83-4011547		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
2		\$ 9,500,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
3		\$ 8,175,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
4		\$ 7,112,99	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
5		\$ 5,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,100,00	Person X Payroll

NORTH FUND

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 800,000.	Person X Payroll

NORTH FUND

83-4011547

Name of organization	Employer identification number
NORTH FUND	83-4011547

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
13	Nume, dual cos, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
14		\$ 500,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
No. 15	Nume, audi 655, and Air T	\$ 500,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) (d)		
No. 16	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
17		\$ 300,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
18		\$ 272,733. Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		- - \$\$187,763.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$185,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$150,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$100,000.	Person X Payroll

NORTH FUND

83-4011547

Name of organization Employer identification number NORTH FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 98,981.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		- \$\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

83-4011547

Name of organization

Employer identification number

83-4011547

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Hame, address, and Zir 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Page 3

Name of organization Employer identification number

NORTH FUND

83-4011547

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26		<u> </u>	Schedule B (Form 990) (2023)

Page **4**

Name of organization **Employer identification number** NORTH FUND 83-4011547 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

- 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.

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

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

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

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

Name of organization En				Emplo	oyer identification number
NORTH FUND					83-4011547
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.					anization.
 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 					11,501,445.
Part I-B Complete if the organization is exempt under section 501(c)(3).					
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	on 4955 tax, did it file Form 4720 for	this year?			Yes No
4a Was a correction made?					Yes No
b If "Yes," describe in Part IV.	ganization is exempt under	acation E01/a) a	voort coation !	01/0	(2)
	<u> </u>		-	• • •	25 445
1 Enter the amount directly expende	, ,	•		\$	37,445.
2 Enter the amount of the filing organ				¢	11,464,000.
3 Total exempt function expenditures	e Add lines 1 and 2. Enter here and			Ф	11,404,000
	3. Add lines 1 and 2. Enter here and	•		\$	11,501,445.
4 Did the filing organization file Form					
made payments. For each organization contributions received that were properties of the contributions of the contribution of the contributions of the contribution of the contrib	employer identification number (EIN) ation listed, enter the amount paid fi romptly and directly delivered to a s additional space is needed, provide	rom the filing organizat eparate political organ	ion's funds. Also er ization, such as a se	iter the	amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	SAN FRANCISCO, CA	00 000000			•
EMERGE AMERICA	94111	90-0787684	550,0	00.	0.
EMERGE NEW MEXICO	ALBUQUERQUE, NM 87102	90-0783311	100,0		0.
OHIOANS UNITED FOR	COLUMBUS, OH	90-0703311	100,0		0.
REPRODUCTIVE RIG	43215	92-2433361	250,0	00.	0.
PENNSYLVANIANS FOR	PHILADELPHIA, PA				<u> </u>
JUDICIAL FAIRNES	19103	92-3666004	600,0	00.	0.

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

SEE PART IV FOR CONTINUATION

Schedule C (Form 990) 2023

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

c Total lobbying expenditures

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

Schedule C (Form 990) 2023

f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 NORTH FUND 83-4011547 Page 3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
2 Did the expenientian caree to correspond to be labeling and political compaign activity expenditures from the					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(5)	-		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." 1 Dues, assessments and similar amounts from members	n 501(c)(5) 'No" OR (l	o) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	n 501(c)(5) 'No" OR (l	o) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	n 501(c)(5) 'No" OR (l	o) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year	n 501(c)(5) 'No" OR (l	o) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year	n 501(c)(5) 'No" OR (t	o) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered 'Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	n 501(c)(5) 'No" OR (t), or sec b) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	n 501(c)(5) 'No" OR (t), or sec b) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceeds	n 501(c)(5) 'No" OR (t eal), or sec b) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 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 exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension.	n 501(c)(5) 'No" OR (t eal), or sec b) Part I 1 2a 2b 2c 3		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceeded set he organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials.	n 501(c)(5) 'No" OR (t eal), or sec b) Part I		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials in the exceedable amount of lobbying and polynomials in the exceedable amount of lobbying and polynomials. See instructions	n 501(c)(5) 'No" OR (t eal), or sec b) Part I 1 2a 2b 2c 3		3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Supplemental Information	n 501(c)(5) 'No" OR (t), or sec b) Part I	II-A, line	3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	n 501(c)(5) 'No" OR (t), or sec b) Part I	II-A, line	3, is	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions	n 501(c)(5) 'No" OR (t), or sec b) Part I	II-A, line	3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 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 exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	n 501(c)(5) 'No" OR (t), or sec b) Part I	II-A, line	3, is	

332043 11-06-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number NORTH FIND 83-4011547

Par	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line 6.		·		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writin	g that the assets held in donor advised	d funds		
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant funds can be us	sed only		
	for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose co	onferring		
_					
Par			art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (ch	neck all that apply).			
	Preservation of land for public use (for example, recreation of	or education) Preservation of a	a historically important land area		
	Protection of natural habitat	Preservation of a	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form of			
	day of the tax year.		Held at the End of the Tax Year		
а					
b	-				
C	Number of conservation easements on a certified historic structure	***************************************	2c		
d	Number of conservation easements included on line 2c acquired a				
•	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, released	d, extinguished, or terminated by the d	organization during the tax		
	year	at in Innatad			
4	Number of states where property subject to conservation easemet				
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it hold		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand				
Ū	Cian and volunteer riedre develor to mornioring, inspecting, mand	ing of violations, and officioning consc	rvation casements daring the year		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	on easements during the year		
•	The state of expenses meaned in memoring, inspecting, manaling to	or violations, and ornorolling comportation	on easemente dannig the year		
8	Does each conservation easement reported on line 2d above satis	fy the requirements of section 170(h)(4	4)(B)(i)		
			~~~ ¬		
9	In Part XIII, describe how the organization reports conservation ea				
	balance sheet, and include, if applicable, the text of the footnote t				
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of Art	, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue statement and	d balance sheet works		
	of art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furt	herance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statement and ba	alance sheet works of		
	art, historical treasures, or other similar assets held for public exhi	bition, education, or research in furthe	rance of public service,		
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
2	If the organization received or held works of art, historical treasure				
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$		
b	Assets included in Form 990, Part X		\$		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2023		

Schedule D (Form 990) 2023

(d) Book value

e Other

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

(a) Cost or other

basis (investment)

Description of property

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

(b) Cost or other

basis (other)

14,700.

(c) Accumulated

depreciation

3,430.

Part VII   Investments - Other Securities		03	-401154/ Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.1.0 5 000 5 1.77 15	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Daalassaksa
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
	(-0))		
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	<u>. (B))   </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part Y line 25	
. (a) Description of liability	on romin 550, rait rv, mic	THE OF THE OCC FORM 500, Tare X, MILE 25.	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(5)			
(7)			
. ,			
(8)			
	( (D)		

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023

Open to Public Inspection

NORTH FUN	D						83-4011547
Part I General Information on Grants a							00 1011017
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties.      Part II Grants and Other Assistance to Image: The properties of	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States. omplete if the organic			X Yes No
recipient that received more than \$  1 (a) Name and address of organization or government	(b) EIN	be duplicated if additi  (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
9TO5 ACTION FUND INC 207 E BUFFALO STREET, SUITE 211 MILWAUKEE, WI 53202	87-4654077	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
A BETTER BIG SKY P.O. BOX 7134 MISSOULA, MT 59807	82-5313159	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
A BETTER WISCONSIN TOGETHER INC 6516 MONONA DRIVE, UNIT 244 MADISON, WI 53716	84-3646174	501(C)(4)	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCELERATE ACTION INC 294 WASHINGTON STREET, SUITE 500 BOSTON, MA 02108	82-3399959	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ADVANCE AMERICAN DEMOCRACY INC 300 DELAWARE AVENUE, SUITE 210 WILMINGTON, DE 19801	92-0895896	501(C)(4)	2,300,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR JUSTICE ACTION  CAMPAIGN - 11 DUPONT CIRCLE NW,  SUITE 500 - WASHINGTON, DC 20036  2 Enter total number of section 501(c)(3) and	52-2330508		110,000.]	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
3 Enter total number of other organizations		•					

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA VOTES 1155 CONNECTICUT AVE NW, SUITE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	650,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICAN CIVIL LIBERTIES UNION OF MICHIGAN - 2966 WOODWARD AVENUE - DETROIT, MI 48201	38-1643182	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMPLIFY NEW HAMPSHIRE P.O. BOX 3908 MANCHESTER, NH 03105	86-2948810	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ARENA SUMMIT 611 PENNSYLVANIA AVE SE, SUITE 143 WASHINGTON, DC 20003	81-5171259	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASSOCIATION FOR PUBLIC JUSTICE 1305 LESLIE AVENUE ALEXANDRIA, VA 22301	36-3139760	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AVOW INC 1101 W 34TH STREET, UNIT 679 AUSTIN, TX 78705	74-2007519	501(C)(4)	175,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
BALLOT INITIATIVE STRATEGY CENTER INC - 1660 L STREET NW, SUITE 605 - WASHINGTON, DC 20036	04-3411708	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CARE IN ACTION 45 BROADWAY, SUITE 320 NEW YORK, NY 10006	46-4605470	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CENTER FOR CIVIC ACTION P.O. BOX 27616, SUITE 320 ALBUQUERQUE, NM 87125	02-0779812	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EMPOWERED POLITICS							
1042 GRANT AVENUE, 5TH FLOOR							CIVIL RIGHTS, SOCIAL
SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
,			, , , , , ,				,,
COMMITTEE ON STATES							
P.O. BOX 1607							CIVIL RIGHTS, SOCIAL
RALEIGH, NC 27602	84-2558945	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
COMMON CAUSE							
805 15TH STREET NW, SUITE 800							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20005	52-6078441	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
DEEDS ACTION FUND							
P.O. BOX 303064							CIVIL RIGHTS, SOCIAL
AUSTIN, TX 78703	83-1985863	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
DIDE DOND ODGANIZING							
DIRT ROAD ORGANIZING 76 MORANG COVE ROAD							CTUTI DICUMO COCTAI
NOBLEBORO, ME 04555	87-4406692	501/C)/A)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NOBELBORO, ME 04333	07 4400032	301(0)(4)	230,000.	<u> </u>			ACTION, ADVOCACT
EL CENTRO PODER Y ACCION							
714 4TH STREET SW							CIVIL RIGHTS, SOCIAL
ALBUQUERQUE, NM 87102	85-3020297	501(C)(4)	75,000.	0.			ACTION, ADVOCACY
,			,				,
EMERGE AMERICA							
351 CALIFORNIA STREET, SUITE 930							CIVIL RIGHTS, SOCIAL
SAN FRANCISCO, CA 94111	90-0787684	527	550,000.	0.			ACTION, ADVOCACY
EMERGE NEW MEXICO							
500 MARQUETTE AVENUE NW, SUITE 280							CIVIL RIGHTS, SOCIAL
ALBUQUERQUE, NM 87102	90-0783311	527	100,000.	0.			ACTION, ADVOCACY
ENGAGE MIAMI							
10800 BISCAYNE BOULEVARD, SUITE 570		F01 (@) (4)					CIVIL RIGHTS, SOCIAL
MIAMI, FL 33161	47-4435189	DU1(C)(4)	30,000.	0.			ACTION, ADVOCACY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EQUALITY FEDERATION 818 SW 3RD AVENUE, UNIT 141 PORTLAND, OR 97204	81-0670152	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EQUALITY MICHIGAN ACTION NETWORK P.O. BOX 19847 KALAMAZOO, MI 49019	51-0525019	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EQUALITY NEW MEXICO 815 CLAREMONT AVENUE NW ALBUQUERQUE, NM 87107	91-2197418	501(C)(4)	55,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR FIGHT ACTION INC 1270 CAROLINE ST NE, SUITE D120 430 ATLANTA, GA 30307	47-1427359	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FORWARD MONTANA P.O. BOX 2817 MISSOULA, MT 59806	13-4285849	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FUTURE NOW ACTION 611 PENNSYLVANIA AVE SE, SUITE 143 WASHINGTON, DC 20003	82-2390410	501(C)(4)	550,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGIA EQUALITY INC 1530 DEKALB AVENUE, SUITE A ATLANTA, GA 30307	58-2190883	501(C)(4)	100,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GEORGIA INVESTOR ACTION FUND P.O. BOX 170515 ATLANTA, GA 30317	47-4777204	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GLPA LEAD 100 ORNDORF DRIVE BRIGHTON, MI 48116	84-2895367	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPEWELL FUND 1828 L STREET NW, SUITE 300-D WASHINGTON, DC 20036	47-3681860	501(c)(3)	11,565.	0.			HEALTH
HUMANITY FORWARD 122 C STREET NW, SUITE 360 WASHINGTON, DC 20001	84-4888448	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IN OUR OWN VOICE ACTION FUND 601 13TH STREET NW, SUITE 650N WASHINGTON, DC 20005	87-1986784	501(C)(4)	200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JUSTICE FOR GENERATIONS 352 S WALNUT STREET LANSING, MI 48933	93-1399130	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KANSAS VALUES INSTITUTE P.O. BOX 97 LAWRENCE, KS 66044	45-2621342	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
KEEP COUNTRY FIRST POLICY ACTION P.O. BOX 15070 WASHINGTON, DC 20003	86-2932695	501(C)(4)	950,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MAKE NORTH CAROLINA FIRST P.O. BOX 648 RALEIGH, NC 27602	46-3981642	501(C)(4)	201,500.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLANDERS TO PREVENT GUN VIOLENCE - 2600 ST PAUL STREET - BALTIMORE, MD 21218	46-1813392	501(C)(4)	50,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MICHIGAN CIVIC ACTION FUND 28342 DARTMOUTH STREET MADISON HEIGHTS, MI 48071	82-3995979	501(C)(4)	150,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLE FORK STRATEGIES							
210 E LYNDALE AVENUE							CIVIL RIGHTS, SOCIAL
HELENA, MT 59601	92-2040834	501(C)(4)	225,000.	0.			ACTION, ADVOCACY
, 05001	32 2010001	002(0)(1)		••			inoritor, individual
MISSISSIPPI VOTES ACTION FUND							
510 GEORGE STREET, SUITE 403							CIVIL RIGHTS, SOCIAL
JACKSON, MS 39202	87-2312409	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
,			,				,
MOTHERING JUSTICE ACTION FUND							
17320 LIVERNOIS AVENUE							CIVIL RIGHTS, SOCIAL
DETROIT, MI 48221	82-2828323	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
NAACP MS STATE CONFERENCE							
1072 W LYNCH STREET							CIVIL RIGHTS, SOCIAL
JACKSON, MS 39203	64-6025998	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
NEO PHILANTHROPY ACTION FUND INC							
1001 AVENUE OF THE AMERICAS 12TH FL							CIVIL RIGHTS, SOCIAL
NEW YORK, NY 01001	80-0444461	501(C)(4)	500,000.	0.			ACTION, ADVOCACY
NEW LEFT ACCELERATOR							
850 LAUREL STREET							CIVIL RIGHTS, SOCIAL
ALAMEDA, CA 94501	82-2590752	501(C)(4)	1,000,000.	0.			ACTION, ADVOCACY
NEW PENNSYLVANIA PROJECT							
P.O. BOX 443	06 1000100	F01 (@) (4)					CIVIL RIGHTS, SOCIAL
WEST CHESTER, PA 19381	86-1900180	5U1(C)(4)	200,000.	0.			ACTION, ADVOCACY
NEW VODUEDS ASATMS STATUS ENSE							
NEW YORKERS AGAINST GUN VIOLENCE							OTVII DIGUMG GOGIA
INC - 675 THIRD AVENUE, SUITE 2216	12 2700040	E01/G\/4\	100 000	_			CIVIL RIGHTS, SOCIAL
- NEW YORK, NY 10017	13-3780848	DUI(C)(4)	100,000.	0.			ACTION, ADVOCACY
NORTH CAROLINIANS AGAINST GUN							
VIOLENCE ACTION FUND - P.O. BOX							CIVIL RIGHTS, SOCIAL
52425 - DURHAM, NC 27717	83-1339571	501(C)(4)	50,000.	0.			ACTION, ADVOCACY
52125 Boltman, 110 2//1/	00 1000011		1 30,000.	· ·		1	Och et de la 1/5 auss

83-4011547

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO PROGRESSIVE COLLABORATIVE 341 SOUTH THIRD STREET COLUMBUS, OH 43215	82-2146860	501(C)(4)	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO WOMEN'S ALLIANCE ACTION FUND 620 EAST BROAD STREET, SUITE A COLUMBUS, OH 43215	84-3460778	501(C)(4)	125,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIOANS UNITED FOR REPRODUCTIVE RIGHTS - 545 EAST TOWN STREET - COLUMBUS, OH 43215	92-2433361	527	250,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE COUNTRY INC 918 PENNSYLVANIA AVE SE, UNIT 15180 WASHINGTON, DC 20003	83-3768552	501(C)(4)	261,400.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ONE PERSON ONE VOTE 545 E TOWN STEET COLUMBUS, OH 43215	92-1444573	501(C)(4)	650,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OREGON ALLIANCE FOR GUN SAFETY 4931 SW 76TH AVENUE, BOX 154 PORTLAND, OR 97225 PENNSYLVANIANS FOR JUDICIAL	47-1182892	501(C)(4)	26,330.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIRNESS - 1735 MARKET STREET, SUITE 503A - PHILADELPHIA, PA 19103	92-3666004	527	600,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD ADVOCATES OF MI P.O. BOX 15104 LANSING, MI 48901	38-2765858	501(C)(4)	225,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS ACTION FUND - 7155 E 38TH AVENUE - DENVER, CO 80207	84-1191279	501(C)(4)	75,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD TEXAS VOTES							
201 E BEN WHITE BOULEVARD							CIVIL RIGHTS, SOCIAL
AUSTIN, TX 78704	46-5305326	501(C)(4)	150,000.	0.			ACTION, ADVOCACY
,			, ,				,
PROGRESS GEORGIA INC							
245 N HIGHLAND AVE NE SUITE 230-166							CIVIL RIGHTS, SOCIAL
ATLANTA, GA 30307	85-2273152	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
PROGRESSNOW NEW MEXICO							
625 SILVER AVENUE SW, SUITE 320							CIVIL RIGHTS, SOCIAL
ALBUQUERQUE, NM 87102	45-4130072	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
PROJECT KEYSTONE							
230 S BROAD STREET, FLOOR 17							CIVIL RIGHTS, SOCIAL
PHILADELPHIA, PA 19102	82-3945874	501(C)(4)	100,000.	0.			ACTION, ADVOCACY
RED WINE & BLUE							
15830 S PARK BOULEVARD							CIVII BICUMS SOCIAI
	84-4355156	501 (C) (A)	125,000.	0.			CIVIL RIGHTS, SOCIAL
SHAKER HEIGHTS, OH 44120	84-4333136	501(C)(4)	125,000.	0.			ACTION, ADVOCACY
RUN FOR SOMETHING ACTION FUND							
1900 L STREET NW SUITE 800							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	81-4761176	501(C)(4)	1,750,000.	0.			ACTION, ADVOCACY
·			, ,				,
SIXTEEN THIRTY FUND							
1201 CONNECTICUT AVE NW, SUITE 300							CIVIL RIGHTS, SOCIAL
WASHINGTON, DC 20036	26-4486735	501(C)(4)	5,425,000.	0.			ACTION, ADVOCACY
TEXAS FREEDOM NETWORK							
608 W 22ND STREET							CIVIL RIGHTS, SOCIAL
AUSTIN, TX 78705	74-2736849	501(C)(4)	200,000.	0.			ACTION, ADVOCACY
THE ARIZONA STUDENTS ASSOCIATION							
P.O. BOX 67955							CIVIL RIGHTS, SOCIAL
PHOENIX, AZ 85082	86-0893801	501(C)(4)	10,000.	0.			ACTION, ADVOCACY

83-4011547

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIRD WAY 1025 CONNECTICUT AVE NW, SUITE 400 WASHINGTON, DC 20036	20-1734070	501(C)(4)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UNITE AMERICA INC 1580 LINCOLN STREET, SUITE 520 DENVER, CO 80203	82-1106814	501(C)(4)	500,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WORKMONEY INC 790 N. MILWAUKEE STREET, SUITE 300 MILWAUKEE, WI 53202	85-0604101	501(C)(4)	1,350,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule I (Form 990) 2023 NORTH FUND 83-4011547

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance		
Part IV Supplemental Information. Provide the information red	I quired in Part I, lin	l e 2; Part III, column	(b); and any other ac	l Iditional information.			
PART I, LINE 2:							
THE NORTH FUND MAKES GRANTS TO MUL	TIPLE ORG	; ANIZATIONS	S AND COMMI	TTED			
COMMUNITY LEADERS. THE FUND REQUI	RES GRANT	EES TO SIG	GN GRANT AG	REEMENTS			
CERTIFYING THAT ALL ACTIVITIES ARE	CONSISTE	NT WITH AI	LLOWABLE SO	CIAL WELFARE			
WORK CONSISTENT WITH THE NORTH FUN	D'S MISSI	ON AND PUR	RPOSE. THE	NORTH FUND			
REQUIRES THAT GRANTEES SUBMIT INTE	RIM AND P	OST-GRANT	REPORTS TO	HELP ENSURE			
THAT ALL FUNDS ARE PROPERLY MANAGED AND EXPENDED, AND THE NORTH FUND							
REQUIRES THAT FUNDS BE RETURNED IF							
				<del></del>			

Page 2

FUNDS ARE NOT SPENT.

#### SCHEDULE O (Form 990)

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

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH FUND

Employer identification number 83-4011547

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NORTH FUND PARTNERS WITH COMMITTED COMMUNITY LEADERS TO HELP MAKE
OUR COUNTRY A MORE JUST, FAIR, AND EQUITABLE PLACE TO LIVE, WORK, AND
RAISE FAMILIES. IT FOCUSES ON SUPPORTING INNOVATIVE SOCIAL
ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT
LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE NORTH FUND FOCUSES ON SUPPORTING INNOVATIVE SOCIAL
ENTREPRENEURSHIP, EDUCATIONAL INITIATIVES, AND ADVOCACY CAMPAIGNS THAT
LIFT UP COMMUNITIES AND CREATE REAL AND LASTING CHANGE.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
NORTH FUND CEASED CONDUCTING THE TECHNOLOGY AND INNOVATION PROGRAM
ACTIVITY.
FORM 990, PART VI, SECTION A, LINE 3:
THE NORTH FUND CONTRACTS WITH ARABELLA ADVISORS, A COMPANY WITH EXPERTISE
IN PHILANTHROPY, TO PROVIDE ADMINISTRATIVE SUPPORT, ACCOUNTING SERVICES,
AND COMPLIANCE SUPPORT RELATED TO THE FUND'S GRANTMAKING AND OPERATIONS.
FORM 990, PART VI, SECTION A, LINE 8B:

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

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

Schedule O (Form 990) 2023

THE ORGANIZATION DID NOT HAVE SEPARATE COMMITTEES IN 2023. ACCORDINGLY,

FORM 990, PART VI, SECTION A, LINE 8B HAS BEEN ANSWERED "NO".

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 83-4011547 NORTH FUND THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT AND REVIEWED BY THE ORGANIZATION'S LEGAL COUNSEL AND BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. THE POLICY IS MONITORED AT THE BOARD LEVEL. COVERED INDIVIDUALS CANNOT VOTE ON MATTERS BEFORE THE BOARD WHEN THEY HAVE A CONFLICT IN THE MATTER. DISINTERESTED MEMBERS MUST DETERMINE WHETHER OR NOT THERE ARE ANY SUITABLE ALTERNATIVES TO POTENTIAL TRANSACTIONS THAT CAUSE CONFLICT. IF A COVERED PERSON IS FOUND IN VIOLATION OF THIS POLICY, IT MAY BE CAUSE FOR REMOVAL FROM THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MN,MS,NC,ND,NH,NJ,NM,NY,OR,PA,RI,SC,TN,UT VA,WI,WV FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE CURRENTLY NOT MADE AVAILABLE TO THE PUBLIC.