

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization HOPEWELL FUND
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1201 CONNECTICUT AVENUE NW NO 300
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number 47-3681860
E Telephone number (202) 664-8763

F Name and address of principal officer
LEE BODNER
1201 CONNECTICUT AVENUE NW NO 300
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW.HOPEWELLFUND.ORG/

K Form of organization Corporation Trust Association Other

L Year of formation 2015 M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE HOPEWELL FUND SPECIALIZES IN HELPING SOCIAL/CORPORATE ENTREPRENEURS AND OTHER CHANGEMAKERS LAUNCH NEW, INNOVATIVE SOCIAL CHANGE PROJECTS HOPEWELL IS DESIGNED TO FACILITATE RAPID & EFFICIENT LAUNCHES OF WELL-RESOURCED PROJECTS WITH DIVERSE REVENUE & FUNDING MODELS, INCLUDING CHARITABLE CONTRIBUTIONS AND INVESTMENTS MANY OF HOPEWELL'S PROJECTS EMPLOY BOLD AND AMBITIOUS STRATEGIES TO ACHIEVE THE IMPACT THEY SEEK HOPEWELL IS MANAGED BY A TEAM OF EXPERTS WITH EXPERIENCE IN STARTING UP INNOVATIVE ORGANIZATIONS THEY PROVIDE STREAMLINED OPERATIONS AND FINANCIAL SUPPORT AND COMPLIANCE OVERSIGHT TO MINIMIZE ADMINISTRATIVE BURDENS FOR PROJECT DONORS AND STAFF

Table with 2 columns: Description, Amount. Rows include: 2 Check this box 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 (3); 4 Number of independent voting members of the governing body (2); 5 Total number of individuals employed in calendar year 2018 (92); 6 Total number of volunteers (28); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0); 7b Net unrelated business taxable income from Form 990-T, line 34 (7,529).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (130,469,297 / 64,615,634); 9 Program service revenue (96,000 / 254,796); 10 Investment income (26,349 / 1,848,109); 11 Other revenue (24,647 / 173,875); 12 Total revenue (130,616,293 / 66,892,414); 13 Grants and similar amounts paid (21,562,711 / 60,039,868); 14 Benefits paid to or for members (0 / 0); 15 Salaries, other compensation, employee benefits (1,496,077 / 5,843,321); 16a Professional fundraising fees (15,000 / 78,981); 16b Total fundraising expenses (100,830); 17 Other expenses (5,769,609 / 12,151,067); 18 Total expenses (28,843,397 / 78,113,237); 19 Revenue less expenses (101,772,896 / -11,220,823); 20 Total assets (119,425,489 / 130,298,757); 21 Total liabilities (3,199,028 / 24,876,227); 22 Net assets or fund balances (116,226,461 / 105,422,530).

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-11-05
LEE BODNER BOARD CHAIR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN P01249785, Firm's name RSM US LLP, Firm's EIN 42-0714325, Firm's address 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102, Phone no (703) 336-6400

Part 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

TO HELP SOCIAL/CORPORATE ENTREPRENEURS & OTHER CHANGEMAKERS LAUNCH INNOVATIVE SOCIAL CHANGE PROJECTS IT'S DESIGNED TO FACILITATE RAPID & EFFICIENT LAUNCHES OF WELL-RESOURCED PROJECTS WITH DIVERSE REVENUE & FUNDING MODELS, INCLUDING CHARITABLE CONTRIBUTIONS & INVESTMENTS MANY OF HOPEWELL'S PROJECTS EMPLOY BOLD AND AMBITIOUS STRATEGIES TO ACHIEVE THE IMPACT THEY SEEK HOPEWELL IS MANAGED BY A TEAM OF EXPERTS WITH EXPERIENCE IN STARTING UP INNOVATIVE ORGANIZATIONS THEY PROVIDE STREAMLINED OPERATIONS AND FINANCIAL SUPPORT AND COMPLIANCE OVERSIGHT TO MINIMIZE ADMINISTRATIVE BURDENS FOR PROJECT DONORS AND STAFF

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

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? 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 \$ 59,723,209 including grants of \$ 51,227,478) (Revenue \$ 23,731)
See Additional Data

4b (Code) (Expenses \$ 12,010,520 including grants of \$ 8,812,390) (Revenue \$ 206,066)
See Additional Data

4c (Code) (Expenses \$ 831,645 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 2,510,502 including grants of \$) (Revenue \$ 25,000)
OTHER

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,510,502 including grants of \$) (Revenue \$ 25,000)

4e Total program service expenses ▶ 75,075,876

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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	92			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .			3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10 Section 501(c)(7) organizations. Enter					
a 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					
a 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				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
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.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, DC
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
Own website Another's website Upon request Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ARABELLA ADVISORS 1201 CONNECTICUT AVENUE NW NO 300 WASHINGTON, DC 20036 (202) 595-1020

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEE BODNER BOARD CHAIR AND PRESIDENT	1 00	X		X				0	0	0
(2) MICHAEL SLABY SECRETARY	1 00	X		X				0	0	0
(3) SAMPRITI GANGULI TREASURER	1 00	X		X				0	0	0
(4) WILBUR PRIESTER CHIEF FINANCIAL OFFICER	2 00			X				0	0	0
(5) ANDREW SCHULZ GENERAL COUNSEL	1 00			X			4,230	0	0	0
(6) MEAGAN CAVANAUGH PROJECT DIRECTOR	40 00					X	195,155	0	39,023	
(7) BONNIE SCOTT JONES PROJECT DIRECTOR	32 00					X	158,250	0	31,092	
(8) COURTNEY CUFF PROJECT DIRECTOR	40 00					X	294,500	0	55,366	
(9) CHRISTOPHER FITZSIMON PROJECT DIRECTOR	40 00					X	157,400	0	34,918	
(10) MARY ALICE CARTER PROJECT DIRECTOR	40 00					X	174,910	0	15,139	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	64,615,634		
	g Noncash contributions included in lines 1a - 1f \$		22,842,838		
h Total. Add lines 1a-1f		64,615,634			

Program Service Revenue			Business Code			
	2a CONSULTING REVENUE		900099	254,796	254,796	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			254,796			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,348,857			1,348,857	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			499,252			499,252
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a OTHER INCOME	900099		173,875			173,875		
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d			173,875					
12 Total revenue. See Instructions			66,892,414	254,796	0	2,021,984		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	58,434,868	58,434,868		
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, line 15 and 16.	1,605,000	1,605,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	24,212		24,212	
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.	4,698,575	4,680,933		17,642
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	155,795	155,210		585
9 Other employee benefits.	608,791	606,505		2,286
10 Payroll taxes.	355,948	354,612		1,336
11 Fees for services (non-employees)				
a Management.	5,402,995	2,674,841	2,728,154	
b Legal.	162,402	155,859	6,543	
c Accounting.	24,850		24,850	
d Lobbying.	33,873	33,873		
e Professional fundraising services. See Part IV, line 17.	78,981			78,981
f Investment management fees.	92,857		92,857	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,577,171	3,566,454	10,717	
12 Advertising and promotion.	1,029,109	1,029,109		
13 Office expenses.	103,344	95,431	7,913	
14 Information technology.	154,026	140,925	13,101	
15 Royalties.				
16 Occupancy.	285,864	285,864		
17 Travel.	644,587	643,017	1,570	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	135,795	135,795		
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	16,361	16,361		
23 Insurance.	9,103		9,103	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a LOSS ON UNCOLLECTIBLE R.	308,981	308,981		
b				
c				
d				
e All other expenses.	169,749	152,238	17,511	
25 Total functional expenses. Add lines 1 through 24e.	78,113,237	75,075,876	2,936,531	100,830
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	116,495,588	1	49,836,249
	2 Savings and temporary cash investments		2	16,002,871
	3 Pledges and grants receivable, net	1,228,273	3	1,620,416
	4 Accounts receivable, net	30,043	4	63,624
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,591,474	7	1,768,413
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,373	9	20,425
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	129,927		
	b Less accumulated depreciation	17,903		
		30,958	10c	112,024
	11 Investments—publicly traded securities		11	60,871,295
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	2,780	15	3,440	
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,425,489	16	130,298,757	
Liabilities	17 Accounts payable and accrued expenses	1,430,089	17	1,003,475
	18 Grants payable	1,012,496	18	23,007,467
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	756,443	25	865,285
	26 Total liabilities. Add lines 17 through 25	3,199,028	26	24,876,227
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	99,778,959	27	69,288,428
	28 Temporarily restricted net assets	16,447,502	28	36,134,102
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	116,226,461	33	105,422,530	
34 Total liabilities and net assets/fund balances	119,425,489	34	130,298,757	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,892,414
2	Total expenses (must equal Part IX, column (A), line 25)	2	78,113,237
3	Revenue less expenses Subtract line 2 from line 1	3	-11,220,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	116,226,461
5	Net unrealized gains (losses) on investments	5	192,113
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	224,779
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	105,422,530

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 47-3681860

Name: HOPEWELL FUND

Form 990 (2018)

Form 990, Part III, Line 4a:

CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY HOPEWELL'S PORTFOLIO OF CIVIL RIGHTS, SOCIAL ACTION, AND ADVOCACY FOCUS AREAS INCLUDE ADDRESSING INCOME INEQUALITY, IMPROVING CIVIC ENGAGEMENT AMONG TRADITIONALLY UNDERREPRESENTED GROUPS, AND ADVANCING STATE LEVEL ECONOMIC AND DEMOCRACY REFORMS

Form 990, Part III, Line 4b:

HEALTH HOPEWELL'S PORTFOLIO OF HEALTH FOCUS AREAS INCLUDE WOMEN'S HEALTH, HEALTHCARE ACCESS, AND REDUCING HEALTH DISPARITIES AND AVOIDABLE INFANT MORTALITY

Form 990, Part III, Line 4c:

INTERNATIONAL DEVELOPMENT AND FOREIGN AFFAIRS HOPEWELL FUND'S INTERNATIONAL DEVELOPMENT & FOREIGN AFFAIRS PORTFOLIO INCLUDES PROJECTS
FOCUSED ON PREVENTING AND REDUCING TARGETED GROUP VIOLENCE, AND RESEARCHING AND PROVIDING PUBLIC EDUCATION ON UNITED STATES FOREIGN POLICY
AND ITS IMPACTS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")		6,895,270	16,579,022	30,469,297	64,615,634	118,559,223
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		6,895,270	16,579,022	30,469,297	64,615,634	118,559,223
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,569,487
6	Public support. Subtract line 5 from line 4						106,989,736

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4		6,895,270	16,579,022	30,469,297	64,615,634	118,559,223	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1		24,883	1,348,857	1,373,741	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		833				833	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			1,052	24,647	173,875	199,574	
11	Total support. Add lines 7 through 10						120,133,371	
12	Gross receipts from related activities, etc (see instructions)						12	350,796
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>							

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2016 AMOUNT \$ 1,052 2017 AMOUNT \$ 24,647 2018 AMOUNT \$ 173,875

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 1	THE ORGANIZATION RECEIVED AN UNUSUAL GRANT, UNDER REGULATION SECTION 1.509(A)-3(C)(4), IN THE AMOUNT OF \$100,000,000 DURING THE TAX YEAR, AND IS THEREFORE EXCLUDED FROM SCHEDULE A, PART II, LINE 1

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization HOPEWELL FUND	Employer identification number 47-3681860
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?	Yes		102,111
d Mailings to members, legislators, or the public?	Yes		737
e Publications, or published or broadcast statements?	Yes		6,940
f Grants to other organizations for lobbying purposes?	Yes		2,386,509
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		16,927
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		28,855
i Other activities?	Yes		23,747
j Total Add lines 1c through 1i			2,565,826
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	HOPEWELL HAS CONDUCTED LOBBYING ACTIVITIES WITH RESPECT TO LEGISLATION RELATED TO ENVIRONMENTAL, EDUCATION, HEALTH, FOREIGN AID, TAX REFORM, AND OTHER ISSUES

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)	0	
3 Aggregate value of grants from (during year)	33,773,774	
4 Aggregate value at end of year	68,757,089	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		129,927	17,903	112,024
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				112,024

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO RELATED PARTY	865,285
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	865,285

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	66,991,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	192,113
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	192,113
3	Subtract line 2e from line 1	3	66,799,557
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,857
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	92,857
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	66,892,414

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

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

1	Total expenses and losses per audited financial statements	1	77,795,601
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	-224,779
e	Add lines 2a through 2d	2e	-224,779
3	Subtract line 2e from line 1	3	78,020,380
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92,857
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	92,857
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	78,113,237

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 47-3681860

Name: HOPEWELL FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FUND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) IN ADDITION, THE FUND QUALIFIES FOR CHARIT ABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRI VATE FOUNDATION INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTION S, IS SUBJECT TO FEDERAL AND STATE INCOME TAXES THERE WAS NO TAX LIABILITY FOR UNRELATED BUSINESS INCOME FOR THE YEARS ENDING DECEMBER 31, 2018 AND 2017 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FUND'S TAX R ETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE FUND IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE FUND IS NOT SUBJECT TO INCOME TAX EXAMINATIONS FOR THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES F OR YEARS BEFORE DECEMBER 31, 2015

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RETURN OF GRANT FUNDS 52,000 REFUND OF PRIOR YEARS' GRANTS -276,779

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			1,605,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,605,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	500,000		0		
		NORTH AMERICA	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	1,100,000		0		
		NORTH AMERICA	CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY	5,000		0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 3

3 Enter total number of other organizations or entities ▶ 0

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	FOR MOST GRANTS CONTRIBUTED, THE ORGANIZATION REQUIRES THAT ORGANIZATIONS RECEIVING FUNDS SUBMIT A PROPOSAL AND PROVIDE POST-GRANT REPORTS FOR NON PUBLIC CHARITY ORGANIZATIONS, THE ORGANIZATION GENERALLY REQUIRES A WRITTEN PROPOSAL DESCRIBING HOW THE GRANT FUNDS WILL BE USED THE ORGANIZATION CONDUCTS A PRE-GRANT INQUIRY TO EVALUATE THE GRANTEE ALL GRANTS ARE SUBJECT TO A WRITTEN GRANT AGREEMENT THAT IMPOSE REPORTING OBLIGATIONS, REQUIRE FUNDS BE USED SOLELY AS SPECIFIED IN THE PROPOSAL, AND REQUIRING THAT FUNDS BE RETURNED IF NOT SPENT APPROPRIATELY OR IF REPORTS AREN'T FILED AS REQUIRED

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ORGANIZATION USES GAAP TO REPORT FOREIGN EXPENDITURES

Additional Data

Software ID:

Software Version:

EIN: 47-3681860

Name: HOPEWELL FUND

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		500,000
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,105,000

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BETH GRUPP ASSOCIATES LLC BOX 60185CAPITOL SUITES WASHINGTON, DC 20039	PROVIDED STRATEGIC GUIDANCE ON HOW TO FUNDRAISE		No	0	77,500	-77,500
Total					77,500	-77,500

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HOPEWELL FUND

Employer identification number

47-3681860

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 106
3 Enter total number of other organizations listed in the line 1 table 49

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	FOR MOST GRANTS CONTRIBUTED, THE ORGANIZATION REQUIRES THAT ORGANIZATIONS RECEIVING FUNDS SUBMIT A PROPOSAL AND PROVIDE POST-GRANT REPORTS FOR NON 501C3 ORGANIZATIONS, THE ORGANIZATION GENERALLY REQUIRES A WRITTEN PROPOSAL DESCRIBING HOW THE GRANT FUNDS WILL BE USED THE ORGANIZATION CONDUCTS A PRE-GRANT INQUIRY TO EVALUATE THE GRANTEE ALL GRANTS ARE SUBJECT TO A WRITTEN GRANT AGREEMENT THAT IMPOSE REPORTING OBLIGATIONS, REQUIRE FUNDS BE USED SOLELY AS SPECIFIED IN THE PROPOSAL, AND REQUIRING THAT FUNDS BE RETURNED IF NOT SPENT APPROPRIATELY OR IF REPORTS AREN'T FILED AS REQUIRED

Additional Data

Software ID:
Software Version:
EIN: 47-3681860
Name: HOPEWELL FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHOLE WOMAN'S HEALTH OF PEORIA LLC 7405 N UNIVERSITY ST ST PEORIA, IL 61614	47-4198178	LLC C	5,000				HEALTH
LEAGUE OF WOMEN VOTERS OF SACRAMENTO COUNTY 921 11TH STREET SUITE 700 SACRAMENTO, CA 95814	94-6088110	501(C)(3)	5,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED FOR A NEW ECONOMY 7760 W 38TH SUITE 200 WHEAT RIDGE, CO 80033	26-0019190	CORPORATION - C	5,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ASIAN RESOURCES INC 5100 EL PARAISO AVENUE SACRAMENTO, CA 95824	94-2658135	501(C)(3)	5,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3541 WALNUT STREET 5TH FLOOR FRANKLIN BUILDING PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	5,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL LEAGUE OF CITIES 660 N CAPITOL STREET NW SUITE 450 WASHINGTON, DC 20001	53-0226780	CORPORATION - C	5,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO AREA CONGREGATIONS TOGETHER 2409 15TH STREET SACRAMENTO, CA 95818	94-3146797	501(C)(3)	7,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RESOURCES FOR INDEPENDENCE CENTRAL VALLEY 3008 N FRESNO STREET FRESNO, CA 93703	94-2328156	501(C)(3)	8,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLID GROUND WASHINGTON 1501 N 45TH ST SEATTLE, WA 981036708	23-7421892	501(C)(3)	8,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MI FAMILIA VOTA EDUCATION FUND 1710 E INDIAN SCHOOL ROAD SUITE 100 100 PHOENIX, AZ 85016	20-0182824	501(C)(3)	8,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCE INSTITUTE 3655 S GRAND AVE 250 LOS ANGELES, CA 90007	27-1487442	501(C)(3)	8,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD SACRAMENTO, CA 95838	94-1686314	501(C)(3)	8,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE PRESS INC 40 MAINE ST STE 301 FLORENCE, MA 01062	41-2106721	501(C)(3)	9,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE RULES FOUNDATION 13223 BLACK MOUNTAIN ROAD SUITE 394 394 SAN DIEGO, CA 92129	46-1167555	CORPORATION - C	10,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREED CENTER FOR INDEPENDENT LIVING 2059 NEVADA CITY HWY 102 GRASS VALLEY, CA 95945	68-0085639	501(C)(3)	12,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WASHINGTON STATE BUDGET AND POLICY CENTER 1402 3RD AVE STE 1215 SEATTLE, WA 98101	72-1612982	UNDETERMINED	12,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAKARA MOVEMENT 6089 N 1ST STREET 102 FRESNO, CA 93710	26-3225754	501(C)(3)	14,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
RED RIVER WOMEN'S CLINIC 512 1ST AVENUE NORTH FARGO, ND 58102	81-3813439	CORPORATION - S	14,941				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET SUITE 300 DENVER, CO 80203	84-1264154	501(C)(3)	15,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAIR DEMOCRACY 918 PENNSYLVANIA AVE SE WASHINGTON, DC 20003	82-2747849	OTHER	15,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 02117	04-3236982	CORPORATION - C	15,000				HEALTH
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 60603	36-2177139	501(C)(3)	15,000				YOUTH DEVELOPMENT AND EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAIN FAMILY INSTITUTE 48 EAST 82ND STREET NEW YORK, NY 10028	47-4407203	501(C)(3)	16,200				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JANNUS INC 1607 W JEFFERSON ST BOISE, ID 83702	81-6035382	501(C)(3)	17,250				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA BUDGET AND POLICY CENTER 101 N LAST CHANCE GULCH 220 HELENA, MT 59601	80-0624179	CORPORATION - C	17,250				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ULTRAVIOLET EDUCATION FUND PO BOX 34756 WASHINGTON, DC 20043	47-1872208	501(C)(3)	19,250				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN LEAGUE FOR PUBLIC POLICY 1223 TURNER STREET LANSING, MI 48906	38-1360557	501(C)(3)	20,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HEALTHQUARTERS PO BOX 7050 BEVERLY, MA 01915	04-2475363	501(C)(3)	20,000				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKING PEOPLE OF COLORADO 1665 GRANT ST 2ND FLOOR DENVER, CO 80202	82-4588576	501(C)(4)	20,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
POLICY MATTERS OHIO 3631 PERKINS AVE SUITE 4C-EAST CLEVELAND, OH 44113	34-1921881	CORPORATION - C	20,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICANS ADVANCING JUSTICE-ASIAN LAW CAUCUS 55 COLUMBUS AVE SAN FRANCISCO, CA 94111	94-2176139	501(C)(3)	20,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NEW YORK UNIVERSITY 105 E 17TH ST NEW YORK, NY 10003	13-5562308	501(C)(3)	21,634				YOUTH DEVELOPMENT AND EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO FISCAL INSTITUTE 1905 SHERMAN SUITE 225 DENVER, CO 80203	46-1281109	501(C)(3)	22,250				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CHINESE FOR AFFIRMATIVE ACTION 17 WALTER U LUM PLACE SAN FRANCISCO, CA 94108	94-2161304	501(C)(3)	24,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOULDER VALLEY WOMEN'S HEALTH CENTER 2855 VALMONT RD BOULDER, CO 80301	84-0645786	501(C)(3)	24,400				HEALTH
PUBLIC KNOWLEDGE 1818 N STREET NW ST 410 STE 410 WASHINGTON, DC 20036	52-2336690	501(C)(3)	24,479				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH IN PUBLIC LIFE INC 1990 M ST SUITE 740 WASHINGTON, DC 20036	20-3798596	CORPORATION - C	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO ORGANIZING COLLABORATIVE 23 E BOARDMAN ST STE 230 YOUNGSTOWN, OH 44503	26-1601472	CORPORATION - C	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOS UNITED FOR A NEW AMERICA LUNA 905 EL RIO DR SAN JOSE, CA 95125	46-5043077	501C3	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOUNDATION TO PROMOTE OPEN SOCIETY 224 WEST 57TH STREET NEW YORK, NY 10019	26-3753801	501(C)(3)	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1156 HIGH ST SANTA CRUZ, CA 95060	94-3067788	501(C)(3)	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NETWORK EDUCATION PROGRAM 820 FIRST ST NE SUITE 350 WASHINGTON, DC 20002	52-1307764	501(C)(3)	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMSRISING EDUCATION FUND 12011 BEL-RED RD STE 100B BELLEVUE, WA 98005	45-2499952	501(C)(3)	25,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S HEALTH CENTER OF DULUTH PA 32 EAST FIRST ST STE 300 DULUTH, MN 55802	41-1444270	501C3	25,412				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE CENTER FOR ECONOMIC POLICY ONE WESTON CT SUITE 103 AUGUSTA, ME 04330	22-3317572	501(C)(3)	30,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JOAN G LOVERING HEALTH CENTER 559 PORTSMOUTH AVE GREENLAND, NH 03840	22-2572590	501(C)(3)	30,000				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RIVER CLINIC 106 EAST E STREET YAKIMA, WA 989012312	91-1083929	501(C)(3)	35,000				HEALTH
SOUTHERN TIER WOMEN'S HEALTH SERVICES LLC 149 VISTAL PKWY W PO642 VESTAL, NY 13850	83-1790698	LLC P	35,000				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FUND FOR A HEALTHIER COLORADO 1536 WYNKOOP SUITE 224 DENVER, CO 80202	47-4101801	501(C)(3)	37,972				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
A CAPITAL WOMEN'S HEALTH CLINIC 1511 STARLING DR HENRICO, VA 23235	62-1855598	CORPORATION - S	38,055				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO HEALTH SERVICES CENTER 1 UNIVERSITY OF NEW MEXICO MSC01 1300 ALBUQUERQUE, NM 87131	85-6000642	OTHER	39,412				HEALTH
CALIFORNIA BUDGET & POLICY CENTER 1107 9TH STREET SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	40,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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CAPITAL CARE NETWORK OF TOLEDO 1160 W SYLVANIA HWY TOLEDO, OH 43612	27-3490865	LLC S	40,000				HEALTH
WHOLE WOMAN'S HEALTH ALLIANCE INC 1101 EAST MARKET ST SUITE 200 CHARLOTTESVILLE, VA 22902	46-5318393	501(C)(3)	42,000				HEALTH

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

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INSTITUTE FOR THE FUTURE 201 HAMILTON AVE PALO ALTO, CA 94301	95-2540449		50,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NATIONAL ACADEMY OF SOCIAL INSURANCE 1200 NEW HAMPSHIRE AVE NW SUITE 830 WASHINGTON, DC 20036	52-1451753		50,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STREET ART ANARCHY INC 530 DIVISADERO ST 304 SAN FRANCISCO, CA 94117	82-4836781	CORPORATION - C	51,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE HOPE CLINIC FOR WOMEN LTD 1602 21ST ST GRANITE CITY, IL 62040	37-1017984	S CORP	52,000				HEALTH

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

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BLUE MORNING INC 4300 OLD THREE NOTCHD RD CHARLOTTESVILLE, VA 22901	82-4479726	501(C)(3)	54,217				CAPACITY BUILDING
TRUST WOMEN FOUNDATION INC PO BOX 3222 WICHITA, KS 67201	27-3246473	501(C)(3)	58,797				HEALTH

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

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HISPANIC FEDERATION INC 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	13-3573852	OTHER	58,800				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
DESERT STAR FAMILY PLANNING 1526 W GLENDALE AVE STE 109 PHOENIX, AZ 85021	46-2626520	LLC C	63,460				HEALTH

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

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CATHOLIC CLIMATE COVENANT 415 MICHIGAN AVENUE NE STE 260 WASHINGTON, DC 20017	81-1503864	501(C)(3)	66,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
JOHN D AND CATHERINE T MACARTHUR FOUNDATION 140 SOUTH DEARBORN ST CHICAGO, IL 606035285	23-7093598	501(C)(3)	68,981				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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EMMA GOLDMAN CLINIC 227 N DUBUQUE ST IOWA CITY, IA 52445	42-1009939	501(C)(3)	69,675				HEALTH
DEFENDING DEMOCRACY TOGETHER 2200 WILSON BOULEVARD SUITE 102-270 102-270 ARLINGTON, VA 22201	82-3877328	CORPORATION - C	75,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON RD SUITE 470 JACKSON, MS 39216	46-1917760	501(C)(3)	75,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WASHINGTON CENTER FOR EQUITABLE GROWTH INC 1500 K ST NW 850 WASHINTON, DC 20005	47-4464400	CORPORATION - S	75,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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INSTITUTE ON TAXATION AND ECONOMIC POLICY 1616 P ST NW 200 WASHINGTON, DC 20036	04-3688165	501(C)(3)	75,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
PICO NATIONAL NETWORK 999 NORTH CAPITOL NE SUITE 200 WASHINGTON, DC 20002	94-2206497	501(C)(3)	76,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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CHILDRENS GUILD 6802 MCCLEAN BLVD PARKVILLE, MD 21234	52-0634411	501(C)(3)	77,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GYNECOLOGY AND MORE INC 1933 W 60TH STREET HIALEAH, FL 33012	47-3182343	CORPORATION - S	83,050				HEALTH

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

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AANCHOR HEALTH CENTER LTD PO BOX 1025 ARLINGTON HEIGHTS, IL 60006	36-4414552	CORPORATION - C	83,325				GENERAL
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW 615 WEST 131ST STREET 3RD FLOOR NEW YORK, NY 10027	13-5598093	501(C)(3)	85,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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METROPOLITAN PLANNING COUNCIL 140 S DEARBORN ST SUITE 1400 CHICAGO, IL 60603	36-2382849	CORPORATION - S	85,875				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FAMILY PLANNING ASSOCIATION OF MAINE PO BOX 587 AUGUSTA, ME 04401	01-0317679	501C3	99,513				HEALTH

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

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ASPEN INSTITUTE 1 DUPONT CIRCLE NW SUITE 700 WASHINGTON, DC 20036	84-0399006	501(C)(3)	100,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLEGHENY REPRODUCTIVE HEALTH CENTER 5910 KIRKWOOD ST PITTSBURGH, PA 15206	82-0598328	CORPORATION - S	100,000				HEALTH

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

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BLUE MOUNTAIN CLINIC 610 N CALIFORNIA MISSOULA, MT 59802	81-0365291	501(C)(3)	100,000				HEALTH
COLUMBUS WOMEN'S HEALTH ORGANIZATION 3850 ROSEMONT DR COLUMBUS, GA 31904	27-3509644	CORPORATION - C	100,000				HEALTH

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

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ALLENTOWN WOMEN'S CENTER 31 S COMMERCE WAY SUITE 100 BETHLEHEM, PA 18017	23-2073222	CORPORATION - S	100,000				HEALTH
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH 2240 W OGDEN AVE 2ND FLOOR CHICAGO, IL 60612	36-2244897	501(C)(3)	108,244				GENERAL

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

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LEAGUE OF WOMEN VOTERS OF SOUTHERN NEVADA PO BOX 46901 LAS VEGAS, NV 89114	94-2591461	501(C)(3)	110,800				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WOMEN'S HEALTH SERVICES PC 111 HOWARD ST BROOKLINE, MA 02446	04-3150652	CORPORATION - S	113,234				HEALTH

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

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LEADERSHIP NOW PROJECT 1401 K ST NW SUITE 900 WASHINGTON, DC 20005	82-1780610	CORPORATION - C	119,953				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE 2ND FLOOR BALTIMORE, MD 21202	52-1486702	501(C)(3)	120,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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MARYLAND CITIZENS HEALTH INITIATIVE EDUCATION FUND INC 2600 ST PAUL STREET BALTIMORE, MD 21218	52-2173223	501(C)(3)	125,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
AMERICA VOTES AMERICA VOTES 1155 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20036	26-4568349	501(C)(4)	125,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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THE ENERGY FOUNDATION 301 BATTERY STREET 5TH FLOOR SAN FRANCISCO, CA 94111	94-3126848	501(C)(3)	125,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ALLIANCE FOR A JUST SOCIETY 3518 S EDMUNDS STREET SEATTLE, WA 98118	91-1635554	CORPORATION - C	126,063				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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ADVANTAGE HEALTH CARE LTD PO BOX 1025 ARLINGTON HEIGHTS, IL 60006	36-4167859	CORPORATION - C	129,250				GENERAL
MICHIGAN AVENUE CENTER FOR HEALTH LTD PO BOX 1025 ARLINGTON HEIGHTS, IL 60006	61-1466865	CORPORATION - C	137,575				GENERAL

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

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THE FIVE LAKES PROJECT 403 FOURTH ST CHARLOTTE, MI 48813	82-4370230	501(C)(4)	137,850				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT 360 14TH STREET STE 500A OAKLAND, CA 94612	94-2410277	501(C)(3)	140,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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FEMINIST WOMEN'S HEALTH CENTER INC 1924 CLIFF VALLEY WAY ATLANTA, GA 30329	58-1273243	501C3	144,214				HEALTH
NORTHLAND FAMILY PLANNING INC 24450 EVERGREEN RD SUITE 220 SOUTHFIELD, MI 48075	38-2118668	CORPORATION - C	147,408				HEALTH

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CENTER FOR PUBLIC INTEREST RESEARCH 294 WASHINGTON ST SUITE 500 BOSTON, MA 02108	04-2863170	501(C)(3)	150,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE ASIA SOCIETY 725 PARK AVE NEW YORK, NY 10021	13-3234632	501(C)(3)	150,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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COLOROFCHANGEORG EDUCATION FUND 1714 FRANKLIN ST 100-136 OAKLAND, CA 94612	45-5569879	501(C)(3)	150,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
EQUALITY NOW INC 125 MAIDEN LANE SUITE B 9TH FLOOR NEW YORK, NY 10038	13-3660566	501(C)(3)	150,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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BELL POLICY CENTER 1905 SHERMAN ST DENVER, CO 80203	84-1550841	501(C)(3)	160,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	175,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

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PROJECT DRAWDOWN 27 GATE 5 ROAD SAUSALITO, CA 96495	38-3705448	501(C)(3)	175,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FOR OUR FUTURE ACTION FUND 1411 K STREET NW STE 900 WASHINGTON, DC 20005	81-2638345	CORPORATION - C	187,690				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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DATA FOR DEMOCRACY 2610 MANOR ROAD UNIT A AUSTIN, TX 78722	83-0690564	501(C)(3)	189,231				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
VOTER REGISTRATION PROJECT EDUCATION FUND 1725 DESALES ST NW STE 650 WASHINGTON, DC 20036		CORP	196,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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THE VERA INSTITUTE OF JUSTICE INC 233 BROADWAY 12TH FLOOR NEW YORK, NY 10279	13-1941627	501(C)(3)	200,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
MEDICINES360 33 SACRAMENTO ST SUITE 300 SAN FRANCISCO, CA 94111	26-4443340	501(C)(3)	200,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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PENNSYLVANIA VOICE 123 S BROAD STREET STE 630 PHILADELPHIA, PA 19109	81-1141448	501(C)(3)	200,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
LAWYERS' COMMITTEE FOR CIVIL RIGHTS UNDER LAW 1401 NEW YORK AVENUE NW SUITE 400 WASHINGTON, DC 20005	52-0799246	501(C)(3)	200,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY 1776 MASSACHUSETTS AVE NW STE 200 WASHINGTON, DC 20036	52-1974611	501(C)(3)	217,274				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE MOVEMENT COOPERATIVE 200 SCHERMERHORN ST SUITE 326 BROOKLYN, NY 11201	82-2905563	501(C)(3)	231,250				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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A WOMAN'S CHOICE OF JACKSONVILLE INC 4131 UNIVERSITY BLVD SUITE 2 JACKSONVILLE, FL 32216	04-3590126	CORPORATION - C	240,550				HEALTH
NEW ERA COLORADO FOUNDATION 907 ACOMA ST DENVER, CO 80204	26-1389272	501(C)(3)	243,843				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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FRIENDS OF LACOE A FOUNDATION FOR LEARNING 9300 IMPRIAL HIGHWAY DOWNEY, CA 90242	47-4426889	501(C)(3)	250,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
GREATER WASHINGTON COMMUNITY FOUNDATION 1325 G STREET NW SUITE 480 WASHINGTON, DC 20005	23-7343119	501(C)(3)	250,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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WHOLE WOMAN'S HEALTH OF PEORIA LLC 7405 N UNIVERSITY ST ST PEORIA, IL 61614	47-4198178	LLC C	258,050				HEALTH
WOMEN'S HEALTH CENTER OF WEST VIRGINIA 510 WASHINGTON ST W CHARLESTON, WV 25302	55-0559874	509(A)(2)	265,000				HEALTH

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GYNUITY HEALTH PROJECTS 220 EAST 42 STREET 710 NEW YORK, NY 10017	06-1652595	LLC P	287,500				HEALTH
INSYGH T INSTITUTE 801 BROOKSIDE DR 301 LANSING, MI 489178202	38-3040151	501(C)(3)	289,560				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVEMENT STRATEGY CENTER 436 14TH ST 5TH FL OAKLAND, CA 94612	20-1037643	501(C)(3)	300,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
NC JUSTICE CENTER 224 S DAWSON ST RALEIGH, NC 27601	56-1348186	501(C)(3)	325,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE VOICES 1616 P STREET NW STE 220 WASHINGTON, DC 20036	20-1115618	501(C)(3)	350,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ACCESS HEALTH CENTER 1700 75TH ST DOWNERS GROVE, IL 60516	74-2611798	LLC C	393,350				HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS CENTER FOR REPRODUCTIVE HEALTH 1726 POPLAR AVE MEMPHIS, TN 38104	62-0931089	501C3	500,000				HEALTH
CIVIL RIGHTS CORPS 910 17TH STREET NW 200 WASHINGTON, DC 20006	81-3422012	501(C)(3)	500,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COLORADO INDEPENDENT 8273 E 29TH PL DENVER, CO 80238	46-2634633	501(C)(3)	500,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
OHIO CAMPUS COMPACT 615 NORTH PEARL ST GRANVILLE, OH 43023	31-1577478	501(C)(3)	500,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPE CLINIC FOR WOMEN LTD 1602 21ST ST GRANITE CITY, IL 62040	37-1017984	S CORP	546,625				HEALTH
FAMM FOUNDATION 1100 H STREET NW WASHINGTON, DC 20005	52-1750246	501(C)(3)	562,500				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1329 E CARY ST SUITE 202 RICHMOND, VA 23219	27-1598303	501(C)(3)	565,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
REFUGEES INTERNATIONAL 20015 S ST NW WASHINGTON, DC 20009	52-1224516	501(C)(3)	600,000				HUMAN RIGHTS AND INTERNATIONAL JUSTICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE PEOPLES RESOURCE CENTER 565 CONGRESS ST 200 PORTLAND, ME 04101	22-2586108	501(C)(3)	630,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
UPSTREAM USA INC 1630 SAN PABLO AVE SUITE 400 OAKLAND, CA 94612	35-2581424	501(C)(3)	833,334				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE ARIZONA 530 E MCDOWELL ROAD SUITE 107-448 PHOENIX, AZ 85004	37-1782220	501(C)(3)	847,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
IMPACT JUSTICE 2633 TELEGRAPH AVE SUITE 104 OAKLAND, CA 94612	47-3363891	501(C)(3)	950,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPCA 424 EAST 92ND STREET NEW YORK, NY 101286804	13-1623829	501(C)(3)	1,000,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
THE VOTER PARTICIPATION CENTER 1707 L STREET NW SUITE 300 WASHINGTON, DC 20036	55-0889748	501(C)(3)	1,000,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE S 17TH FLOOR NEW YORK, NY 10010	11-6107128	501(C)(3)	1,000,000				ENVIRONMENTAL
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	1,100,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTSTOGETHER FOUNDATION 1875 CONNECTICUT AVE NW SUITE 650 WASHINGTON, DC 20009	46-4838094	501(C)(3)	1,100,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
ANIMAL LEGAL DEFENSE FUND 525 EAST COTATI AVENUE COTATI, CA 94931	94-2681680	501(C)(3)	1,500,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWS FOR DEMOCRACY 700 13TH ST NW SUITE 600 WASHINGTON, DC 20005	83-1737240	501(C)(4)	1,720,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
SUSTAINABLE MARKETS FOUNDATION 45 W 36TH STREET 6TH FLOOR NEW YORK, NY 10018	13-4188834	501(C)(3)	1,800,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES FOUNDATION PO BOX 29903 SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	1,899,000				CAPACITY BUILDING
FLORIDA ALLIANCE FOR CIVIC ENGAGEMENT INC 1713 MAHAN DR TALLAHASSEE, FL 32308	46-4874864	501(C)(3)	1,940,349				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006	13-3442022	501(C)(3)	2,000,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
WESTERN RESOURCE ADVOCATES 2260 BASELINE RD SUITE 200 BOULDER, CO 80302	84-1113831	501(C)(3)	2,000,000				ENVIRONMENTAL PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIXTEEN THIRTY FUND 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 20036	26-4486735	501(C)(4)	2,050,500				CAPACITY BUILDING
REFUGEES INTERNATIONAL 20015 S ST NW WASHINGTON, DC 20009	52-1224516	501(C)(3)	2,400,000				HUMAN RIGHTS AND INTERNATIONAL JUSTICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDWARD FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036	47-3522162	501(C)(3)	2,500,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
FWDUS EDUCATION FUND INC 1776 MASSACHUSETTS AVE NW SUITE 601 WASHINGTON, DC 20036	82-0962378	501(C)(3)	3,800,000				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PLANNING ASSOCIATES MEDICAL GROUP LTD 659 W WASHINGTON BLVD CHICAGO, IL 60661	94-3160268	CORPORATION - S	4,081,077				GENERAL
UPSTREAM USA INC 1630 SAN PABLO AVE SUITE 400 OAKLAND, CA 94612	35-2581424	501(C)(3)	4,166,666				CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

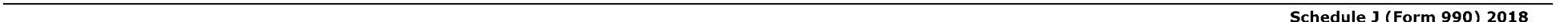
Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	HOPEWELL FUND HAS A HEALTH AND FITNESS REIMBURSEMENT POLICY WHICH REIMBURSES CERTAIN GYM AND SIMILAR EXPENSES UP TO \$75 PER MONTH THIS APPLIES TO ALL FULL TIME EMPLOYEES



Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization HOPEWELL FUND	Employer identification number 47-3681860
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ARABELLA ADVISORS LLC	SEE PART V	3,763,563	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	(A) NAME OF PERSON ARABELLA ADVISORS, LLC(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION ENTITY MORE THAN 35% OWNED BY ERIC KESSLER, FORMER PRESIDENT(C) AMOUNT OF TRANSACTION \$3,763,563(D) DESCRIPTION OF TRANSACTION SPECIFICALLY, ARABELLA ADVISORS PROVIDED 1) STAFF FOR HOPEWELL FUND PROJECTS, 2) OPERATIONAL SUPPORT IN MANAGING THE ORGANIZATION AND 3) SUPPLEMENTAL CONSULTING SUPPORT FOR SOME HOPEWELL FUND PROJECTS (E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOPEWELL FUND

Employer identification number
47-3681860

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	22,842,838	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
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b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

HOPEWELL FUND

Employer identification number

47-3681860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SAMPRITI GANGULI, WILBUR PRIESTER, AND ANDREW SCHULZ HAVE BUSINESS RELATIONSHIPS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	ARABELLA ADVISORS IS A MANAGEMENT, STRATEGY AND EVALUATION FIRM SERVING FAMILY, INSTITUTIONAL, AND CORPORATE PHILANTHROPISTS ACROSS THE COUNTRY AND AROUND THE WORLD ARABELLA PROVIDES BUSINESS AND ADMINISTRATIVE SERVICES TO THE HOPEWELL FUND UNDER AN ADMINISTRATIVE AGREEMENT IN THAT CAPACITY, ARABELLA SUPPLIES THE SYSTEMS AND SERVICES TO ENSURE COMPLIANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS RELATED TO CHARITABLE SOLICITATION AND PROVIDES HR, LEGAL, PAYROLL, AND OTHER ADMINISTRATIVE FUNCTIONS FOR THE HOPEWELL FUND THEREBY ENABLING HOPEWELL TO BETTER FURTHER ITS MISSION AND ACHIEVE IMPACT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF DIRECTORS OF HOPEWELL FUND AND THE FUND'S LEGAL COUNSEL REVIEWED THE 990 BEFORE IT WAS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	NONE OF THE NAMED POSITIONS EXISTED OR RECEIVED COMPENSATION DURING THE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FUND MAKES ITS FORM 1023 APPLICATION FOR RECOGNITION OF EXEMPTION, AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THOSE MATERIALS INCLUDE THE FUND'S INITIAL GOVERNING DOCUMENTS , CONFLICTS OF INTEREST POLICY, AND OTHER POLICIES THE FUND DOES NOT MAKE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REFUND OF PRIOR YEARS' GRANTS 276,779 RETURN OF GRANT FUNDS -52,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD COMMENCED ITS OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AUDITOR IN ACCORDANCE WITH THE HOPEWELL FUND'S GOVERNANCE DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, BOX C	HOPEWELL FUND TRADE NAMES ARIZONA MIRROR ARIZONANS FOR RESPONSIBLE GOVERNMENT EQUITY FORW ARD FLORIDA PHOENIX MICHIGAN ADVANCE MICHIGAN FAMILIES FOR OPPORTUNITY NEVADA CURRENT PENN SYLVANIA STAR-CURRENT VIRGINIA MERCURY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 22	AT THE END OF 2017, HOPEWELL RECEIVED AN UNUSUAL GRANT THAT WILL FUND AN EXPANSION OF ITS WORK FOR SEVERAL YEARS IN THE FUTURE