

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **7/01**, **2020**, and ending **6/30**, **2021**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	PLOUGHSHARES FUND INC 315 BAY STREET, 4TH FLOOR SAN FRANCISCO, CA 94133	94-2764520
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		415-668-2244
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		9,298,157.
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions</small>

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527
J Website:	WWW.PLOUGHSHARES.ORG			
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
L Year of formation:	1981		M State of legal domicile:	CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>REDUCE THE NUCLEAR THREAT. PLOUGHSHARES FUND WORKS TO BUILD A SAFE, SECURE, NUCLEAR WEAPON-FREE WORLD BY DEVELOPING AND INVESTING IN INITIATIVES TO REDUCE AND ULTIMATELY ELIMINATE THE WORLD'S NUCLEAR STOCKPILES, AND TO PROMOTE STABILITY IN REGIONS OF CONFLICT.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		21
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		21
	6 Total number of volunteers (estimate if necessary)	6		25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	7,543,575.		5,350,405.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	350,887.		1,284,546.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,929.		-19,274.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,880,533.		6,615,677.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,645,500.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,406,190.		2,225,789.
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 997,549.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,346,563.		1,267,629.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,398,253.		7,449,918.	
19 Revenue less expenses. Subtract line 18 from line 12	-517,720.		-834,241.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21 Total liabilities (Part X, line 26)	28,535,171.		34,653,491.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,247,308.		1,567,921.
		27,287,863.		33,085,570.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	MARGARET A. TOUGH	AUDIT COMM. CHAIR
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	JENNIFER L. RUTH				P00854240	
	Firm's name	BREGANTE + COMPANY LLP, CPA'S			Firm's EIN	94-2861940
	Firm's address	301 BATTERY ST, 2 MEZZANINE SAN FRANCISCO, CA 94111			Phone no.	(415) 777-1001

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,449,864. including grants of \$ 3,956,500.) (Revenue \$)

PLOUGHSHARES FUND DEVELOPED AND INVESTED IN INITIATIVES TO REDUCE AND ULTIMATELY ELIMINATE THE THREAT OF NUCLEAR WEAPONS, INCLUDING EFFORTS TO DECREASE THE WORLD'S NUCLEAR STOCKPILES AND TO PROMOTE STABILITY IN REGIONS OF CONFLICT SO THAT A NUCLEAR WEAPON WILL NEVER BE USED AGAIN.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,449,864.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>	X	
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	X	
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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	X	
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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions.		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

	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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....		X
35b 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....		
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (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		
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 ▶ <u>KY, US, UK, SE, & SG</u> 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
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 22; 1b Enter the number of voting members included on line 1a, above, who are independent... 21; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X; 6 Did the organization have members or stockholders? 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? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? X.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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 [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records ELIZABETH WARNER 315 BAY STREET, 4TH FLOOR SAN FRANCISCO CA 94133 415-668-2244

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH WARNER MANAGING DIR.	40 0					X		154,807.	0.	50,885.
(2) JOSEPH CIRINCIONE FORMER PRESIDENT	40 0						X	171,633.	0.	14,857.
(3) TOM Z COLLINA DIR. OF POLICY	40 0					X		124,745.	0.	58,115.
(4) MARY BYRNE DIR. OF FINANCE	40 0					X		118,653.	0.	45,784.
(5) EMMA BELCHER PRESIDENT	40 0	X		X				136,667.	0.	4,527.
(6) PHIL AMES DIRECTOR	1 0	X						0.	0.	0.
(7) DOUG MICHELMAN DIRECTOR	1 0	X						0.	0.	0.
(8) GRETCHEN HUND DIRECTOR	1 0	X						0.	0.	0.
(9) FARSHAD FARAHAT DIRECTOR	1 0	X						0.	0.	0.
(10) DANIEL SMITH DIRECTOR	2 0	X						0.	0.	0.
(11) TERRY GAMBLE BOYER CHAIR	3.5 0	X		X				0.	0.	0.
(12) JOHN FEIKEMA DIRECTOR	1 0	X						0.	0.	0.
(13) CONNIE FOOTE DIRECTOR	1 0	X						0.	0.	0.
(14) MARGARET A. TOUGH DIRECTOR	1 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PHILIP TAUBMAN DIRECTOR	1 0	X					0.	0.	0.	
(16) ETHAN KELLY DIRECTOR	1 0	X					0.	0.	0.	
(17) TYLER WIGG-STEVENSON DIRECTOR	1 0	X					0.	0.	0.	
(18) TABITHA JORDAN SECRETARY	3 0	X		X			0.	0.	0.	
(19) AMY MCGRATH DIRECTOR	1 0	X					0.	0.	0.	
(20) PAMELA HAMAMOTO DIRECTOR	1 0	X					0.	0.	0.	
(21) SAMUEL HEINS DIRECTOR	1 0	X					0.	0.	0.	
(22) DON MORDECAI DIRECTOR	1 0	X					0.	0.	0.	
(23) BEN RHODES DIRECTOR	1 0	X					0.	0.	0.	
(24) ERIC SCHLOSSER DIRECTOR	1 0	X					0.	0.	0.	
(25) RACHEL PIKE TREASURER	2 0	X		X			0.	0.	0.	
1 b Subtotal							706,505.	0.	174,168.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							706,505.	0.	174,168.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	5									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 212,433.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 5,137,972.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		5,350,405.			
	Program Service Revenue	2 a Business Code				
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		210,287.	210,287.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 b Less: cost or other basis and sales expenses				
		7 c Gain or (loss)				
	d Net gain or (loss)		1,074,259.	1,074,259.		
	8 a Gross income from fundraising events (not including \$ 212,433. of contributions reported on line 1c). See Part IV, line 18					
		8 b Less: direct expenses		19,274.		
c Net income or (loss) from fundraising events			-19,274.			
9 a Gross income from gaming activities. See Part IV, line 19						
	9 b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances						
	10 b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a Business Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		6,615,677.	1,284,546.	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.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,604,500.	3,604,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	46,000.	46,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	306,000.	306,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	435,194.	221,980.	79,098.	134,116.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,225,610.	625,148.	222,759.	377,703.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	126,061.	64,300.	22,912.	38,849.
9 Other employee benefits	307,112.	156,649.	55,819.	94,644.
10 Payroll taxes	131,812.	67,234.	23,957.	40,621.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,688.		10,688.	
c Accounting	31,075.		31,075.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	352,913.		352,913.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	410,013.	209,136.	74,521.	126,356.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,027.	4,094.	1,459.	2,474.
23 Insurance	13,797.	1,919.	10,718.	1,160.
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.)				
a <u>DEVELOPMENT EXPENSES</u>	139,164.			139,164.
b <u>DEVELOPMENT/PROGRAM</u>	92,205.	64,544.	4,610.	23,051.
c <u>BOARD AND STAFF EXPENSE</u>	69,691.		69,691.	
d <u>PROGRAM EXPENSES</u>	37,232.	37,232.		
e All other expenses	102,824.	41,128.	42,285.	19,411.
25 Total functional expenses. Add lines 1 through 24e	7,449,918.	5,449,864.	1,002,505.	997,549.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing		1	
	2 Savings and temporary cash investments	2,245,733.	2	2,002,509.
	3 Pledges and grants receivable, net	956,607.	3	870,179.
	4 Accounts receivable, net	87,483.	4	61,222.
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 264,701.		
	b Less: accumulated depreciation	10b 262,510.	10,218.	10c 2,191.
	11 Investments – publicly traded securities	14,825,115.	11	19,187,183.
	12 Investments – other securities. See Part IV, line 11	10,410,015.	12	12,530,207.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,535,171.	16	34,653,491.	
Liabilities	17 Accounts payable and accrued expenses	130,042.	17	203,637.
	18 Grants payable	1,117,266.	18	1,364,284.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,247,308.	26	1,567,921.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,188,599.	27	4,927,722.
	28 Net assets with donor restrictions	25,099,264.	28	28,157,848.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	27,287,863.	32	33,085,570.
33 Total liabilities and net assets/fund balances	28,535,171.	33	34,653,491.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,615,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,449,918.
3	Revenue less expenses. Subtract line 2 from line 1	3	-834,241.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,287,863.
5	Net unrealized gains (losses) on investments	5	6,631,948.
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	33,085,570.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
--	---

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	6,541,682.	5,976,393.	4,740,922.	7,543,575.	5,350,405.	30,152,977.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	6,541,682.	5,976,393.	4,740,922.	7,543,575.	5,350,405.	30,152,977.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,812,905.
6 Public support. Subtract line 5 from line 4.						25,340,072.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	6,541,682.	5,976,393.	4,740,922.	7,543,575.	5,350,405.	30,152,977.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	457,188.	431,662.	432,130.	297,194.	210,287.	1,828,461.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						31,981,438.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	79.23 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	72.48 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4 a Was a correction made? Yes No
b If 'Yes,' describe in Part IV.

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

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

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

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

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)		106,500.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		324,757.													
c Total lobbying expenditures (add lines 1a and 1b)		431,257.	0.												
d Other exempt purpose expenditures		5,668,199.													
e Total exempt purpose expenditures (add lines 1c and 1d)		6,099,456.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		454,973.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		113,743.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2 a Lobbying nontaxable amount	564,562.	489,669.	510,120.	454,973.	2,019,324.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,028,986.
c Total lobbying expenditures	467,727.	482,842.	506,974.	431,257.	1,888,800.
d Grassroots nontaxable amount	141,141.	122,417.	127,530.	113,743.	504,831.
e Grassroots ceiling amount (150% of line 2d, column (e))					757,247.
f Grassroots lobbying expenditures	145,058.	119,034.	127,896.	106,500.	498,488.

BAA

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2 a	
b Carryover from last year.	2 b	
c Total.	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions).	5	

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

PLOUGHSHARES FUND INC

94-2764520

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	26,305,964.	28,163,064.	31,148,118.	31,914,724.	29,733,072.
b Contributions	441,806.	917,769.	694,000.	38,400.	439,676.
c Net investment earnings, gains, and losses	7,916,495.	-148,475.	412,967.	2,270,135.	4,657,125.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,501,408.	2,419,584.	3,839,737.	2,762,844.	2,729,572.
f Administrative expenses	352,913.	206,810.	252,284.	312,297.	185,577.
g End of year balance	31,809,944.	26,305,964.	28,163,064.	31,148,118.	31,914,724.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 14.97 %
- b Permanent endowment 18.36 %
- c Term endowment 66.67 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	X
(ii) Related organizations	<input type="checkbox"/>	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		34,570.	32,379.	2,191.
d Equipment		230,131.	230,131.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,191.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <u>ALTERNATIVE ASSETS-LONG ONLY</u>	10,028,020.	END OF YEAR MARKET VALUE
(A) <u>ALTERNATIVE ASSETS-HEDGE FUNDS</u>	2,502,187.	END OF YEAR MARKET VALUE
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	12,530,207.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

(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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (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. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 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. SEE PART XIII.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,913,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	6,631,948.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	19,274.
	e Add lines 2a through 2d	2e	6,651,222.
3	Subtract line 2e from line 1	3	6,261,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	352,913.
	b Other (Describe in Part XIII.) SEE PART XIII	4b	905.
	c Add lines 4a and 4b	4c	353,818.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,615,677.

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

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

1	Total expenses and losses per audited financial statements	1	7,116,279.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	19,274.
	e Add lines 2a through 2d	2e	19,274.
3	Subtract line 2e from line 1	3	7,097,005.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	352,913.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	352,913.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,449,918.

Part XIII Supplemental Information.

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

PART X - FASB ASC 740 FOOTNOTE

PLOUGHSHARES FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. PLOUGHSHARES FUND DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS. PLOUGHSHARES FUND'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED.

Part XIII Supplemental Information (continued)**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

NET INCOME FROM FUNDRAISING EVENTS.....	\$	19,274.
	TOTAL	<u>\$ 19,274.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

POOLED INCOME FUND-NOT INCLUDED IN 990.....	\$	905.
	TOTAL	<u>\$ 905.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

FUNDRAISING EVENT-DIRECT EXPENSES.....	\$	19,274.
	TOTAL	<u>\$ 19,274.</u>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Employer identification number

PLOUGHSHARES FUND INC

94-2764520

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CAYMAN ISS-HQ SWEDEN			INVESTMENTS		1,995,627.
CAYMAN ISS- HQ					
(2) SINGAPORE			INVESTMENTS		1,404,299.
(3) CAYMAN ISS- HQ LA, US			INVESTMENTS		934,440.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Subtotal					4,334,366.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) . . .	0	0			4,334,366.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

AK AL AR AL CA CO CT DC FL GA HI IL KS KY MA MD ME MI MN MO MS NC ND NH NJ NM NV NY
OH OK OR PA RI SC TN UT VA WA WI WV

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CHAIN REACTION (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	212,433.		212,433.	
	2	Less: Contributions	212,433.		212,433.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,274.		19,274.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				19,274.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-19,274.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

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 No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

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.

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 non-cash assistance	(h) Purpose of grant or assistance
(1) ARMS CONTROL ASSN 1313 L STREET, NEW, STE. 130 WASHINGTON, DC 20005		501 (C) 3	170,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(2) ATLANTIC CNCIL OF THE US INC 1030 15TH ST NW- 12 TH FL WASHINGTON, DC 20005		501 (C) 3	70,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(3) FEDERATION OF AMERICAN SCIENT 1725 DESALES STREET, NW, 6TH WASHINGTON, DC 20036		501 (C) 3	10,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(4) FCNL EDUCATION FUND 245 SECOND STREET, NE WASHINGTON, DC 20002		501 (C) 3	20,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(5) FRIENDS CMTE ON NAT'L LEGISLA 245 SECOND STREET, NE WASHINGTON, DC 20002		501 (C) 4	50,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(6) FUND FOR CONSTITUTIONAL GOV'T 122 MARYLAND AVENUE NE WASHINGTON, DC 20002		501 (C) 3	25,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(7) STIMSON CENTER 121 CONNECTICUT AVE NW 8TH FL WASHINGTON, DC 20036		501 (C) 3	60,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
(8) HERBERT SCOVILLE JR PEACE FEL 322 4TH STREET, NE WASHINGTON, DC 20002		501 (C) 3	50,000.	0.	CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 45**

3 Enter total number of other organizations listed in the line 1 table **▶ 14**

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 TRAVEL AND LABOR SUPPORT	3	46,000.			
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.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

GRANT PROPOSALS ARE RESEARCHED BY PROGRAM STAFF WHO THEN MAKE RECOMMENDATIONS FOR FUNDING TO THE BOARD OF DIRECTORS. ALL GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS AT PERIODIC BOARD MEETINGS, OR BY A SUBSET OF BOARD MEMBERS VIA A DISCRETIONARY PROCESS FOR SMALLER GRANTS (THOSE BETWEEN \$15,000 AND \$25,000), OR BY AN APPOINTED SET OF BOARD MEMBERS UNDER SPECIFIC RULES AND CONDITIONS FOR GRANTS ABOVE \$25,000. ADDITIONALLY, THE PRESIDENT OF PLOUGHSHARES FUND IS AUTHORIZED TO MAKE GRANTS THROUGH THE PRESIDENT'S FUND AS APPROVED BY THE BOARD. THE PARAMETERS AND PROCESS FOR UTILIZING THIS AUTHORITY ARE AS FOLLOWS: 1) THE TOTAL AMOUNT AVAILABLE TO THE PRESIDENT EACH FISCAL YEAR IS \$600,000; 2) THE CAP FOR EACH GRANT IS \$100,000; 3) THE CAP BETWEEN EACH BOARD MEETING IS \$200,000; 4) THE PRESIDENT MUST SECURE APPROVAL

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

FROM TWO ADDITIONAL BOARD MEMBERS AND THE BOARD CHAIR FOR PRESIDENT'S FUND INVESTMENTS, AS WELL AS CONSULT WITH PROGRAM STAFF PRIOR TO SEEKING BOARD MEMBER APPROVAL; 5) FUNDS AWARDED UNDER THIS PROCESS ARE COUNTED AGAINST THE ANNUAL GRANTMAKING BUDGET AND ARE CONSIDERED GRANTS. GRANTS IN AMOUNTS UNDER \$15,000 ARE MADE BY STAFF WITH DELEGATED AUTHORITY. EACH GRANTEE SIGNS A GRANT AGREEMENT WHICH INCLUDES THE DESCRIPTION OF THE PROJECT BEING FUNDED, THE AMOUNT OF FUNDING, DURATION OF THE GRANT, DELIVERABLES TO BE PRODUCED BY THE GRANTEE AND REPORTING REQUIREMENTS. THE GRANTEE'S SIGNATURE IS ACCEPTANCE OF THE TERMS OF THE AGREEMENT. FOLLOWING THE END OF THE GRANT PERIOD, THE GRANTEE IS REQUIRED TO FURNISH A THOROUGH GRANT REPORT THAT INCLUDES FINANCIAL STATEMENTS DETAILING HOW THE GRANT WAS SPENT. PROGRAM STAFF REVIEWS GRANT REPORTS TO ENSURE THAT FUNDS WERE APPLIED TO THE APPROPRIATE ACTIVITIES AND THAT THE ENTIRE AMOUNT WAS EXPENDED PROPERLY. ANY UNSPENT FUNDS ARE REQUIRED TO BE RETURNED TO PLOUGHSHARES FUND. ANY FUTURE GRANTS ARE CONDITIONAL UPON RECEIPT OF A GRANT REPORT ACCEPTABLE TO PROGRAM STAFF.

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 6

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
---	--

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL CRISIS GROUP 1629 K ST NW STE 450 WASHINGTON, DC 20006		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
J STREET EDUCATION FUND INC P.O. BOX 66073 WASHINGTON, DC 20035		501 (C) 3	30,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
J STREET P.O. BOX 66073 WASHINGTON, DC 20035		501 (C) 4	70,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
NATIONAL COMM ON NORTH KOREA 1111 19TH STREET NW, STE 650 WASHINGTON, DC 20036		501 (C) 3	60,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
NUCLEAR WATCH OF NEW MEXICO 551 W. CORDOVA ROAD #808 SANTA FE, NM 87501		501 (C) 3	65,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WIN WITHOUT WAR EDUC FUND 2000 M STREET, NW WASHINGTON, DC 20036		501 (C) 3	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
DAS BOMBE, LLC 463 LINCOLN PLACE, #161 BROOKLYN, NY 11238			8,500.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN'S ACTION FOR NEW DIRECT 810 7TH ST NE WASHINGTON, DC 20002		501 (C) 4	57,500.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN'S ACTION FOR NEW DIRECT 810 7TH ST NE WASHINGTON, DC 20002		501 (C) 4	25,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN'S ACTION FOR NEW DIR ED 810 7TH ST NE WASHINGTON, DC 20002		501 (C) 3	57,500.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 6

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
---	--

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BULLETIN OF THE ATOMIC SCIENT P.O. BOX 15461, 1510 E. 55TH CHICAGO, IL 60615		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
GLOBAL ZERO ACTION 1342 FLORIDA AVE. NW WASHINGTON, DC 20009		501 (C) 3	7,500.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
PRES & FEL OF MIDDLEBURY COLL 460 PIERCE ST MONTEREY, CA 93940		501 (C) 3	45,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
FRIENDS CMTE ON NAT'L LEGISLA 245 SECOND STREET, NE WASHINGTON, DC 20002		501 (C) 4	70,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
GLOBAL ZERO ACTION 1342 FLORIDA AVE. NW WASHINGTON, DC 20009		501 (C) 3	40,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WA PHYSICIANS FOR SOCIAL RESP 4500 9THE AVE NE SEATTLE, WA 98105		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
NIAC ACTION 1411 K ST. NW, STE 250 WASHINGTON, DC 20005		501 (C) 4	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
J STREET EDUCATION FUND INC P.O. BOX 66073 WASHINGTON, DC 20035		501 (C) 3	35,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CNTR FOR NEW AMER SECRTY INC 1301 PENNSYLVANIA AVE STE 403 WASHINGTON, DC 20004		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 6

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
--	---

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VET VOICE FOUNDATION 2201 WISCONSIN AVE NW STE 320 WASHINGTON, DC 20007		501 (C) 3	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
PHYSICIANS FOR SOCIAL RESPON 1111 14TH STREET, NW STE 700 WASHINGTON, DC 20005		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR THE PURPOSE OF GRANT
RETHINK MEDIA INC 2039 SHATTUCK AVENUE, STE 401 BERKELEY, CA 94704		501 (C) 3	80,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
FEDERATION OF AMERICAN SCIENT 1725 DESALES STREET, NW, 6TH WASHINGTON, DC 20036		501 (C) 3	85,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN CROSS DMZ/ WOMEN DE-MIL P.O. BOX 40250 SAN FRANCISCO, CA 94140		501 (C) 3	60,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
FOUNDATION FOR A CIVIL SOCIET 25 E END AVE NEW YORK, NY 10028		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
TRUMAN CTR FOR NTL POLICY 1250 EYE STREET NW STE 500 WASHINGTON, DC 20005		501 (C) 3	25,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN OF COLOR ADVANCING PEAC 3695 KETCHUM CT WOODBIDGE, VA 22193		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUARE CAMBRIDGE, MA 21358		501 (C) 3	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
TRI-VALLEY COMM AGNST A RADIO 4049 FIRST ST., SUITE 139A LIVERMORE, CA 94551		501 (C) 3	65,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 6

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
---	--

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEYOND THE BOMB 1342 FLORIDA AVENUE NW WASHINGTON, DC 20009		501 (C) 4	200,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CARNEGIE END. FOR INT'L PEACE 1779 MASSACHUSETTS AVE NW WASHINGTON, DC 20036		501 (C) 3	20,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
COMMON DEFENSE CIVIC ENGAGE PO BOX 65610 WASHINGTON, DC 20035		501 (C) 4	25,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
COUNCIL FOR A LIVABLE WORLD 322 FOURTH STREET, NW, 6TH WASHINGTON, DC 20002		501 (C) 4	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
FOREIGN POLICY FOR AMERICA 901 NEW YORK AVE NW SUITE 510 WASHINGTON, DC 20001		501 (C) 4	165,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
NEW VENTURE FUND 1201 CONNECTICUT AVE NW WASHINGTON, DC 20036		501 (C) 3	20,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
WOMEN'S ACTION FOR NEW DIR ED 810 7TH ST NE WASHINGTON, DC 20002		501 (C) 3	25,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CNTR FOR INT'L POLICY INC 2000 M STREET NW SUITE 720 WASHINGTON, DC 20036		501 (C) 3	40,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CONGR. PROGRESSIVE CAUCUS CTR 80 F ST NW WASHINGTON, DC 20001		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
INT'L CIVIL SOC ACTION NTWK 1775 MASSACHUSETTS AVE STE524 WASHINGTON, DC 20036		501 (C) 3	125,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

Continuation Sheet for Schedule I (Form 990)

2020

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 6

Name of the organization PLOUGHSHARES FUND INC	Employer identification number 94-2764520
---	--

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOVEON.ORG CIVIC ACTION 1442 WALNUT ST 358 BERKELEY, CA 94709		501 (C) 4	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
NUCLEAR THREAT INITIATIVE INC 1776 EYE STREET, NW SUITE 600 WASHINGTON, DC 20006		501 (C) 3	100,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
QUINCY INST. RESP. STATECRAFT 2000 PENNSYLVANIA AVE #7000 WASHINGTON, DC 20005		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
QUINCY INST. RESP. STATECRAFT 2000 PENNSYLVANIA AVE #7000 WASHINGTON, DC 20005		501 (C) 3	15,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
COFA ALLIANCE NTL NTWK OF WA 605 SW 108TH STREET SEATTLE, WA 98124		501 (C) 3	75,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
CENTER FOR AMERICAN PROGRESS 1333 H STREET, NW 10TH FLOOR WASHINGTON, DC 20005		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
INKSTICK MEDIA INC 6935 CARDOZO ST NEW MARKET, MD 21774		501 (C) 3	65,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
THE MIAAN GROUP 147 PRINCE STREET BROOKLYN, NY 11201		501 (C) 3	13,500.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
THE 1947 PARTITION ARCHIVE PO BOX 9505 BERKELEY, CA 94709		501 (C) 3	40,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT
GLOBAL ZERO ACTION 1342 FLORIDA AVE. NW WASHINGTON, DC 20009		501 (C) 3	50,000.		CASH VALUE		SEE SCH O FOR PURPOSE OF GRANT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2020

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4 a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4 b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4 c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5 a**
- b** Any related organization? **5 b**
- If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6 a**
- b** Any related organization? **6 b**
- If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 b		
2		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TOM Z COLLINA DIR. OF POLICY	(i)	124,733.	0.	12.	12,765.	45,350.	182,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ELIZABETH WARNER MANAGING DIR.	(i)	154,799.	0.	8.	15,500.	35,385.	205,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARY BYRNE DIR. OF FINANCE	(i)	118,631.	0.	22.	11,935.	33,849.	164,437.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOSEPH CIRINCIONE FORMER PRESIDENT	(i)	165,033.	6,600.	0.	13,231.	1,626.	186,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

REDUCE THE NUCLEAR THREAT. PLOUGHSHARES FUND WORKS TO BUILD A SAFE, SECURE, NUCLEAR WEAPON-FREE WORLD BY DEVELOPING AND INVESTING IN INITIATIVES TO REDUCE AND ULTIMATELY ELIMINATE THE WORLD'S NUCLEAR STOCKPILES, AND TO PROMOTE STABILITY IN REGIONS OF CONFLICT SO THAT A NUCLEAR WEAPON WILL NEVER BE USED AGAIN.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS HAS THE PRIMARY RESPONSIBILITY FOR REVIEWING THE DRAFT VERSION OF FORM 990. UPON ITS APPROVAL BY THE AUDIT COMMITTEE, THE DRAFT IS SENT TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD OF DIRECTORS FULLY DISCLOSE EXISTING OR POSSIBLE APPEARANCES OF CONFLICTS OF INTEREST. THEY ABSTAIN FROM VOTING ON GRANTS TO ORGANIZATIONS WITH WHICH THEY HAVE AFFILIATIONS OR PROFESSIONAL RELATIONSHIPS. IF THERE IS A TRANSACTION INVOLVING A MEMBER OF THE BOARD OR ANY INDIVIDUAL CONNECTED TO PLOUGHSHARES FUND THAT WOULD PRESENT A CONFLICT OF INTEREST, SUCH TRANSACTION MUST BE APPROVED OR RATIFIED BY THE BOARD OF DIRECTORS (WITH THE INTERESTED PARTY ABSTAINING FROM ANY VOTE). IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, WHICH SET FORTH EXPLICIT FACTORS TO BE CONSIDERED AND DISCLOSED TO NON-INTERESTED BOARD MEMBERS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE CHAIR OF THE BOARD OF DIRECTORS CONDUCTS ANNUAL REVIEWS OF THE PRESIDENT. THE BOARD OF DIRECTORS APPROVES THE CHAIR'S RECOMMENDATION REGARDING COMPENSATION. THE PRESIDENT, WHO IS ALSO A BOARD MEMBER, CONDUCTS THE ANNUAL REVIEWS OF THE EXECUTIVE DIRECTOR, AN OFFICER OF THE CORPORATION.

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

CA AL AK AR CT FL GA IL KS KY MD MA MI MN MO MS NH NJ NM NV NY NC OR PA RI SC TN
 UT VA WV WI

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PLOUGHSHARES FUND MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. A SUMMARY OF THE FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE PUBLISHED IN THE PLOUGHSHARES FUND'S ANNUAL REPORT.

SCHEDULE I, PART II, PURPOSES

ARMS CONTROL ASSOCIATION - TO SUPPORT RESEARCH, ANALYSIS, AND OUTREACH TO POLICYMAKERS AND MEDIA ON REDUCING THE RISK FROM NUCLEAR WEAPONS.

ATLANTIC COUNCIL OF THE UNITED STATES - TO SUPPORT THE ATLANTIC COUNCIL'S ACTIVITIES DIRECTED AT PRESERVING THE JCPOA AND ITS CONTINUED IMPLEMENTATION.

BEYOND THE BOMB - TO SUPPORT BEYOND THE BOMB'S GRASSROOTS CAMPAIGN TO CANCEL THE GROUND BASED STRATEGIC DETERRENT, INSTITUTE A NO FIRST USE POLICY AND SUPPORT FRONTLINE COMMUNITIES SEEKING NUCLEAR JUSTICE.

BULLETIN OF THE ATOMIC SCIENTISTS - TO SUPPORT THE BULLETIN OF ATOMIC SCIENTISTS' EFFORT TO EXPAND PUBLIC KNOWLEDGE OF NUCLEAR WEAPONS ISSUES THROUGH JOURNALISM, MULTIMEDIA CONTENT, AND EXPERT COMMENTARY.

CARNEGIE ENDOWMENT FOR INTL PEACE - TO SUPPORT CARNEGIE POLICY DIALOGUE ON KEY ISSUES.

CATO INSTITUTE - TO SUPPORT RESEARCH AND ANALYSIS RELATED COUNTERING DAMAGING US NUCLEAR POLICIES, MONITORING POTENTIAL NUCLEAR CRISES, AND ALTERNATIVE US NUCLEAR

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

POLICIES.

CENTER FOR A NEW AMERICAN SECURITY - TO SUPPORT RESEARCH AND ANALYSIS RELATED TO THE COMPREHENSIVE NUCLEAR DEAL WITH IRAN AND US-IRAN POLICY.

CENTER FOR AMERICAN PROGRESS - TO SUPPORT A WORKING GROUP COMPRISED OF FORMER OFFICIALS, EXPERTS AND NGO LEADERS WHO WILL EDUCATE POLICYMAKERS AND PUBLIC ABOUT DIPLOMACY WITH NORTH KOREA.

CENTER FOR INTERNATIONAL POLICY - TO SUPPORT A REPORT FROM WILLIAM HARTUNG ON THE CORPORATE AND LEGISLATIVE FORCES BEHIND THE NEW ICBM, AS WELL AS OUTREACH TO POLICYMAKERS AND THE MEDIA.

CENTER FOR INTERNATIONAL POLICY - TO SUPPORT ANALYSIS ON THE POLITICAL AND CORPORATE FORCES SUPPORTING ICBM MODERNIZATION, AS WELL AS OUTREACH TO POLICYMAKERS AND MEDIA.

COMMON DEFENSE CIVIC ENGAGEMENT - TO MOBILIZE COMMON DEFENSE'S NETWORK OF MILITARY VETERANS ADVOCATING FOR PEACE AND NONPROLIFERATION.

COMMON DEFENSE CIVIC ENGAGEMENT - TO CONDUCT A STRATEGIC PLANNING PROCESS AND DEVELOP AN IMPLEMENTATION PLAN FOR A THREE-YEAR CLIMATE JUSTICE INITIATIVE THAT INCLUDES THE EXPLORATION OF CONNECTIONS BETWEEN NUCLEAR AND FOREIGN POLICY AND CLIMATE CHANGE

CONGRESSIONAL PROGRESSIVE CAUCUS CENTER - TO CONNECT THE FOREIGN POLICY COMMUNITY WITH THE BROADER PROGRESSIVE MOVEMENT THROUGH DEDICATED STAFFING.

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

COFA ALLIANCE NATL NETWORK OF WASHINGTON - TO BUILD RELATIONSHIPS WITH COMMUNITIES AFFECTED BY NUCLEAR LEGACIES, SUPPORT ADVOCACY EFFORTS ON LEGISLATION TO INCREASE COMPENSATION TO AFFECTED COMMUNITIES AND CREATE SANER NUCLEAR POLICIES AND HOST ITS ANNUAL EVENT COMMEMORATING THE CASLTE BRAVO TEST.

COUNCIL FOR A LIVABLE WORLD - TO SUPPORT THE COUNCIL'S EFFORTS TO INFLUENCE US NUCLEAR WEAPONS AND NONPROLIFERATION POLICY AND SUPPORT DIPLOMACY THROUGH POLICY ANALYSIS, EDUCATION AND MEDIA OUTREACH.

DAS BOMBE, LLC - TO SUPPORT A WORLD TOUR OF THE MUSEUM INSTALLATION OF "THE BOMB".

FCNL EDUCATION FUND - TO SUPPORT THE QUAKER DISARMAMENT PROJECT'S EFFORTS TO EDUCATE POLICYMAKERS AND THE PUBLIC ABOUT SAFER NUCLEAR POLICIES AND DIPLOMACY WITH NORTH KOREA.

FEDERATION OF AMERICAN SCIENTISTS - TO SUPPORT THE NUCLEAR INFORMATION PROJECT, ITS POLICYMAKER AND MEDIA OUTREACH, AND ITS ANALYSIS OF NUCLEAR WEAPONS PROGRAMS, BUDGETS AND CURRENT AND FUTURE POLICIES.

FEDERATION OF AMERICAN SCIENTISTS - TO SUPPORT RESEARCH, EDUCATION, AND ENGAGEMENT WITH THE BIDEN ADMINISTRATION ON THE ISSUE OF "SOLE PURPOSE."

FOREIGN POLICY FOR AMERICA - TO PROMOTE DIPLOMACY-FIRST APPROACHES ON KEY NUCLEAR POLICY AND REGIONAL SECURITY ISSUES.

FOUNDATION FOR A CIVIL SOCIETY - TO EDUCATE POLICYMAKERS AND THE MEDIA ABOUT THE IMPORTANCE OF DIPLOMACY WITH IRAN ON THE NUCLEAR ISSUE AND AVOIDING FURTHER

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

DETERIORATION OF THE JCPOA.

FRIENDS COMMITTEE ON NATIONAL LEGISLATION - TO BUILD A STRONG CALL FOR DIPLOMACY AND RETURN TO THE JCPOA THROUGH PUBLIC OUTREACH AND CONGRESSIONAL EDUCATION.

FRIENDS COMMITTEE ON NATIONAL LEGISLATION - TO SUPPORT THE QUAKER DISARMAMENT PROJECT'S EFFORTS TO MOBILIZE CONSTITUENTS AND ADVOCATE FOR SAFER NUCLEAR POLICIES AND DIPLOMACY WITH NORTH KOREA.

FUND FOR CONSTITUTIONAL GOVERNMENT - TO SUPPORT THE WORK OF THE PEACE AND SECURITY FUNDERS GROUP.

GLOBAL ZERO - TO PROMOTE A SHORT VIDEO ON PRESIDENTIAL SOLE AUTHORITY AND THE NEED FOR A NO FIRST USE POLICY IN THE UNITED STATES.

GLOBAL ZERO - TO TAKE ADVANTAGE OF OPPORTUNITIES FOR ITS RECENT SHORT VIDEO ON PRESIDENTIAL SOLE AUTHORITY TO REACH NEW AUDIENCES.

GLOBAL ZERO - TO SUPPORT RESEARCH ON THE ECONOMIC ASPECTS OF THE GBSD PROGRAM, AS WELL AS OUTREACH TO POLICYMAKERS AND THE MEDIA.

GLOBAL ZERO - TO EXPLORE A CONSOLIDATION EFFORT IN THE NUCLEAR FIELD.

HERBERT SCOVILLE JR. PEACE FELLOWSHIP - TO SUPPORT FELLOWS WORKING ON INTERNATIONAL PEACE AND SECURITY ISSUES AT LEADING WASHINGTON, DC-BASED ORGANIZATIONS.

INKSTICK MEDIA, INC - TO SUPPORT THE FOREIGN AFFAIRS, DEFENSE, AND NATIONAL SECURITY

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

BLOG INKSTICK.

INTERNATIONAL CIVIL SOCIETY ACTION NETWORK - TO SUPPORT ICAN'S INNOVATIVE PEACE FUND PROGRAM ACTIVITIES IN SOUTH ASIA AND THE MIDDLE EAST.

INTERNATIONAL CRISIS GROUP - TO SUPPORT RESEARCH, ANALYSIS, AND OUTREACH RELATED TO THE TRIGGER LIST.

J STREET - TO ENGAGE AND MOBILIZE J STREET'S NATIONAL NETWORK TO SUPPORT US EFFORTS AT DIPLOMACY AND A RETURN TO THE JCPOA..

J STREET EDUCATION FUND - TO PUBLICIZE SUPPORT AMONG ISRAELI SECURITY EXPERTS FOR US RE-ENTRY INTO COMPLIANCE WITH THE JCPOA AND DIPLOMATIC ENGAGEMENT.

J STREET EDUCATION FUND - EDUCATE CONGRESS AND THE AMERICAN PRO-ISRAEL AND JEWISH COMMUNITIES ABOUT POLICY APPROACHES TO SUPPORTING DIPLOMACY AND THE JCPOA.

MOVEON.ORG CIVIC ACTION - TO DRIVE PROGRESS ON FOREIGN POLICY CAMPAIGNING AND ORGANIZING IN ORDER TO ADVANCE AN INCLUSIVE AND PROGRESSIVE FOREIGN POLICY VISION.

NATIONAL COMMITTEE ON NORTH KOREA - TO SUPPORT THE NATIONAL COMMITTEE ON NORTH KOREA'S OUTREACH TO POLICYMAKERS AND THE PUBLIC ON NORTH KOREA-RELATED ISSUES, AS WELL AS NCNK'S ADVOCACY PROMOTING A FORMAL DIPLOMATIC AGREEMENT BETWEEN THE US AND NORTH KOREA.

NATIONAL IRANIAN AMERICAN COUNCIL - TO SUPPORT A VIRTUAL CONGRESSIONAL EDUCATIONAL BRIEFING SERIES ABOUT THE JCPOA AND REGIONAL SECURITY.

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

NEW VENTURE FUND - TO SUPPORT N SQUARE AND POLICYSOLVE'S EFFORTS TO DESIGN A FIELD-STRENGTHENING PROCESS FOR THE NUCLEAR POLICY COMMUNITY.

NIAC ACTION - TO SUPPORT ADVOCACY TO PROMOTE REENTRY TO THE JCPOA AND DEESCALATION OF REGIONAL TENSIONS.

NUCLEAR THREAT INITIATIVE - TO SUPPORT THE GENDER CHAMPIONS IN NUCLEAR POLICY INITIATIVE.

NUCLEAR WATCH NEW MEXICO - TO SUPPORT THE WEAPONS WATCH PROJECT THAT SCRUTINIZES NUCLEAR WEAPONS PROGRAMS, PROVIDES ANALYSIS TO MEDIA, POLICYMAKERS AND NONGOVERNMENTAL COLLEAGUES, AND ADVOCATES FOR NUCLEAR WEAPONS SPENDING REDUCTIONS.

PHYSICIANS FOR SOCIAL RESPONSIBILITY - TO SUPPORT AN OUTREACH COORDINATOR POSITION AND MOBILIZATION OF PSR'S CHAPTERS ON THE ISSUE OF NO FIRST USE AND AGAINST THE GROUND BASED STRATEGIC DETERRENT (GBSD).

PRESIDENT AND FELLOWS OF MIDDLEBURY COLLEGE - TO SUPPORT JEFFREY LEWIS' RESEARCH, ANALYSIS, AND MEDIA OUTREACH ON NUCLEAR AND MISSILE ACTIVITIES IN THE MIDDLE EAST AND NORTH KOREA.

QUINCY INSTITUTE FOR RESPONSIBLE STATECRAFT - TO PROMOTE A REORIENTATION OF US FOREIGN POLICY TOWARD MORE RESTRAINED USE OF MILITARY OPTIONS AND INCREASED DIPLOMACY.

QUINCY INSTITUTE FOR RESPONSIBLE STATECRAFT - TO SUPPORT RESEARCH, WRITING, AND

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

MEDIA OUTREACH THAT EXAMINES THE RELATIONSHIP BETWEEN ANTI-CHINA RHETORIC IN WASHINGTON, DC AND THE RISE IN VIOLENCE AGAINST THE ASIAN AMERICAN AND PACIFIC ISLANDER (AAPI) COMMUNITY.

RETHINK MEDIA - TO SUPPORT RETHINK MEDIA'S EFFORTS TO ENHANCE THE MEDIA SKILLS OF THE NUCLEAR ARMS CONTROL AND BUILD SUPPORT FOR A NEW NUCLEAR POLICY FOR THE UNITED STATES.

THE 1947 PARTITION ARCHIVE - TO SUPPORT THE ARCHIVE'S ORAL HISTORY ARCHIVING PROGRAM AND THE PUBLIC DISSEMINATION OF ITS STORY COLLECTION ON THE 1947 PARTITION BETWEEN INDIA AND PAKISTAN.

THE MIAAN GROUP - TO ADVANCE A DIPLOMATIC RESOLUTION OF IRAN-US TENSIONS AND HUMAN RIGHTS ACCOUNTABILITY IN IRAN.

THE STIMSON CENTER - TO SUPPORT ANALYSIS AND OUTREACH TO POLICYMAKERS AND THE MEDIA ON ISSUES RELATED TO NORTH KOREA, ITS NUCLEAR AND MISSILE PROGRAMS, AND POLICY OPTIONS TO PROMOTE DIPLOMACY.

SCHEDULE I, PART II, PURPOSES (CONTINUED)

TRI-VALLEY COMMUNITIES AGAINST A RADIOACTIVE ENVIRONMENT - TO SUPPORT TRI-VALLEY CARES' EFFORTS TO ANALYZE AND IMPACT US NUCLEAR WEAPONS POLICY, WITH A PARTICULAR FOCUS ON PROJECTS BASED AT LAWRENCE LIVERMORE NATIONAL LABORATORY.

TRUMAN CENTER FOR NATIONAL POLICY - TO SUPPORT THE TRUMAN CENTER FOR NATIONAL POLICY'S EFFORTS TO BRIDGE THE GAP BETWEEN LOCAL NUCLEAR ISSUES AND NATIONAL POLICYMAKING THROUGH ACTIVITIES INFORMED BY A DIVERSITY, EQUITY, INCLUSION, AND JUSTICE (DEIJ) LENS.

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

UNION OF CONCERNED SCIENTISTS - TO SUPPORT THE UNION OF CONCERNED SCIENTISTS' GRASSROOTS AND DC-FOCUSED EFFORTS TO REDUCE THE SIZE AND ROLE OF THE US NUCLEAR ARSENAL AND LOWER THE RISK OF NUCLEAR WAR.

VET VOICE FOUNDATION - TO ADVANCE A PROGRESSIVE NUCLEAR AND FOREIGN POLICY AGENDA.

WASHINGTON PHYSICIANS FOR SOCIAL RESPONSIBILITY - TO SUPPORT WPSR'S NUCLEAR WEAPONS ABOLITION PROGRAM THROUGH SUPPORT OF THE FULL-TIME ORGANIZER COORDINATING THE WASHINGTON AGAINST NUCLEAR WEAPONS COALITION, BUILDING OPPOSITION TO US NUCLEAR MODERNIZATION PLANS, AND INFLUENCING US NUCLEAR WEAPONS AND NONPROLIFERATION POLICY IN WASHINGTON STATE.

WIN WITHOUT WAR EDUCATION FUND - TO MOBILIZE A BROAD BASE OF PUBLIC SUPPORT FOR A PROGRESSIVE POLICIES INCLUDING NUCLEAR NONPROLIFERATION, DENUCLEARIZATION, AND DIPLOMACY WITH NUCLEAR-ARMED STATES.

WOMEN CROSS DMZ - TO SUPPORT WOMEN CROSS DMZ'S WORK ADVOCATING FOR PEACE AND DENUCLEARIZATION ON THE KOREAN PENINSULA IN CONGRESS AND THE PUBLIC SPHERE.

WOMEN OF COLOR ADVANCING PEACE, SECURITY AND CONFLICT TRANSFORMATION - TO SUPPORT THE ORGANIZATIONS IN SOLIDARITY INITIATIVE.

WOMEN'S ACTION FOR NEW DIRECTIONS - TO SUPPORT WAND'S EFFORTS TO INFLUENCE US NUCLEAR WEAPONS AND NONPROLIFERATION POLICY THROUGH POLICY ANALYSIS, EDUCATION, AND MEDIA OUTREACH AND MOBILIZATION OF WILL MEMBERS TO ADVOCATE EFFECTIVELY FOR THOSE POLICIES.

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

WOMEN'S ACTION FOR NEW DIRECTIONS - TO MOBILIZE WILL MEMBERS AND WAND COMMUNITY LEADERS TO ADVOCATE FOR KEY NUCLEAR POLICIES AND TO SUPPORT WAND'S PARTICIPATION IN THE NUCLEAR GRASSROOTS STRATEGY COALITION.

WOMEN'S ACTION FOR NEW DIRECTIONS EDUCATION FUND - TO SUPPORT WAND'S OUTREACH AND EDUCATION ON US NUCLEAR WEAPONS AND NONPROLIFERATION POLICY AS WELL AS TRAINING OF WILL MEMBERS AND WAND COMMUNITY LEADERS ABOUT CURRENT NUCLEAR WEAPONS POLICIES AND EFFECTIVE TECHNIQUES FOR ENGAGING THE MEDIA, PUBLIC, AND POLICYMAKERS.

WOMEN'S ACTION FOR NEW DIRECTIONS EDUCATION FUND - TO SUPPORT WAND'S GRASSROOTS EFFORTS ON KEY NUCLEAR POLICIES, BUILDING CONNECTIONS WITH COALITIONS AND NEW PARTNERSHIPS, AND PARTICIPATION IN THE NUCLEAR GRASSROOTS STRATEGY COALITION.

SCHEDULE I, PART II, LINE 1(B)

EINS FOR ALL ORGANIZATIONS LISTED ARE AVAILABLE UPON REQUEST.

SCHEDULE F, PART II, PURPOSES

CHANGECRAFT CONSULTING - TO MAP CHALLENGES AND OPPORTUNITIES IN THE NUCLEAR FIELD.

CONCILIATION RESOURCES - TO INCREASE UNDERSTANDING WITHIN LOCAL AND NATIONAL GOVERNMENTS OF KASHMIRI PERSPECTIVES AND THE CHALLENGES THEY FACE, CREATE ADDITIONAL SPACES FOR DIALOGUE BETWEEN KASHMIRIS ON BOTH SIDES OF THE LINE OF CONTROL (LOC), AND PRODUCE NEW RESEARCH ON PEACEBUILDING OPPORTUNITIES IN THE REGION.

EUROPEAN LEADERSHIP NETWORK - TO SUPPORT AND PROMOTE EUROPEAN ANALYSIS ON KEY JCPOA ISSUES.

INTERNATIONAL CAMPAIGN TO ABOLISH NUCLEAR WEAPONS - TO SUPPORT ICAN'S WORK TO

Name of the organization

PLOUGHSHARES FUND INC

Employer identification number

94-2764520

INCREASE MEMBERSHIP TO AND IMPLEMENTATION OF THE TREATY ON THE PROHIBITION OF NUCLEAR WEAPONS (TPNW) AND RAISE AWARENESS OF THE HUMANITARIAN CONSEQUENCES OF NUCLEAR WEAPONS, INCLUDING AT THE FIRST MEETING OF STATES PARTIES OF THE TPNW.

PEACE DIRECT - TO SUPPORT THE CHANAN DEVELOPMENT ASSOCIATION (CDA) TO AMPLIFY YOUTH VOICES IN POLICYMAKING AND POLITICAL PROCESSES IN PAKISTAN.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PLOUGHSHARES FUND INC	Taxpayer identification number (TIN) 94-2764520
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 315 BAY STREET, 4TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94133	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ ELIZABETH WARNER _____

Telephone No. ▶ 415-668-2244 _____ Fax No. ▶ 415-668-2214 _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2020, and ending 6/30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.