Form	90	90	Return	of Organization Exer	nnt From Inc	ome	Tax		OIVIB NO. 1545-0047		
i onn						01110	Tur		2020		
			Under section 501(c),	527, or 4947(a)(1) of the Internal	Revenue Code (exc	cept p	rivate found	lations)			
Departi	ment of	the Treasury	Do not en	ter social security numbers on t	this form as it may l	be mad	de public.		Open to Public		
		ue Service		www.irs.gov/Form990 for instru	ctions and the lates	st info	rmation.		Inspection		
A F	or the	e 2020 calend	ar year, or tax year begir	ning	09-01 , 2020 , a	nd enc	ding	08	-31 ,2021		
В с	heck if a	applicable:	C Name of organizationBl	ack Voters Matter Fund	d Inc			D Emplo	oyer identification number		
A	ddress o	change	Doing business as						81-3625061		
N N	ame cha	ange		.O. box if mail is not delivered to street addre	,	Room/s	uite	E Telepł	none number		
In	itial retu	urn	3645 Marketpla	ace Blvd Suite 130-209							
Fi	nal retu	irn/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal cod	е			G Gross	receipts		
Ai	mended	d return	Atlanta, GA 30)344				\$	10,246,354		
	pplicatio	on pending	F Name and address of pr	incipal officer:			H(a) Is this a	group return f	or subordinates? Yes X No		
							H(b) Are all	subordinate	es included? Yes No		
I Ta	ax-exem	npt status:	501(c)(3) X 501(c) (4) < (insert no.) 4947(a)(1) or	527		lf "No,"	attach a lis	t. See instructions		
	ebsite:		.blackvotersmatte	erfund.org			H(c) Group	exemption i	number 🕨		
	_	organization: X	Corporation Trust Ass	sociation Other ►	L Year of formation	on: 20	16 M S	State of leg	al domicile: GA		
Par	tl	Summar	у								
	1	Briefly descr	ibe the organization's miss	ion or most significant activities:	Our goal is	to i	ncrease	power	in our		
¢)			-	tive voting. We incr		-			lp develop voting		
nce		infrastr	ucture and to pur	sue policies that exp	ands access t	o the	e ballot	•			
Governance											
OVE	2			n discontinued its operations or dis	•			1 1			
	3			0,00,0000					3		
es	4			rs of the governing body (Part VI, I					3		
Activities &	5		r of individuals employed in		55						
Acti	6		r of volunteers (estimate if	• /							
•				Part VIII, column (C), line 12 .					0		
	b	Net unrelate	d business taxable income	e from Form 990-T, Part I, line 11				. 7b	0		
							Prior Year		Current Year		
	8		•	1h)					10,246,354		
anu	9	-		e 2g)					0		
Revenue	10			A), lines 3, 4, and 7d)					0		
Re	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					0		
	12			(must equal Part VIII, column (A), li	,				10,246,354		
	13			IX, column (A), lines 1-3)					3,605,897		
	14	Benefits paid	to or for members (Part I	X, column (A), line 4)		•			0		
Ś	15			e benefits (Part IX, column (A), line	,	•			1,307,900		
Ise				column (A), line 11e)					0		
Expenses	b		sing expenses (Part IX, co		93,187						
ŵ	17	•		nes 11a-11d, 11f-24e)					8,105,770		
	18			t equal Part IX, column (A), line 25)					13,019,567		
	19	Revenue les	s expenses. Subtract line	18 from line 12					(2,773,213)		
Net Assets or Fund Balances		-					ginning of Curr		End of Year		
sets 3alar	20		· · · · · · · · · · · · · · · · · · ·	••••••			4,579		2,328,733		
et As nd E	21		, ,					,000	542,076		
	22			line 21 from line 20		•	4,559	,870	1,786,657		
Par			re Block	Irn, including accompanying schedules and s	totomonto and to the heat	of my kn		liof it io			
				ficer) is based on all information of which pre			owiedye and be	ilei, il is			
		.									
Sigr	,			01-14-2022							
-			e of officer					Dat	e		
Here	•		ford Albright, Ex	ecutive Director							
			print name and title	Bropororio cignotium	Data				DTIN		
n-''		Print/Type pre		Preparer's signature	Date		Check	if	PTIN		
Paid			Russell	Zenobia Russell	04-11-20		self-em	ployed	P01347006		
	barer			Accounting Solutions	Inc		Firm's EIN 🕨				
use	Only	y Firm's addres	s 🕨 3311 Gle	en Summit Ln			Phone no.				

Snellville GA 30039

No

678-571-1485

<u>.....X</u>Yes

OMB No. 1545-0047

Form	990 (2020) Black Voters Matter Fund Inc	81-3625061	Page 2
Pa	rt 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:		
	Our goal is to increase power in our communities through effective voting.		
	registration and help develop voting infrastructure and to pursue policies t	that expands	access to
	the ballot.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.	📋 163	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
Ū	services?	Yes	X 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 measur	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 12,403,439 including grants of \$ 3,605,897) (Revenue	\$)
	Our goal is to increase power in our communities through effective voting. W	We increase v	voter
	registration and help develop voting infrastructure and to pursue policies t	that expands	access to
	the ballot.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	<u> </u>
40		φ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 12,403,439	/	
EA		For	m 990 (2020)
~		1 011	

Form	1 990 (2020) Black Voters Matter Fund Inc 81-36250)61	P	age 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

	1990 (2020) Black Voters Matter Fund Inc 81-30	5250	61	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				1
22	Did the exercited tensor then \$5,000 of grants or other equiptered to or for demostic individuals on	[Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	· • •	~~~		^
25	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	••••	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ī			
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	Ī			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	Ī			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	•••	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	t t	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	•••	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	t t	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	•••	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		20		
24	conservation contributions? If "Yes," complete Schedule M.	t t	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	•••	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N. Part II</i>		32		v
33	complete Schedule N, Part II	••••	52		х
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	•••	55		~
•.	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	H	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	Ī			
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ī			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Ī			
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	· • • ·			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	Í

	990 (2020) Black Voters Matter Fund Inc 81-36250	61	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 returm 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
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		x
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u> </u>
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	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b	x	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
ь	and services provided to the payor?	7a 7b		x
b		01		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		x

Form **990** (2020)

Form	990 (2020) Black Voters Matter Fund Inc 81-36250	61	F	Page 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	
ia	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2	v	
2	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form 2	11a	x	
b	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	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	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			

Clifford Albright (470)653-0000, 3645 Marketplace Blvd Suite 130-209, Atlanta, GA 30344

Form 990 (2020) Black Voters Matter Fund Inc	81-3625061	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	mpensated Employe	es, 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 tl	nis table for all persons required to be listed. Report compensation for the calendar year ending with o	r within the	
organization's t	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	ss 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					s both an /trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	9 J	In	q	Ke	en Hi	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	stitut	Officer	iy en	ghes	Former	(00-2/1099-0013C)	(11 2) 1000 11100)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	/ee				
	below	ruste	trus		/ee	npe				
	dotted line)	õ	tee			Highest compensated employee				
						ä				
(1) Clifford Albright										
Executive Director					х			9,136	113,318	0
(2) LaTosha Brown										
Chief Doer				х				10,000	104,375	0
(3)										
(4)										
(4)										
(5)										
<u>(</u> 5)										
<u>(6)</u>										
<u>.</u>										
[7]										
<u>.</u>										
<u>(8)</u>										
<u>.</u>										
<u>(9)</u>										
··										
<u>(10)</u>										
÷-´										
<u>(11)</u>										
÷										
<u>[12]</u>										
±	F									
<u>[13]</u>										
±	F									
(14)										
±	F									
										E

	90 (2020) Black Voters Matt									81-362	25061	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar		_	est Co	omp	ensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	son is	nan one s both a /trustee	in	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated amo of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former		(W-2/1099-MISC)	orga	anization a d organiz	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal		•••	•••	•••	•••	•••	• •					
c d	Total (add lines 1b and 1c)		•••					-	19,136	217,693			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I							-				0
												Yes	No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-				. 3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	mpensa	ation	and	l oth	er con	npen	sation from the		- <u>-</u>		
5	individual					••					. 4		x
	for services rendered to the organization? If "Yes			-			-				. 5		x
Secti 1	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	lont oc	ntro	otoro	the	troop	ived	more than \$100.00)0 of			
1	compensation from the organization. Report comp												
	(A) Name and business address	SS							(B) Description of service	ces	(C) Compens		
2	Total number of independent contractors (includin	ng but not lim	ited to	thos	e lis	ted a	above	 e) wh	0				

received more than \$100,000 of compensation from the organization	►

Form 99	<u>`</u>	20) Black	<u>v</u> o	ters Mat	tter	Fund Inc			81-36250	61 Page 9
Part V	VIII	Statement of Rev	enu	le						
		Check if Schedule O co	ontair	is a respons	se or n	ote to any line in th	is Part VIII	(B)	(C)	
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .	••		1a					
ts ts	b	Membership dues			1b					
an a	C.	Fundraising events			1c					
Amo G	d	Related organizations .			1d		-			
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contri			1e		-			
Sim,	f	All other contributions, gif and similar amounts not i	-		1f	10 246 254				
butio	q	Noncash contributions ind				10,246,354	-			
duti	9	lines 1a-1f			1g	\$				
a C	h						10,246,354			
						Business Code				
	2a									
/ice	b									
Ser	с									
evel	d									
Program Service Revenue	е									
Ϋ́.		All other program service								
	g	Total. Add lines 2a-2f .	••		• • •	••••				
	3	Investment income (includ								
		other similar amounts) .								
	4	Income from investment of			•					
	5	Royalties	· ·							
	62	Gross rents	6a	(i) Rea	1	(ii) Personal	-			
		Less: rental expenses					-			
		Rental income or (loss)	6c				-			
		Net rental income or (loss)								
		Gross amount from	, <u>.</u>	(i) Securiti		(ii) Other				
	10	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
е		and sales expenses	7b							
/en	с	Gain or (loss)	7c							
Re	d	Net gain or (loss)	••		• • •	ト				
Other Revenue	8a	Gross income from fundra								
ð		events (not including \$_			-					
		of contributions reported of								
		1c). See Part IV, line 18					-			
	1	Less: direct expenses . Net income or (loss) from								
		Gross income from gamin		aising even	IS .	•••••				
	94	activities, See Part IV, line	-		9a					
	h	Less: direct expenses .					-			
		Net income or (loss) from				· · · · · · · •				
		Gross sales of inventory, I	-	ng douvidos	,					
	IUa	returns and allowances .			10a					
	b	Less: cost of goods sold					-			
		Net income or (loss) from								
					-	Business Code				
ន	11a									
nor	b									
ella ven	с									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d		<u></u> .						
	12	Total revenue. See instru	uctior	IS			10,246.354	0	0	0

 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

Page 10

Do r	not include amounts reported on lines 6b, 7b,	(A) Total auroacco	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,605,897	3,605,897		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	184,146	92,073	92,073	
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,045,028	606,432	350,900	87,696
8	Pension plan accruals and contributions (include	170157020	0007152	3307300	0,7050
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	(13,620)	(4,724)	(7,923)	(973)
10	Payroll taxes	92,346	52,637	33,245	6,464
11	Fees for services (nonemployees):	92,540	52,057	55,215	0,101
a		2,086,251	2,086,251		
b		45,000	45,000		
		(6,300)	45,000	(6,300)	
c d		(0,300)		(8,300)	
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g		661 050	661 050		
40	(A) amount, list line 11g expenses on Schedule O.)	661,950	661,950		
12	Advertising and promotion	1,349,483	1,349,483		
13		97,627	44,948	52,679	
14		16,241	8,115	8,126	
15					
16		1,366	1,366		
17		2,133,979	2,133,979		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		141		141	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Events	1,278,562	1,278,562		
b	Digital Media	345,270	345,270		
C	Meals	15,764	15,764		
d	Postage and Shipping	78,278	78,278		
е	All other expenses	2,158	2,158		
25	Total functional expenses. Add lines 1 through 24e	13,019,567	12,403,439	522,941	93,187
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 🗌 if				
	following SOP 98-2 (ASC 958-720)				

	990 (20	, , , , , , , , , , , , , , , , , , , ,	83	L-3625061	Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X		•••••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	4,574,853	1	1,866,647
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	416,463
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 46,073			
	b	Less: accumulated depreciation	5,017	10c	45,623
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,579,870	16	2,328,733
	17	Accounts payable and accrued expenses	20,000	17	542,076
	18			18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lia	22	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	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		25	
	26	of Schedule D	20.000	25	542,076
	20	Organizations that follow FASB ASC 958, check here	20,000	20	542,076
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	4,559,870	27	1,786,657
lanc	28	Net assets with donor restrictions	4,555,670	28	1,700,037
Ba		Organizations that do not follow FASB ASC 958, check here			
pun		and complete lines 29 through 33.			
ř	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,559,870	32	1,786,657
ž	33	Total liabilities and net assets/fund balances	4,579,870	33	2,328,733
					Z, 320, 733

EEA

Form 990 (2020)

Form	990 (2020) Black Voters Matter Fund Inc 8	L-362506	1	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,	246,	,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,	019,	,567
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,	773,	,213)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	559,	,870
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	786,	,657
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
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?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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?		3a		x
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2020)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2020

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

Employer identification number Black Voters Matter Fund Inc 81-3625061 Organization type (check one):

Filers of:	n:	
Form 990 or 990-EZ	1(c)(4) (enter number) organi	zation
	47(a)(1) nonexempt charitable tru	st not treated as a private foundation
	7 political organization	
Form 990-PF	1(c)(3) exempt private foundation	
	47(a)(1) nonexempt charitable trus	t treated as a private foundation
	1(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Black Voters Matter Fund Inc

Employer identification number 81-3625061

(a)	(b)	es of Part I if additional space is n (c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	<u>N/A</u>	\$65,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A N/A	\$25,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A N/A	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A N/A	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	<u>N/A</u>	\$19,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$375,000	Person x Payroll Noncash (Complete Part II for

Name of organization

Black Voters Matter Fund Inc

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	<u>N/A</u> <u>N/A</u>	\$00,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	<u>N/A</u>	\$5,955	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	N/A N/A	\$5,000	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	N/A N/A	\$39,128	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>	<u>N/A</u>	\$10,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	N/A N/A	\$20,000	Person x Payroll

Black Voters Matter Fund Inc

Employer identification number 81-3625061

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u>	N/A N/A	\$5,000	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_14	<u>N/A</u>	\$15,277	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	N/A N/A	\$50,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 16 </u>	N/A N/A 	\$()	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_17	N/A N/A	\$18,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	N/A N/A	\$130,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)

Page 2

Black Voters Matter Fund Inc

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	N/A N/A	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20	N/A N/A	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	N/A N/A	\$540,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22	<u>N/A</u>	\$18,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	<u>N/A</u> <u>N/A</u>	\$100,000	PersonxPayroll_Noncash_(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_24	N/A N/A	\$30,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Black Voters Matter Fund Inc

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	<u>N/A</u> <u>N/A</u>	\$75,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	<u>N/A</u>	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	<u>N/A</u>	\$	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	<u>N/A</u>	\$5,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	N/A N/A	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	<u>N/A</u>	\$ 10,000	Person k Payroll □ Noncash □

Black Voters Matter Fund Inc

Employer identification number 81-3625061

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_31	<u>N/A</u>	\$11,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	<u>N/A</u>	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	<u>N/A</u>	\$13,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	<u>N/A</u>	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	<u>N/A</u>	\$64,285	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	<u>N/A</u> <u>N/A</u>	\$00,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Black Voters Matter Fund Inc

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_37	<u>N/A</u>	\$190,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	<u>N/A</u> <u>N/A</u>	\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39	<u>N/A</u>	\$184,077	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40	<u>N/A</u>	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_41	<u>N/A</u>	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
		(-)	(d)
(a)	(b)	(c)	Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	

Black Voters Matter Fund Inc

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
43	<u>N/A</u> <u>N/A</u>	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
44	N/A N/A	\$00,000	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_45	N/A N/A	\$80,000	PersonxPayroll_Noncash_(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_46	N/A N/A	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
47	<u>N/A</u>	\$0,000	PersonImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	<u>N/A</u>	\$	PersonImage: Complete Part II for noncash contributions.)

Black Voters Matter Fund Inc

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>49</u>	<u>N/A</u> <u>N/A</u>	\$00,000	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	N/A N/A	\$00,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_51	N/A N/A	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52	N/A N/A	\$0,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53	N/A N/A	\$00,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54	<u>N/A</u>	\$7,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Black Voters Matter Fund Inc

81-3625061 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
55	<u>N/A</u>	\$25,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
56	<u>N/A</u>	\$912,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
57	<u>N/A</u>	\$00,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
58	<u>N/A</u>	\$52,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
59	<u>N/A</u>	\$81,050	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
60	<u>N/A</u>	\$30,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Black Voters Matter Fund Inc

Employer identification number 81-3625061

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_61	N/A N/A	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	N/A N/A	\$	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	N/A N/A	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	<u>N/A</u> <u>N/A</u>	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65	<u>N/A</u> <u>N/A</u>	\$5,000	PersonxPayroll_Noncash_(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	N/A N/A	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Black Voters Matter Fund Inc

81-3625061 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.	
(a) No.	(b) Name, address, and ZIP + 4	(b)(c)Name, address, and ZIP + 4Total contributions		
67	N/A N/A	\$7,875	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
68	N/A N/A	\$5,000	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

(Form 990) ► 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.			2020			
	► Attach to Form 990				Open to Public	
•	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form		he latest informati	ion.	Inspection
Name	of the organization	f the organization Employer identification				number
Bla	ck Voters Mat	ter Fund Inc			81-3625061	
Pa		tions Maintaining Donor Advised Fu			nts.	
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	6.		
			(a) Donor advise	d funds	(b) Funds ar	nd other accounts
1		d of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	n inform all donors and donor advisors in w	-			
6	-	nization's property, subject to the organization	-			Yes No
6	-	n inform all grantees, donors, and donor adv purposes and not for the benefit of the dono				
		ssible private benefit?		, , ,		. 🏾 Yes 🗌 No
Pa		vation Easements.	<u></u>		•••••	
. u		e if the organization answered "Yes" or	n Form 990, Part IV, lin	e 7.		
1		ervation easements held by the organizatio		• • • •		
		f land for public use (e.g., recreation or edu		Preservation of a	a historically importa	ant land area
	Protection of n		, E	-	a certified historic st	
	Preservation o	f open space		-		
2	Complete lines 2a th	nrough 2d if the organization held a qualified	conservation contribution	in the form of a con	servation	
	easement on the la	st day of the tax year.			Held at t	he End of the Tax Year
а	Total number of co	nservation easements			. 2a	
b	Total acreage restr	ricted by conservation easements			. 2b	
С	Number of conserv	vation easements on a certified historic struc	cture included in (a)		. 2c	
d	Number of conserv	vation easements included in (c) acquired at	fter 7/25/06, and not on a			
	historic structure lis	ted in the National Register			. 2d	
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terr	ninated by the organ	nization during the	
	tax year ►					
4		where property subject to conservation ease				
5		ion have a written policy regarding the period				
•		prcement of the conservation easements it h				
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and er	forcing conservation	n easements during	the year
7			a of violational and anform	ing concervation on	aamaata during tha	
7	Amount of expense ► \$	es incurred in monitoring, inspecting, handlir	ig of violations, and enforc	ing conservation eas	sements during the	year
8	· · · · · · · · · · · · · · · · · · ·	 vation easement reported on line 2(d) above	a satisfy the requirements (of section $170(h)(A)(A)$	(B)(i)	
U	and section 170(h)					. 🗌 Yes 🗌 No
9	. ,	be how the organization reports conservatio				
-		include, if applicable, the text of the footnote		•		
		ounting for conservation easements.	5			
Pa		zations Maintaining Collections	of Art, Historical Tr	easures, or Ot	her Similar As	sets.
	Complet	e if the organization answered "Yes" of	on Form 990, Part IV, li	ne 8.		
1a	If the organization	elected, as permitted under FASB ASC 958	s, not to report in its revenu	e statement and ba	lance sheet works	
	of art, historical trea	asures, or other similar assets held for publi	c exhibition, education, or	research in furthera	nce of public	
	service, provide, in	Part XIII the text of the footnote to its finance	cial statements that describ	es these items.		
b	•	elected, as permitted under FASB ASC 958	•			
		ures, or other similar assets held for public e	exhibition, education, or res	earch in furtherance	e of public service,	
	•	ng amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				
		d in Form 990, Part X				
2	-	received or held works of art, historical treas		-	, provide the	
	-	required to be reported under FASB ASC 9	-			
a		on Form 990, Part VIII, line 1				
b	b Assets included in Form 990, Part X					

EEA

	ule D (Form 990) 2020 Black Voters M							81-362				age 2
Pa	t III Organizations Maintaining	Coll	ections of	Art, His	torical T	Freasures	, or Ot	her Similar A	Asse	ets (col	ntin	ued)
3	Using the organization's acquisition, accessio	n, and	other records,	check any	of the follo	owing that ma	ake signi	ficant use of its				
	collection items (check all that apply):											
а	Public exhibition			d	Loan	or exchange	program	IS				
b	Scholarly research			е	Other							
с	Preservation for future generations											-
4	Provide a description of the organization's col	llection	s and explain	how they f	urther the d	organization's	sevenni	t numose in Part				
•	XIII.	1000101		now aloy i		organization	oxomp					
5		rocoiv	a donationa of	ort histori	ool trocour	no or other o	imilor					
5	During the year, did the organization solicit or											
De	assets to be sold to raise funds rather than to			art of the of	ganization	is collection:			••	Yes		No
Pa	t IV Escrow and Custodial Arra			_			~			. –		
	Complete if the organization	answ	ered "Yes"	on Form	990, Pa	art IV, line	9, or re	eported an an	nour	nt on Fo	orm	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodia	n or ot	her intermedia	ry for contr	ibutions or	other assets	s not					
	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and co	mplete the follo	owing table	e:							
								Α	mour	nt		
с	Beginning balance						. 10	:				
d	Additions during the year											
e	Distributions during the year											
f	Ending balance											
	Did the organization include an amount on Fo											No
2a	5			-								
b	If "Yes," explain the arrangement in Part XIII.	Check	there if the ex	planation n	as been pr				•••			<u>i</u>
ra	<u>T</u> V Endowment Funds.				000 D.		10					
	Complete if the organization	answ	ered Yes									
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	:k	(e) Four y	ears b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre		r and halanca	(line 1 a co	lump (a))	hold as:						
	Board designated or quasi-endowment	•		(inte rg, cc	numi (a))							
a ⊾	o 1 _		%									
b		%										
С	Term endowment > %											
	The percentages on lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the posses	ssion o	of the organizat	tion that are	e held and	administered	for the					
	organization by:									<u>ر</u>	/es	No
	(i) Unrelated organizations								•••	3a(i)		
	(ii) Related organizations								•••	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations I	isted as require	ed on Sche	edule R?.					3b		
4	Describe in Part XIII the intended uses of the	organ	ization's endov	wment fund	ls.							
Pa	t VI Land, Buildings, and Equip	men	t.									
	Complete if the organization			on Form	990, Pa	art IV, line	11a. S	ee Form 990	Pa	rt X, lin	e 1(0.
	Description of property		(a) Cost or oth			or other basis		Accumulated		(d) Book		
			(investme			other)		epreciation		(-,		
1a	Land			-	,							
b	Buildings											
C	Leasehold improvements											
d				14,067				450				617
e	OtherSTMD1			32,006	(a .)							006
	. Add lines 1a through 1e. (Column (d) must	equal	Form 990, Pa	rt X, colum	n (B), line	10.c.,)		►		4	15 ,	623
EEA									Sch	edule D (Fo	orm 9	90) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	Black Voters Matter Fund Inc	1	81-3625061	Page 3
Part VII Investments -	Other Securities.			
Complete if the	organization answered "Yes" on Forr	n 990, Part IV, lin	e 11b. See Form 990, Part X,	line 12.
., .	ion of security or category ding name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1) Financial derivatives				
(2) Closely-held equity interests .				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Forn	n 990, Part X, col. (B) line 12.) ►			
Part VIII Investments -	Program Related.			
Complete if the	organization answered "Yes" on Forr	n 990, Part IV, lin	e 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.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lir	ne 25.). ►

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Sched	ule D (Form 990) 2020 Black Voters Matter Fund Inc	81-3625061	Page 4
Pa	rt 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.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Pa	rt 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.

	FOR YOUR RECOR Federal Supporting		2020	PG01					
Name(s) as shown on return			Tax ID Number						
<u>Black Voters Matter</u>	Fund Inc		81.	-3625061					
Form 990 - Schedule D - Part VI - Line 1e statement #D1e Investments - Other									
Description	Cost/basis	Cost/basis		Book					
of Investment	(Investment)	(Other)	Depr	Value					
Software	32,006	0	0	32,006					
Total	32,006	0	0	32,006					

SCHEDULE I		rants and Othe				1	OMB No. 1545-0047
(Form 990)		ernments, and					2020
Department of the Treasury	Comple	ete if the organization a	Inswered "Yes" on For ► Attach to Form 990.	m 990, Part IV, line 2 ⁴	l or 22.	C	pen to Public
Internal Revenue Service			.gov/Form990 for the	atest information.			Inspection
Name of the organization						Employer identification	number
Black Voters Matter Fund Inc		• •				81-3625061	
Part I General Information on G							
1 Does the organization maintain records to		-	-				
the selection criteria used to award the gr						• • • • • • • • • •	. <u>x</u> Yes 🗌 No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistant				te Complete if the	organization answered	"Ves" on Form 99(ר
Part IV, line 21, for any recipi		-			-		<i>σ</i> ,
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government	((if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)1Hood Power					outory		
3951 Snapfinger Pky							
Decatur GA 30035	85-1461805	501(c)(4)	40,000				
(2)76 Words Corp							
			7,500				
(3) ^A Philip Randolph Institute							
			15 000				
(4)ACLU of North Carolinaa			15,000				
(4)ACLU DI NOICH CATOITHAA							
			5,000				
(5)ACT 4 SA							
(3)							
			10,000				
(6)Action St Louis Power Proje							
1041 N Vandeventer							
Saint Louis MO 63113	85-1437933	501(c)(4)	95,000				
(7)Advance North Carolina							
			100,000				
(8)Alachua County Democratic							
			10 000				
(9)All Streets All People			10,000				
(9)AII Streets AII People 4646 Hilry Huckaby III Ave							
Shreveport LA 71107	82-1914305	501(c)(3)	11,000				
(10Alliance for A New Justice							
County Rd							
Brazoria TX 77422			44,000				
2 Enter total number of section 501(c)(3) ar	nd government oraar	izations listed in the line	1 table			· >	1
3 Enter total number of other organizations						· · · · · · • -	1

Governments, and Individuals in the United States 2020 (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury > Attach to Form 990. Open to Public Internal Revenue Service > Go to www.irs.gov/Form990 for the latest information. Inspection	SCHEDULE I	I	Gr	ants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
Complexity of a first of the organization narwared "Yes" on Form 390, Part II, Washington 21 of 22. Open to Public inspection The off cognization market expected of the linear information. Inspection Inspection The off cognization market expected on the linear information. Inspection Bit 362:5061 Part I General Information on Grants and Assistance Bit 362:5061 Bit 362:5061 Part II General Information on Grants and Assistance Inspection Inspection 1 Does the organization markine expects to substance the another to the linear of aparts or assistance, the generate assistance is needed. Inspection 2 Describe in Part IV the organization procedures for monother that use of grant funds in the linear distance is needed. Impection Impection 1 In the organization with the treatment of the grants or assistance. Impection Impection Impection 2 Describe in Part IV the organization more than 55,000. Impection Impection Impection Impection Impection (r)Alliance for Police Account S.000 Impection Impection Impection Impection Impection Impection Impection Impection Impection									
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State of the copyone Employer descriptions Part II General Information on Grants and Assistance 81-3625061 1 Does the organization maints mode to substitute the amount of the grants or assistance? Image: Copyone 2 Decenter Information on Grants and Oter Assistance to The selection of the grants or assistance? Image: Copyone 3 Decenter Information of the selection of the grants or assistance? Image: Copyone 4 Open the organization maints mode the Assistance to Domesite Organizations and Ober Assistance to Domesite Organizations and Ober Assistance to Domesite Organizations and Ober Assistance to Domesite Organization and Ober Assis	Department of the Treasury					latest information			•
Part II General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the anount of the grants or assistance, the grants or assistance and the selection of the selection of the selection of the selection of the grants or assistance of the grant of the g	Name of the organization				gow of the life			Employer identificatio	
1 Opset the organization maintain records to substantiate the amount of the grants or assistance. the grants and assistance. Image: Control or Contor or Control or Control or Control or Contro	Black Voters Mat	ter Fund Inc						81-3625061	L
The selection criteria used to award the grants or assistance? Image: Control of the selection criteria used to award the grants or assistance is to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV. Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Newn of address of organization address of organization answered 'Yes' on Form 990, Part IV. Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Description of the organization address of organization address of organization or government (if applicable). (b) File organization address of organization address of organization address of organization. (b) ENN (c) Proceed or grant or assistance in the sestence or grant or assistance in the sestence or grant or assistance in the sestence or grant or address of organization. (b) ENN (c) Perceed or grant or address of organization in the United States. (c) All cance for Folice Account (b) ENN (c) PRC etchange in the sestence	Part I General	Information on	Grants and Assi	stance					
2 Decribe in Part IV inerganization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, lor any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (a) Name and address of regination of the use of grant (if explicitable) (a) Purpose of grant (if explicitable) (b) Name and address of regination of explicitable) (b) Name and address of regination of explicitable) (b) Name and address of regination of explicit the intervence of the use of grant (if explicitable) (c) Purpose of grant (if explicable) (c) Purpose of grant (if explicit	1 Does the organizat	ion maintain records to	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
2 Decribe in Part IV inerganization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, lor any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (a) Name and address of regination of the use of grant (if explicitable) (a) Purpose of grant (if explicitable) (b) Name and address of regination of explicitable) (b) Name and address of regination of explicitable) (b) Name and address of regination of explicit the intervence of the use of grant (if explicitable) (c) Purpose of grant (if explicable) (c) Purpose of grant (if explicit	•			•	•				🗌 Yes 🗌 No
Fart III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 990. Part N, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of anymonics on government. (b) EN (c) RC section. (d) Amount of cash of address of anymonics of the probability. (g) Description of non-organization address of anymonics. (b) Purpose of grant of address of anymonics. (c) Purpose of grant of address		-							
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Or government Off applicable) Of	·								
Opposition Opposition Opposition Opposition Other Account Other Account <thother account<="" th=""> <thother account<="" th=""></thother></thother>	1 (a) Name and addre	ss of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-		(g) Description of	(h) Purpose of grant
bit California Ave Plr 3 46-2364929 10,000 Pittsburgh PA 15212 46-2364929 10,000 (g)America Votes 5,000 (g)Beauty and Barber Empowerme 13800 Shaker Bivd Suite 904 61-1788083 88,000 (g)Beauty and Barber Empowerme 13800 Shaker Bivd Suite 904 61-1788083 88,000 (g)BEB DR Foundation 50,000	or govern	nment		(if applicable)	grant	cash assistance		noncash assistance	or assistance
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(2)America Votes 5,000 (3)Beauty and Barber Empowerme 13800 Shaker Blvd Suite 904 51-1788083 88,000 (4)BEB DR Foundation 50,000	841 California A	ve Flr 3							
S,000 S,000 (3)Beauty and Barber Empowerme 13800 Shaker Blvd Suite 904 61-1788083 88,000 Cleveland OH 44120 61-1788083 88,000 (4)BEB DR Foundation 50,000 50,000 (5)BEB DR Live Movement 5,000 50,000 (6)BEB DR Live Movement 5,000 5,000 (6)BEB CV Ovters League Inc 5,000 5,000 (6)BEM Alle Voter Project 10,000 10,000 (6)BEM Male Voter Project 10,000 10,000 (6)Brok Male Voter Project 86-2625148 5,070 (6)Block County Chapter ADC 86-2625148 5,000 Kataebore GA 30458 5,000	Pittsburgh PA 15	212	46-2364929		10,000				
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Cleveland OH 44120 61-1788083 88,000	、 /								
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324 South Prarie St 26-2089955 501(c)(4) 10,000 10,000 10 10 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					5,000				
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			26-2089955	501(c)(4)	10.000				
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SCHEDULE I		G	rants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in	the United Sta	tes		2020
		Comple	te if the organization a		m 990, Part IV, line 21	or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service				Attach to Form 990. .gov/Form990 for the	latest information			Inspection
Name of the organization							Employer identification	
Black Voters Matte	er Fund Inc						81-3625061	
Part I General I	nformation on (Grants and Ass	istance					
			ount of the grants or ass	istance the grantees' eli	aibility for the grants or	assistance and		
								. 🗌 Yes 🗌 No
2 Describe in Part IV t	0							
					ts Complete if the	organization answered	"Yes" on Form 99()
			nore than \$5,000. Pa					,
1 (a) Name and address		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governm	•		(if applicable)	grant	cash assistance	(book, FMV, appraisal,	noncash assistance	or assistance
(1)Cincinnati NAAC			()]			other)		
3494 Reading Rd								
Cincinnati OH 452	29	61-6052600	501(c)(4)	20,000				
(2)Cison US Inc								
130 E Randolph ST	7th Fl							
Chicago IL 60601				6,500				
(3)Clarksville-Mor	nt Co NAACP							
PO 581								
Clarksville TN 37	041	91-2082720	501(c)(4)	16,000				
(4)Community Aid I								
PO Box 361270	-							
Decatur GA 30036				20,000				
(5)David Ainey								
Unknown								
Atlanta GA 30344				16,200				
(6)Denmark Citizer	ns Associatio							
36 Easterling Ct								
Denmark SC 29042		84-4757214	501(c)(3)	8,000				
(7)Dr J Garrett Gr	reen & Associ							
1616 N Reus St								
Pensacola FL 3250	1	85-2231716		5,000				
(8)Dr James Barnes	s Comm							
1455 E Bert Kouns	Industria							
Shreveport LA 711	05			9,000				
(9)Dr Willie Jacks	son							
4695 Us Highway 4	2 Ste 1000							
Louisville KY 402	22			5,400				
(10) quity in Actio	on							
103 Halcyon Way								
Thomasville GA 31	792	85-2031599	501(c)(4)	5,000				
2 Enter total number of	f section 501(c)(3) ar	nd government organi	zations listed in the line	1 table			· · · · · · •	

3 Enter total number of other organizations listed in the line 1 table •

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

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SCHEDULEI			rants and Other				I	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in a	the United Sta	tes		2020
		Comple	te if the organization a	nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	(Open to Public
Department of the Treasury Internal Revenue Service				gov/Form990 for the	atest information.			Inspection
Name of the organization							Employer identification	
Black Voters Matt	er Fund Inc						81-3625061	
Part I General	Information on	Grants and Ass	istance					
1 Does the organization	on maintain records to	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria	a used to award the gr	rants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV	the organization's pro	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants an	nd Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	ts. Complete if the o	organization answered	"Yes" on Form 99	0,
Part IV, lin	ne 21, for any recipi	ient that received r	nore than \$5,000. Par	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and addres	s of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or govern	ment		(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance
(1) ^{Fix SAPD}								
8407 Bandera Rd S								
San Antonio TX 78	3250			75,000				
(2)Frances Odom								
Unknown				6 005				
Atlanta GA 30344	1			6,285				
(3)Fresh Communit	les							
106 Albany Ave		85-3355399		CO 000				
Waycross GA 31501		85-3355399		60,000				
(4) Freinds of Wes 2541 SE Walton Rd								
Port Saint Lucie				5,000				
(5)GNSS LLC	FE 54904			5,000				
7950 Jones Branch	Dr							
Mc Lean VA 22107				9,200				
(6)Grand Tone Med	ia							
7152 Georgian Rd								
Philadelphia PA 1	.9138	45-4146061		23,000				
(7)Grassroots Coa	lition			-				
Po Box 542								
Point Pleasant Be	a NJ 08742			10,000				
(8)Henry County N	AACP							
165 Summit View D								
McDonough GA 3025	53	83-3752095	501(c)(3)	25,000				
(9)Highlander Res	earch							
1959 Highlander W								
New Market TN 378	320		501(c)(3)	50,000				
(10Houston Societ								
1507 California S	St							
Houston TX 77006		85-1580295	501(c)(3)	8,000				
2 Enter total number of	of section 501(c)(3) ar	nd government organi	zations listed in the line 1	I table			· · · · · · • _	

3 Enter total number of other organizations listed in the line 1 table

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I		rants and Othe					OMB No. 1545-0047
Department Attach to From '990. Department Name diverse based - 6 ot o www.in.gov/Komm990 for the lase! information. Employee diverse in the service of the service	(Form 990)							2020
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form 990. Part II. Correct St (a) Name and address of organization (f applicable) (a) Amount of cash assistance (b) EN (c) RCS section (f applicable) (f) Method of valuation or government (b) EN (c) RCS section (f applicable) (f) Method of valuation or government (b) EN (c) RCS section (f applicable) (f) Method of valuation or government (b) EN (c) RCS section (f applicable) (f) Method of valuation or government (b) EN (c) RCS section (f applicable) (f) Method of valuation or government (f) Description of or government (f) D		-						. 🗌 Yes 🗌 No
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or governmentIII(if applicable)grantcash assistance(book, FAW, appraisal, one cash assistancefor cas		· ·						
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Knoxville TN 37920 10,000 (10)Lead Louisiana 113 Alfred St	(9)Knoxville for All							
(10)Jead Louisiana 113 Alfred St	821 Gertrude Ave							
113 Alfred St	Knoxville TN 37920			10,000				
113 Alfred St	(10 Louisiana							
Lafayette LA 70501 83-0946022 5,000								
	Lafayette LA 70501	83-0946022		5,000				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2 Enter total number of section 501(c	c)(3) and government organ	izations listed in the line	1 table			·	1

3 Enter total number of other organizations listed in the line 1 table

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	SCHEDULE I	l		ants and Other				1	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Internal Revenue Service			Gove	ernments, and	Individuals in t	the United Sta	tes		2020
Department of the freaduly Internal Revenue Service Control www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number 81-3625061 Part I General Information on Grants and Assistance 81-3625061 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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.			Complet	e if the organization ar	nswered "Yes" on For	m 990, Part IV, line 21	or 22.		
Name of the organization Employer identification number Black Voters Matter Fund Inc 81-3625061 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 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.						atest information.			
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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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. 	Black Voters Mat	ter Fund Inc						81-362506	1
the selection criteria used to award the grants or assistance?	Part I General	Information on (Grants and Assis	stance				1	
the selection criteria used to award the grants or assistance?	1 Does the organizat	ion maintain records to	substantiate the amo	unt of the grants or assis	stance, the grantees' elig	gibility for the grants or	assistance, and		
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.				-	-				🗌 Yes 🗌 No
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	2 Describe in Part IV	the organization's pro-	cedures for monitoring						
	Part II Grants a	nd Other Assistan	ce to Domestic Or	ganizations and Do	mestic Governmen	ts. Complete if the o	organization answered	"Yes" on Form 9	90,
	Part IV, li	ne 21, for any recipi	ient that received m	ore than \$5,000. Par	t II can be duplicated	d if additional space	is needed.		
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non- cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant		-	(b) EIN		.,				(h) Purpose of grant or assistance
(1)League of Women Voters of B	(1)League of Wome	en Voters of B					outery		
Po Box 1813	()								
Panama City FL 32402-1813 5,000	Panama City FL 3	2402-1813			5,000				
(2)Life is Hale LLC	(2)Life is Hale I	LLC							
4236 Acacia Dr	4236 Acacia Dr								
Pensacola FL 32503 84-1745656 7,000	Pensacola FL 325	03	84-1745656		7,000				
(3)Loretta Mcclee dba Majestic	(3)Loretta Mcclee	e dba Majestic							
24964 Hwy 82	24964 Hwy 82								
Mc Carley MS 38943 27-4689759 501(c)(4) 30,000	Mc Carley MS 389	43	27-4689759	501(c)(4)	30,000				
(4)Lower 9th Ward Center	(4)Lower 9th Ward	d Center							
5227 Chartres St	5227 Chartres St								
New Orleans LA 70117 5,000	New Orleans LA 7	0117			5,000				
(5) Madison County Union for	(5)Madison County	y Union for							
5,380					5,380				
(6)Mark A Thompson	(-)								
4675 N Shallowford Rd Ste 2									
Atlanta GA 30338 16,000					16,000				
(7)Memphis for All	· · /	11							
120 Broadway	-								
New York NY 10271 50,000					50,000				
(8)Metro Detroit AFL-CIO		AFL-CIO							
115 W Willis			00 B00000		20.000				
Detroit MI 48201 23-7060963 30,000			23-7060963		30,000				
(9)MIA Strategies LLC 7046 Chew Ave	(-)	з ЭПП.							
		10110	96-1620629		12 500				
Philadelphia PA 19119 86-1620638 12,500 (10% jente PAC		19119	00-1020030		12,500				
734 West Polk St									
Phoenix AZ 85007 50,000					50,000				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			 nd government organiz	l vations listed in the line 1				<u> </u>	

3 Enter total number of other organizations listed in the line 1 table .. 🕨 •

SCHEDULE I		Gi	rants and Othe	r Assistance to	Organization	IS,	1	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in	the United Sta	tes		2020
		Comple	te if the organization a		m 990, Part IV, line 21	l or 22.	C	pen to Public
Department of the Treasury				Attach to Form 990. .gov/Form990 for the	atest information			Inspection
Internal Revenue Service Name of the organization			• 60 to www.iis	.gov/i orifi990 for the			Employer identification	
Black Voters Matt	er Fund Inc						81-3625061	
	Information on (Grants and Assi	istance					
			ount of the grants or assi	istance the grantees' eli	aibility for the grants or	assistance and		
-	used to award the gr		-	-				. 🗌 Yes 🗌 No
2 Describe in Part IV	-							
					ts Complete if the	organization answered	"Yes" on Form 99	า
			nore than \$5,000. Pa		-	-		σ,
1 (a) Name and address		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governr	-		(if applicable)	grant	cash assistance	(book, FMV, appraisal,	noncash assistance	or assistance
(1)Millenials in A			() 11			other)		
228 W Sparks St								
Philadelphia PA 1	9120	47-3632605		20,000				
(2)Mist Rising LL								
1302 Watson Blvd	-							
Warner Robins GA	31093			10,000				
(3)Monica Daniely								
4650 Whitehall Dr								
Cleveland OH 4412				6,000				
(4)Mothers of Hop								
603 Ada St								
Kalamazoo MI 4900	7	27-0228453	501(c)(3)	6,000				
(5)Mt Zion Fellow								
4265 Northfield R								
Cleveland OH 4412				5,000				
(6)NAACP Chattano	oga			-				-
756 Ml King Ct	-							
Chattanooga TN 37	403			5,000				
(7)NAACP Cookevil								
370 S Lowe Ave								
Cookeville TN 385	01	47-2838149	501(c)(4)	11,500				
(8)NAN of CSRA								
2223 Grandwood Ln	L							
Augusta GA 30909		84-4360191		10,000				
(9)National PanHe	llenic Counci							
3951 Snapfinger P	kwy Ste 21							
Decatur GA 30035				5,000				
(10) Wew Hanover Co	unty Branch							
1301 Castle St								
Wilmington NC 284	01			20,000				
2 Enter total number of	of section 501(c)(3) ar	nd government organi	zations listed in the line	1 table		· · · · · · · · · · · · · · · ·	·	·

3 Enter total number of other organizations listed in the line 1 table .. 🕨 •

SCHEDULE I				r Assistance to			I	OMB No. 1545-0047
(Form 990)		Gover	nments, and	Individuals in t	the United Sta	tes		2020
		Complete		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	(Open to Public
Department of the Treasury Internal Revenue Service				gov/Form990 for the l	atest information.			Inspection
Name of the organization				ge // ee.			Employer identification	
Black Voters Mat	ter Fund Inc						81-3625061	
Part I General	Information on C	Grants and Assist	ance					
1 Does the organizat				stance, the grantees' eli	aibility for the grants or	assistance, and		
-	a used to award the gra		-	-				. 🗌 Yes 🗌 No
2 Describe in Part IV	-							
					ts. Complete if the	organization answered	"Yes" on Form 99	0.
		ent that received mo			•	•		-,
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or govern	-	((if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)NGAN Foundatio	on					oulery		
1808 S Good Latin								
Dallas TX 75226	-			29,000				
(2)0 and A Assoc	lates							
PO Box 481								
Cuthbert GA 3984	0			10,000				
(3)Ohio Coalition	n on Black Civ							
1666 K St NW 4th								
Washington DC 20	006			10,000				
(4)Ohio Valley En	nvironmental							
3575 Columbia Rd								
Lebanon OH 45036				15,000				
(5)Omega Calhoun								
Unknown								
Atlanta GA 30344				10,000				
(6)Omega Network	for Action In							
1505 Lakes Parkw	ay Ste 100							
Lawrenceville GA	30043			45,000				
(7)OneSeed								
Unknown								
Atlanta GA 30344				15,000				
(8) Operation Home	eCare Inc							
300 Kentucky Ave	Ste 3							
York AL 36925				10,000				
(9) Opportunity 2	Restore							
Unknown								
Atlanta GA 30344				10,000				
(10)Peter & Scoon	Attorneys at							
25 E 8th St								
Panama City FL 3	2401			8,000				
2 Enter total number	of section 501(c)(3) an	d government organiza	tions listed in the line f	1 table			· · · · · · • _	

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I	l	Gr	ants and Othe	r Assistance to	o Organization	S.	1	OMB No. 1545-0047
(Form 990)		Gove	ernments, and	Individuals in t	the United Sta	tes		2020
		Complet	e if the organization a	nswered "Yes" on For	m 990, Part IV, line 21	or 22.		Open to Public
Department of the Treasury Internal Revenue Service				Attach to Form 990. .gov/Form990 for the	latest information.			Inspection
Name of the organization				ge e			Employer identification	
Black Voters Mat	ter Fund Inc						81-3625061	
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and								
1 Does the organizat	ion maintain records to	substantiate the amo	unt of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
	a used to award the gr		-	-				. 🗌 Yes 🗌 No
2 Describe in Part IV	-							
					ts. Complete if the o	organization answered	"Yes" on Form 99	0,
			ore than \$5,000. Pa			-		
1 (a) Name and addre	ss of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or govern	nment		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)Pittsburgh CB1	ГU							
432 Patriot Dr								
Carnegie PA 1510	6			25,000				
(2)Pittsburgh Coa	altion							
Unknown								
Pittsburgh PA 15	243			15,000				
(3)Pontiac Policy	y Action Fund							
91 N Saginaw St	M-110							
Pontiac MI 48342				20,000				
(4)Power Circle M	Mentors							
Unknown								
Atlanta GA 30344				15,000				
(5) Power Coalitio	on for Elector							
Unknown								
Metairie LA 7000			501(c)(4)	50,000				
(6)Radical Regist	trars							
Unknown								
Atlanta GA 30344				15,000				
(7)Reculture LLC								
118 Paloma Drive	_							
Leesburg GA 3176				10,000				
(8)Reliable Revol	lutionaries							
Unknown				1				
Atlanta GA 30344				15,000				
(9)Rose PAC								
Unknown				15 000				
Atlanta GA 30344				15,000				
(10) arah's Touch								
24964 Hwy 82 Mc Carley MS 389	43			65,000				
		L		-				<u> </u>
			ations listed in the line				•••••	
3 Enter total number	or other organizations	listed in the line 1 table	e				🕨	

SCHEDULE I				Assistance to			1	OMB No. 1545-0047
(Form 990)		Gover	nments, and	Individuals in t	the United Sta	tes		2020
. ,		Complete		nswered "Yes" on For • Attach to Form 990.	m 990, Part IV, line 21	or 22.	(Open to Public
Department of the Treasury Internal Revenue Service				gov/Form990 for the l	atest information.			Inspection
Name of the organization							Employer identification	
Black Voters Matte	r Fund Inc						81-3625061	
Part I General In	formation on C	Grants and Assist	ance					
1 Does the organization	maintain records to	substantiate the amour	nt of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria u	sed to award the gra	ants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV the	e organization's proc	cedures for monitoring t	he use of grant funds	in the United States.				
Part II Grants and	Other Assistance	ce to Domestic Org	anizations and Do	mestic Governmen	ts. Complete if the	organization answered	"Yes" on Form 99	0,
Part IV, line	21, for any recipi	ent that received mo	re than \$5,000. Pai	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governme			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)SFP Concerned C	itizens Coal							
4687 Mason Rd								
Atlanta GA 30349				36,000				
(2)Shoutenough LLC								
34 Nugent Dr								
Stafford VA 22554-				10,000				
(3)Southern Chrisi	ian Leaders							
320 Auburn Ave NE								
Atlanta GA 30303				25,000				
(4)St Paul Mission	ary Baptist							
3996 14th Ave								
Sacramento CA 9582	0			45,000				
(5) ^{Sunvestka}								
3419 NW Evangeline	Thruway							
Lafayette LA 70501				10,000				
(6) Sybil Wilks LLC								
6000 Terrace Oaks								
Fort Worth TX 7611	2			15,000				
(7) ^{Take Back NC 02}								
Unknown								
Atlanta GA 30344				5,000				
(8) Tapestry Inc								
3939 Lavista Rd St	еE							
Tucker GA 30084	-			10,000				
(9) The Black Commis	ssion							
Unknown								
Atlanta GA 30344				6,500				
(10) The Black Women:	5 PAC							
PO Box 122072								
Arlington TX 76012 2 Enter total number of				10,000				

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I Grants and Other Assistance to Organizations,						1	OMB No. 1545-0047	
(Form 990)		Gove		2020				
, i		Complete	C	Open to Public				
Department of the Treasury Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 							Inspection	
Name of the organization						Employer identification number		
Black Voters Matt	ter Fund Inc		81-3625061					
Part I General	Information on (Grants and Assis	stance					
1 Does the organizati	ion maintain records to	substantiate the amo	unt of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria	a used to award the gr	ants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV	the organization's pro-	cedures for monitoring	the use of grant funds	in the United States.				
Part II Grants a	nd Other Assistan	ce to Domestic Or	ganizations and Do	mestic Governmen	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, lir	ne 21, for any recipi	ent that received m	ore than \$5,000. Pai	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and addres	ss of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or govern	iment		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) The Brothers R	Roundtable							
3620 Buena Vista								
Atlanta GA 30344				15,000				
(2) Tiffany Lofton	1							
Unknown								
Atlanta GA 30344				10,000				
(3) Trish B Stylin	1							
1113 S Rogers St								
Pooler GA 31322				14,500				
(4) ^{United} Ballot								
Unknown								
Atlanta GA 30344				14,000				
(5)Until Freedom								
Unknown								
Atlanta GA 30344			501(c)(4)	10,000				
(6) ^{Vocational} Con								
11 Dundar Rd Ste								
Springfield NJ 07				10,000				
(7) ^{We The People}	International							
1524 Church St								
Decatur GA 30030				40,931				
(8)West Metro NAA	ACP							
Po Box 2227								
Douglasville GA				10,000				
(9)Working Famili								
77 Sands St Ste 6				155 000				
Brooklyn NY 11201	L			155,000				
(10]Insane Impact								
4673 121st St				12 500				
Urbandale IA 5032		<u> </u>		13,500				<u> </u>
2 Enter total number					•••••		· · · · · · • _	
3 Enter total number	of other organizations	listed in the line 1 table	e				🕨	

SCHEDULE I		Gra	nts and Othe	r Assistance to	o Organization	IS,	I	OMB No. 1545-0047	
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2020 Open to Public		
						C			
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. 								Inspection	
							Employer identification	Employer identification number	
Black Voters Matter Fu	ind Inc						81-3625061		
Part I General Inform	nation on G	Grants and Assist	tance				·		
1 Does the organization main	tain records to	substantiate the amour	nt of the grants or assi	stance, the grantees' eli	igibility for the grants or	assistance, and			
the selection criteria used to	o award the gra	ants or assistance?						. 🗌 Yes 🗌 No	
2 Describe in Part IV the orga	anization's proc	edures for monitoring t	he use of grant funds	in the United States.					
Part II Grants and Oth	er Assistand	e to Domestic Org	anizations and Do	mestic Governmer	nts. Complete if the	organization answered	"Yes" on Form 99	0,	
Part IV, line 21, f	or any recipie	ent that received mo	re than \$5,000. Pa	rt II can be duplicate	d if additional space	is needed.			
1 (a) Name and address of orga	nization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant	
or government			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance	
(1) ^{A1} Runway Runners L	LC								
1115 Seiler Ave									
Savannah GA 31404				5,000					
(2)Gilbert Udoto									
Unknown									
Atlanta GA 30344				5,100					
(3) Unity Group Service									
1544 Wellborn Rd Ste	1-592								
Lithonia GA 30058				5,000					
(4)West Virginia Cente	r of Bud								
8 Capitol St									
Charleston WV 25301				5,000					
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(10)									
2 Enter total number of section	n 501(a)(2) an		tions listed in the line (_	<u> </u>	
3 Enter total number of other							· · · · · · · · · ·		

Schedule I (Form 990) (2020) Black Voters Matter Fund Inc

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.

Page 2

81-3625061

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

2020 Open to Public

OMB No. 1545-0047

Employer identification number

ployer identification nu

81-3625061

Black Voters Matter Fund Inc

01. Officer, directors, etc. family relationship (Part VI, line 2)

The Chief of Staff and Executive Director and married.

02. Form 990 governing body review (Part VI, line 11)

The 990 is reviewed during the board meeting, approved and then electronically filed.

03. Conflict of interest policy compliance (Part VI, line 12c)

The organization maintains a Conflict of Interest Policy that officers, board members and

employees must sign.

04. CEO, executive director, top management comp (Part VI, line 15a)

The organization used an outside organization to research to determine officer and key

employee compensation.

05. Other officer or key employee compensation (Part VI, line 15b

The organization used an outside organization to research to determine officer and key

employee compensation.

06. Governing documents, etc, available to public (Part VI, line 19)

The organization provides 990 copies upon written request.

Form 8879-EO		OMB No. 1545-0047					
	For calendar ye	For calendar year 2020, or fiscal year beginning <u>09-01-2020</u> , and ending <u>08-31-2021</u> ► Do not send to the IRS. Keep for your records.					
Department of the Treasury		2020					
Internal Revenue Service		Go to www.irs.gov/Fo	orm8879EO for the latest information.	Taxpayer identifica	tion number		
Black Voters Ma		C		81-3625061			
Clifford Albrig							
Part I Type o	f Return and R	eturn Information (Whole Dollars Only)				
check the box on line 1 blank, then leave line 1 return, then enter -0- o	la, 2a, 3a, 4a, 5a, 6 lb, 2b, 3b, 4b, 5b, 6 n the applicable line	5a , or 7a , below, and the a 6b , or 7b , whichever is ap e below. Do not complete	EO and enter the applicable amount, if any, mount on that line for the return being filed plicable, blank (do not enter -0-). But, if yo more than one line in Part I.	d with this form wa ou entered -0- on t	is he		
1a Form 990 check h 2a Form 990-EZ chec			990, Part VIII, column (A), line 12) orm 990-EZ, line 9)				
3a Form 1120-POL c	_		0-POL, line 22)				
4a Form 990-PF ched		· ·	ent income (Form 990-PF, Part VI, line 5)				
5a Form 8868 check			8, line 3c)				
6a Form 990-T check		· ·	Part III, line 4)				
7a Form 4720 check		(art III, line 1)				
			of Officer or Person Subject to		<u> </u>		
Under penalties of peri			above organization or I am a person s		respect to		
(name of organization)			, (EIN) and that I h	-			
I consent to allow my in to receive from the IRS processing the return of Agent to initiate an elec software for payment of a payment, I must conta (settlement) date. I also confidential information identification number (F PIN: check one box of x I authorize <u>Cr</u> on the tax year state agency(if PIN on the retu	ntermediate service S (a) an acknowledge or refund, and (c) the ctronic funds withdra- is the federal taxes of act the U.S. Treasure o authorize the finare necessary to answe PIN) as my signature nly cedible Accounce 2020 electronically es) regulating charition um's disclosure conservations r person subject to the iled return. If I have	provider, transmitter, or ele gement of receipt or reaso he date of any refund. If ap awal (direct debit) entry to wed on this retum, and the y Financial Agent at 1-888 ncial institutions involved in er inquiries and resolve iss e for the electronic return a mting Solutio RO firm name filed retum. If I have indications as part of the IRS Fed. sent screen.	above is the amount shown on the copy of ectronic retum originator (ERO) to send the n for rejection of the transmission, (b) the oplicable, I authorize the U.S. Treasury and the financial institution account indicated in financial institution to debit the entry to this 3-353-4537 no later than 2 business days p the processing of the electronic payment of sues related to the payment. I have selecte and, if applicable, the consent to electronic f to enter my PIN <u>30039</u> Enter five numbers, bu do not enter all zeros ated within this retum that a copy of the retur /State program, I also authorize the aforem inization, I will enter my PIN as my signature that a copy of the return is being filed with will enter my PIN on the return's disclosure	e return to the IRS reason for any de d its designated Fi the tax preparatic s account. To revol prior to the paymer of taxes to receive d a personal funds withdrawal. as my signatu ut is being filed w nentioned ERO to d re on the tax year 2 a state agency(ie	and lay in nancial n ke it t t t t 2020		
Signature of officer or person	subject to tax		Date	▶ 01-14-202	22		
	cation and Aut	thentication	Date				
ERO's EFIN/PIN. Entenumber (EFIN) follower		tronic filing identification self-selected PIN.	58:	5891 30039 Do not er) ter all zeros		
I certify that the above	numeric entry is my	PIN, which is my signature	e on the 2020 electronically filed return indi	cated above. I cor	firm		
that I am submitting thi IRS <i>e-file</i> Providers for			of Pub. 4163, Modernized e-File (MeF) In	nformation for Auth	norized		
ERO's signature			Date	▶ 04-11-202	22		
	Do Not		This Form - See Instructions o the IRS Unless Requested To	Do So			
For Paperwork Reduc			-		Form 8879-EO (2020)		