

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** 07/01/2021 **and ending** 06/30/2022

|   |  |  |                                  |   |
|---|--|--|----------------------------------|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>GLOBAL IMPACT<br>Doing Business As  |  |                                  | <b>D</b> Employer identification number<br>52-1273585   |
|   | Number and street (or P.O. box if mail is not delivered to street address)   |  | Room/suite                       | <b>E</b> Telephone number<br>(703) 717-5200   |
|   | 1199 NORTH FAIRFAX ST NO 300<br>City or town, state or province, country, and ZIP or foreign postal code<br>ALEXANDRIA, VA 22314 |  |                                  | <b>G</b> Gross receipts \$ 53,231,207.  |
|   | <b>F</b> Name and address of principal officer: SCOTT JACKSON<br>1199 NORTH FAIRFAX ST NO 300, ALEXANDRIA, VA 22314              |  |                                  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  |                                  | <b>H(c)</b> Group exemption number ▶  |
| <b>J</b> Website: WWW.CHARITY.ORG   |  |  |                                  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  | <b>L</b> Year of formation: 1981 | <b>M</b> State of legal domicile: DC  |

**Part I Summary**

|   |   |             |                   |
|---|---|-------------|-------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST VULNERABLE PEOPLE.</u> |             |                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                    |             |                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | 3 23        |                   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | 4 22        |                   |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)   | 5 116       |                   |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | 6 25        |                   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | 7a 631,878. |                   |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34            | 7b 330,152.   |             |                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | 55,891,500. | 44,999,923.       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 9,170,904.  | 7,357,625.        |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 340,851.    | 422,030.          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 840,719.    | 451,629.          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 66,243,974. | 53,231,207.       |
|   | <b>Revenue</b>  |             | <b>Prior Year</b> |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 38,083,944. | 29,350,271.       |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | NONE        | NONE              |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 7,960,950.  | 7,411,900.        |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 935,476.    | NONE              |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,783.   |             |                   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 8,478,811.  | 6,146,875.        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 55,459,181.   | 42,909,046. |                   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 10,784,793.   | 10,322,161. |                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | 34,519,716. | 38,479,736.       |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 12,963,315. | 7,630,594.        |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20.   | 21,556,401. | 30,849,142.       |

COPY FOR PUBLIC INSPECTION

**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.

|                               |   |   |                    |   |                   |
|-------------------------------|---|---|--------------------|---|-------------------|
| <b>Sign Here</b>              | Signature of officer  | Date<br>4/28/2023                         |                    |   |                   |
|                               | SCOTT JACKSON<br>Type or print name and title                           | PRESIDENT AND CEO                         |                    |   |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>ISRAEL TANNENBAUM                         | Preparer's signature<br>ISRAEL TANNENBAUM | Date<br>03/16/2023 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01589203 |
|                               | Firm's name ▶ WITHUMSMITH+BROWN, PC                                     | Firm's EIN ▶ 22-2027092                   |                    | Phone no. 732-828-1614                          |                   |
|                               | Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816 |   |                    |   |                   |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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 \$ 5,093,100. including grants of \$ 3,992,887. ) (Revenue \$ 1,326,180. )

FUNDRAISING AND PARTNERSHIP SERVICES:

GLOBAL IMPACT PROVIDES NONPROFITS AND FOUNDATIONS WITH A CONTINUUM OF SERVICES INCLUDING FUNDRAISING STRATEGY AND IMPLEMENTATION; WORKPLACE FUNDRAISING; EMPLOYEE ASSISTANCE PROGRAMS; CORPORATE GRANTMAKING; PEER DONOR STRATEGIC PARTNERSHIPS; AND GIVING STRATEGIES TO BOOST CLIENTS' GLOBAL REACH AND MAXIMIZE FUND DEVELOPMENT.

4b (Code: ) (Expenses \$ 13,079,285. including grants of \$ 10,526,848. ) (Revenue \$ 5,389,767. )

EMPLOYEE ENGAGEMENT AND CSR SERVICES:

GLOBAL IMPACT PROVIDES CORPORATE AND PUBLIC SECTOR PARTNERS A CONTINUUM OF SERVICES TO ENHANCE SOCIAL IMPACT, PROMOTE EMPLOYEE GIVING AND ACCELERATE DISASTER RESPONSE EFFORTS INCLUDING CORPORATE GIVING STRATEGY; WORKPLACE PROGRAM DESIGN, DISASTER AND CAUSE FUNDS; AND PROGRAM MANAGEMENT.

4c (Code: ) (Expenses \$ 21,972,515. including grants of \$ 14,830,536. ) (Revenue \$ 372,317. )

FINANCE AND BUSINESS SERVICES:

GLOBAL IMPACT PROVIDES FINANCIAL AND BUSINESS SERVICES TO HELP ORGANIZATION'S OPERATIONAL EFFICIENCY AND EFFECTIVENESS, AS WELL AS AUGMENT CAPACITY. SERVICES INCLUDE OUTSOURCED FINANCIAL ADMINISTRATION; INVESTMENT FUND ADVISORY AND ADMINISTRATION; SUSTAINABILITY PLANNING AND ORGANIZATIONAL EFFECTIVENESS; AND A DONOR-ADVISED FUND - GROWFUND.

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

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

4e Total program service expenses 40,144,900.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21 regarding organizational activities, financial reporting, and compliance with various IRS sections.

**Part IV Checklist of Required Schedules** *(continued)*

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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   |    |
| <b>23</b> 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   |    |
| <b>24a</b> 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  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. . . . .  |     |    |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?. . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | X  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>28a</b> 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  |
| <b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>  |     | X  |
| <b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>   |     | X  |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>   |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> 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   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | X   |    |
| <b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   | X   |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>  |     |    |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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 |
|--|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| <b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .   |     |    |
| <b>1c</b> 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)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable trusts.

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 (23), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

CHRISTINA HADDEN 1199 NORTH FAIRFAX ST NO 300 ALEXANDRIA, VA 22314 703-717-5200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title                                     | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) SCOTT JACKSON<br>PRESIDENT AND CEO                    | 40.00<br>NONE   | X  |                       | X       |              |                              |        | 421,518.  | NONE   | 18,458.   |
| (2) KAREN ROBINSON<br>CFO/EVP FIN.SVCE. (THRU 3/2022)     | 1.00<br>40.00   |  |                       | X       |              |                              |        | NONE  | 308,820.   | 28,920.   |
| (3) SARA LOMELIN ENRIQUE<br>EXEC DIR, PHIL T FISCAL SPON. | 40.00<br>NONE   |  |                       |         |              | X                            |        | 206,395.  | NONE   | 25,889.   |
| (4) KATHLEEN LOWENTHAL<br>VP PARTNER SOLUTIONS            | 40.00<br>NONE   |  |                       |         | X            |                              |        | 172,336.  | NONE   | 22,879.   |
| (5) STEPHANIE SCHOLZ<br>VP OF HUMAN RESOURCES             | 40.00<br>NONE   |  |                       |         |              | X                            |        | 167,087.  | NONE   | 26,277.   |
| (6) CINDY WILLMANN<br>VP OF OPERATIONS                    | 40.00<br>NONE   |  |                       |         |              | X                            |        | 173,520.  | NONE   | 10,546.   |
| (7) LOUIS TORCHIA<br>EXECUTIVE DIRECTOR, CFC              | 40.00<br>NONE   |  |                       |         |              | X                            |        | 165,986.  | NONE   | 2,750.  |
| (8) SABRINA ROMERO<br>MD, FINANCIAL SERVICES              | 40.00<br>NONE   |  |                       |         |              | X                            |        | 137,747.  | NONE   | 25,547.   |
| (9) ANITA WHITEHEAD<br>CHAIR                              | 2.00<br>NONE  | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (10) NANCY A KELLY<br>VICE CHAIR                          | 2.00<br>NONE  | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (11) JAMES B KANUCH<br>SECRETARY AND TREASURER            | 2.00<br>NONE  | X  |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (12) ERIK ARNOLD<br>DIRECTOR                              | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (13) TIMOTHY BLOECHL<br>DIRECTOR                          | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (14) NICOLE HOWE BUGGS<br>DIRECTOR                        | 1.00<br>NONE  | X  |                       |         |              |                              |        | NONE  | NONE   | NONE  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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 ) TRACEY BURTON<br>DIRECTOR   | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 16 ) KATHRYN COMPTON<br>DIRECTOR                                       | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 17 ) JOSEPH CRUPI<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 18 ) LISA TREVINO CUMMINS<br>DIRECTOR                                  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 19 ) MOUHAMED M DIALLO<br>DIRECTOR                                     | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 20 ) PETER GRANT<br>DIRECTOR   | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 21 ) STAN HARRELL<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 22 ) VEENA JAYADEVA<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 23 ) SARAH DEGNAN KAMBOU<br>DIRECTOR                                   | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 24 ) CHRISTIN MCCLAVE<br>DIRECTOR                                      | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 25 ) LAUREN MURPHY<br>DIRECTOR   | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 1,444,589.   | 308,820.  | 161,266.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 1,444,589.   | 308,820.  | 161,266.  |

**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 ► 19

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     |    |
| <b>4</b> 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> . . . . . |     |    |
| <b>5</b> 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> . . . . .                       |     |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26 ) CHARLES OWUBAH<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 27 ) STEVE POLO<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 28 ) CAROL RIEG<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 29 ) KAREN WAWRZASZEK<br>DIRECTOR                                      | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| ( 30 ) DAVID WU<br>DIRECTOR  | 1.00<br>NONE   | X   |                       |         |              |                              |        | NONE   | NONE  | NONE  |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        |  |   |   |

**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 ▶

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> 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   |    |
| <b>5</b> 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| SEE SCHEDULE O                   |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10

**Part VIII Statement of Revenue**

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

|   |   |   |   | (A)<br>Total revenue   | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |            |  |      |  |
|---|---|---|---|--|--|--------------------------------------|---|------------|--|------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b> 5,347,144.  |  |  |                                      |   |            |  |      |  |
|   | <b>b</b>  | Membership dues . . . . .   | <b>1b</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>d</b>  | Related organizations . . . . .   | <b>1d</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>e</b>  | Government grants (contributions) . .   | <b>1e</b> 3,646,062.  |  |  |                                      |   |            |  |      |  |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above . | <b>1f</b> 36,006,717.   |  |  |                                      |   |            |  |      |  |
|   | <b>g</b>  | Noncash contributions included in<br>lines 1a-1f . . . . .                          | <b>1g</b> \$ 4,100.   |  |  |                                      |   |            |  |      |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |   | 44,999,923.  |  |                                      |   |            |  |      |  |
|   | <b>Program Service Revenue</b>  | <b>2a</b>   | CFC OUTREACH COORDINATOR FEES   | Business Code<br>900099  | 2,255,324.                                   | 2,255,324.                           |   |            |  |      |  |
| <b>b</b>  |   | MANAGEMENT FEES   | 900099  | 1,235,847.   | 1,235,847.                                   |                                      |   |            |  |      |  |
| <b>c</b>  |   | ADMIN CHARGES FOR RAISING FUNDS   | 900099  | 1,898,596.   | 1,898,596.                                   |                                      |   |            |  |      |  |
| <b>d</b>  |   | ADVISORY SERVICES   | 900099  | 1,595,541.   | 1,326,180.                                   | 269,361.                             |   |            |  |      |  |
| <b>e</b>  |   | COOPERATIVE ADVERTISING REIMB   | 900099  | 368,957.   | 368,957.                                     |                                      |   |            |  |      |  |
| <b>f</b>  |   | All other program service revenue . . . . .   | 900099  | 3,360.   | 3,360.                                       |                                      |   |            |  |      |  |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |   | 7,357,625.   |  |                                      |   |            |  |      |  |
| <b>Other Revenue</b>  |   | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶ |  | 422,030.                                     |                                      | 362,517.  | 59,513.    |  |      |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . ▶                              |   | NONE   |  |                                      |   |            |  |      |  |
|   | <b>5</b>  | Royalties . . . . . ▶   |   | NONE   |  |                                      |   |            |  |      |  |
|   | <b>6a</b>   | Gross rents . . . . .   | <b>6a</b>   | (i) Real   | (ii) Personal                                |                                      |   |            |  |      |  |
|   |   |   |   |  |  |                                      |   |            |  |      |  |
|   |   |   |   |  |  |                                      |   |            |  |      |  |
|   | <b>b</b>  | Less: rental expenses   | <b>6b</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>c</b>  | Rental income or (loss)   | <b>6c</b>   | NONE   | NONE   |                                      |   |            |  |      |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . . ▶   |   |  | NONE   |                                      |   |            |  |      |  |
|   | <b>7a</b>   | Gross amount from<br>sales of assets<br>other than inventory                        | <b>7a</b>   | (i) Securities   | (ii) Other                                   |                                      |   |            |  |      |  |
|   |   |   |   |  |  |                                      |   |            |  |      |  |
|   |   |   |   |  |  |                                      |   |            |  |      |  |
|   | <b>b</b>  | Less: cost or other basis<br>and sales expenses . .                                 | <b>7b</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>c</b>  | Gain or (loss) . . . . .  | <b>7c</b>   |  |  |                                      |   |            |  |      |  |
|   | <b>d</b>  | Net gain or (loss) . . . . . ▶  |   |  | NONE   |                                      |   |            |  |      |  |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |   | NONE   |  |                                      |   |            |  |      |  |
|   |   |   | <b>b</b>  | Less: direct expenses . . . . .  | <b>8b</b>                                    |                                      | NONE  |            |  |      |  |
|   |   |   | <b>c</b>  | Net income or (loss) from fundraising events . . . . . ▶               |  |                                      | NONE  |            |  |      |  |
|   |   |   | <b>9a</b>   | Gross income from gaming<br>activities. See Part IV, line 19 . . . . . | <b>9a</b>                                    |                                      | NONE  |            |  |      |  |
|   |   |   |   |  |  | <b>b</b>                             | Less: direct expenses . . . . .                               | <b>9b</b>  |  | NONE |  |
|   |   |   |   |  |  | <b>c</b>                             | Net income or (loss) from gaming activities . . . . . ▶       |            |  | NONE |  |
|   |   |   | <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .     | <b>10a</b>                                   |                                      | NONE  |            |  |      |  |
|   |   |   |   |  |  | <b>b</b>                             | Less: cost of goods sold . . . . .                            | <b>10b</b> |  | NONE |  |
|   |   |   |   |  |  | <b>c</b>                             | Net income or (loss) from sales of inventory . . . . . ▶      |            |  | NONE |  |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | OTHER MISCELLANEOUS INCOME  | Business Code<br>900099   | 451,629.   | 451,629.                                     |                                      |   |            |  |      |  |
|   | <b>b</b>  |   |   |  |  |                                      |   |            |  |      |  |
|   | <b>c</b>  |   |   |  |  |                                      |   |            |  |      |  |
|   | <b>d</b>  | All other revenue . . . . .   |   |  |  |                                      |   |            |  |      |  |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶   |   |  | 451,629.                                     |                                      |   |            |  |      |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶  |   |   | 53,231,207.  | 7,539,893.                                   | 631,878.                             | 59,513.   |            |  |      |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 20,962,132.           | 20,962,132.                     |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 35,000.               | 35,000.                         |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 8,353,139.            | 8,353,139.                      |  |                             |
| 4 Benefits paid to or for members . . . . .  | NONE                  |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 642,731.              | 446,326.                        | 187,968.                               | 8,437.                      |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | NONE                  |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 5,812,449.            | 4,057,022.                      | 1,681,901.                             | 73,526.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 54,940.               | 35,658.                         | 18,130.                                | 1,152.                      |
| 9 Other employee benefits . . . . .  | 517,154.              | 335,872.                        | 175,131.                               | 6,151.                      |
| 10 Payroll taxes . . . . .   | 384,626.              | 250,006.                        | 126,927.                               | 7,693.                      |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management . . . . .   | NONE                  |                                 |  |                             |
| b Legal . . . . .  | 213,262.              | 157,174.                        | 53,739.                                | 2,349.                      |
| c Accounting . . . . .   | 75,271.               | 53,184.                         | 21,162.                                | 925.                        |
| d Lobbying . . . . .   | NONE                  |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .  | NONE                  |                                 |  |                             |
| f Investment management fees . . . . .   | 15,368.               |                                 | 15,368.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  | 3,668,790.            | 3,632,943.                      | 33,993.                                | 1,854.                      |
| 12 Advertising and promotion . . . . .   | NONE                  |                                 |  |                             |
| 13 Office expenses . . . . .   | 362,303.              | 319,520.                        | 38,502.                                | 4,281.                      |
| 14 Information technology . . . . .  | 178,424.              | 146,678.                        | 29,886.                                | 1,860.                      |
| 15 Royalties . . . . .   | NONE                  |                                 |  |                             |
| 16 Occupancy . . . . .   | 325,713.              | 233,721.                        | 88,139.                                | 3,853.                      |
| 17 Travel . . . . .  | 254,520.              | 250,644.                        | 3,383.                                 | 493.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | NONE                  |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 6,210.                | 6,199.                          | 11.                                    |                             |
| 20 Interest . . . . .  | 27,935.               | 27,935.                         |  |                             |
| 21 Payments to affiliates . . . . .  | NONE                  |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 127,393.              | 98,304.                         | 27,307.                                | 1,782.                      |
| 23 Insurance . . . . .   | 67,996.               | 48,509.                         | 18,671.                                | 816.                        |
| 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 CAMPAIGN MATERIALS . . . . .   | 733,039.              | 694,934.                        | 9,494.                                 | 28,611.                     |
| b GRANT EXPENSES . . . . .   | 90,001.               |                                 | 90,001.                                |                             |
| c BAD DEBT . . . . .   | 650.                  |                                 | 650.                                   |                             |
| d _____ . . . . .  |                       |                                 |  |                             |
| e All other expenses _____ . . . . .   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 42,909,046.           | 40,144,900.                     | 2,620,363.                             | 143,783.                    |
| <b>26 Joint costs.</b> 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)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing . . . . .   | 13,593,532.              | <b>1</b>    | 25,180,877.        |
|  | <b>2</b> Savings and temporary cash investments. . . . .   | NONE                     | <b>2</b>    | NONE               |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 12,607,600.              | <b>3</b>    | 4,287,710.         |
|  | <b>4</b> Accounts receivable, net . . . . .  | 1,571,692.               | <b>4</b>    | 1,844,684.         |
|  | <b>5</b> 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 . . . . . | NONE                     | <b>5</b>    | NONE               |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .  | NONE                     | <b>6</b>    | NONE               |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | NONE                     | <b>7</b>    | NONE               |
|  | <b>8</b> Inventories for sale or use . . . . .   | NONE                     | <b>8</b>    | NONE               |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 246,302.                 | <b>9</b>    | 274,075.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 2,922,940.    |             |                    |
|  | <b>b</b> Less: accumulated depreciation. . . . .   | <b>10b</b> 2,473,518.    |             |                    |
|  | <b>11</b> Investments - publicly traded securities. . . . .  | 551,976.                 | <b>10c</b>  | 449,422.           |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 2,017,621.               | <b>11</b>   | 1,718,259.         |
|  | <b>13</b> Investments - program-related. See Part IV, line 11. . . . .   | NONE                     | <b>12</b>   | NONE               |
|  | <b>14</b> Intangible assets . . . . .  | 3,139,896.               | <b>13</b>   | 3,903,687.         |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | NONE                     | <b>14</b>   | NONE               |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 791,097.   | <b>15</b>                | 821,022.    |                    |
|  | 34,519,716.  | <b>16</b>                | 38,479,736. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses. . . . .   | 1,766,456.               | <b>17</b>   | 2,293,297.         |
|  | <b>18</b> Grants payable . . . . .   | 1,919,796.               | <b>18</b>   | 322,710.           |
|  | <b>19</b> Deferred revenue . . . . .   | 769,017.                 | <b>19</b>   | 531,199.           |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | NONE                     | <b>20</b>   | NONE               |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | NONE                     | <b>21</b>   | NONE               |
|  | <b>22</b> 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 . . . . .     | NONE                     | <b>22</b>   | NONE               |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 940,674.                 | <b>23</b>   | 516,620.           |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .  | 1,150,000.               | <b>24</b>   | 900,000.           |
|  | <b>25</b> 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 . . . . .  | 6,417,372.               | <b>25</b>   | 3,066,768.         |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .   | 12,963,315.              | <b>26</b>   | 7,630,594.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|  | <b>27</b> Net assets without donor restrictions. . . . .   | 4,523,089.               | <b>27</b>   | 7,793,207.         |
|  | <b>28</b> Net assets with donor restrictions. . . . .  | 17,033,312.              | <b>28</b>   | 23,055,935.        |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>   |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>   |                    |
|  | <b>32</b> <b>Total net assets or fund balances</b> . . . . .   | 21,556,401.              | <b>32</b>   | 30,849,142.        |
| <b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .           | 34,519,716.  | <b>33</b>                | 38,479,736. |                    |

**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  | 53,231,207. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 42,909,046. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 10,322,161. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 21,556,401. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 82,764.     |
| 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  | -1,112,184. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 30,849,142. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain 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? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2021)

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

**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).)
- 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 on 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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990) 2021

JSA  
1E1210 1.000

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (95.49%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (99.31%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

**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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .       |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> 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).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| <b>1</b>                               | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                               | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                               | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                               | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                               | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                               | 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) | <b>6</b>       |                             |
| <b>7</b>                               | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |

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

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

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 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                         | <b>Total annual distributions.</b> 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 2021 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2021   |                             |  |   |
| a   | From 2016 . . . . .   |                             |  |   |
| b   | From 2017 . . . . .   |                             |  |   |
| c   | From 2018 . . . . .   |                             |  |   |
| d   | From 2019 . . . . .   |                             |  |   |
| e   | From 2020 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2021 distributable amount  |                             |  |   |
| i   | Carryover from 2016 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4   | Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2021 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2017 . . . .  |                             |  |   |
| b   | Excess from 2018 . . . .  |                             |  |   |
| c   | Excess from 2019 . . . .  |                             |  |   |
| d   | Excess from 2020 . . . .  |                             |  |   |
| e   | Excess from 2021 . . . .  |                             |  |   |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><p style="text-align: center;">GLOBAL IMPACT</p> | Employer identification number<br><p style="text-align: center;">52-1273585</p> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | N/A<br><hr/> <hr/>                | \$ 1,600,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | N/A<br><hr/> <hr/>                | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | N/A<br><hr/> <hr/>                | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | N/A<br><hr/> <hr/>                | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | N/A<br><hr/> <hr/>                | \$ 1,300,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | N/A<br><hr/> <hr/>                | \$ 13,438,484.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><p style="text-align: center;">GLOBAL IMPACT</p> | Employer identification number<br><p style="text-align: center;">52-1273585</p> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A<br><hr/> <hr/> <hr/>          | \$ 1,500,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | N/A<br><hr/> <hr/> <hr/>          | \$ 1,414,750.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ <hr/>                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

GLOBAL IMPACT

Employer identification number

52-1273585

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |



|   |  |
|---|--|
| Name of organization<br><p style="text-align:center;">GLOBAL IMPACT</p> | Employer identification number<br><p style="text-align:center;">52-1273585</p> |
|---|--|

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift     | (c) Use of gift                          | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |
| _____                                   | _____<br>_____<br>_____ | _____<br>_____<br>_____                  | _____<br>_____<br>_____             |
| <b>(e) Transfer of gift</b>             |                         |  |                                     |
| Transferee's name, address, and ZIP + 4 |                         | Relationship of transferor to transferee |                                     |
| _____<br>_____<br>_____                 |                         | _____<br>_____<br>_____                  |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: Purpose(s) of conservation easements, 2a-2d table for conservation contribution, and various monitoring questions.

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.

Form for Part III with questions 1a, 1b, 2a, 2b regarding reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

**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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_%
  - b Permanent endowment ▶ \_\_\_\_\_%
  - c Term endowment ▶ \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      | 901,274.                        | 684,560.                     | 216,714.       |
| d Equipment . . . . .  |                                      | 701,503.                        | 684,120.                     | 17,383.        |
| e Other . . . . .  |                                      | 1,320,163.                      | 1,104,838.                   | 215,325.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 449,422.       |

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) INVESTMENTS-PROGRAM RELATED   | 3,903,687.     | FMV  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ |                | 3,903,687.   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED RENT   | 439,384.       |
| (3) CAMPAIGN FUNDS PAYABLE TO MEMBERS   | 2,627,384.     |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (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 .

**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  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |    |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a |    |
| b | Donated services and use of facilities . . . . .  | 2b |    |
| c | Recoveries of prior year grants . . . . .   | 2c |    |
| d | Other (Describe in Part XIII.) . . . . .  | 2d |    |
| e | Add lines 2a through 2d . . . . .   |    | 2e |
| 3 | Subtract line 2e from line 1 . . . . .  |    | 3  |
| 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 |    |
| b | Other (Describe in Part XIII.) . . . . .  | 4b |    |
| c | Add lines 4a and 4b . . . . .   |    | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |    | 5  |

**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  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |    |
| a | Donated services and use of facilities . . . . .   | 2a |    |
| b | Prior year adjustments . . . . .   | 2b |    |
| c | Other losses . . . . .   | 2c |    |
| d | Other (Describe in Part XIII.) . . . . .   | 2d |    |
| e | Add lines 2a through 2d . . . . .  |    | 2e |
| 3 | Subtract line 2e from line 1 . . . . .   |    | 3  |
| 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 |    |
| b | Other (Describe in Part XIII.) . . . . .   | 4b |    |
| c | Add lines 4a and 4b . . . . .  |    | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |    | 5  |

**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.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

FORM 990, PART X, LINE 2:

GLOBAL IMPACT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES UNDER STATE LAW. GLOBAL IMPACT IS DESIGNATED AS A PUBLIC CHARITY.

GLOBAL IMPACT IS TAXED ON UNRELATED BUSINESS INCOME AND HAS UNRELATED BUSINESS INCOME FROM ADVISORY SERVICES AND INCOME FROM GENEVA GLOBAL, INC. GENEVA GLOBAL, INC. IS CLASSIFIED AS AN S CORPORATION FOR U.S. INCOME TAX PURPOSES. AS SUCH, INCOME FROM GENEVA GLOBAL, INC. IS PASSED THROUGH TO GLOBAL IMPACT AND IS SUBJECT TO UNRELATED BUSINESS INCOME TAX.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2022 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIOD PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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

- 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**
- 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 |
|---|-------------------------------------|--|--|--|--|
| <b>(1)</b> CENTRAL AMERICA/CARIBBEAN                        | NONE                                | NONE   | GRANTMAKING  |  | 427,985.   |
| <b>(2)</b> EAST ASIA AND THE PACIFIC                        | NONE                                | NONE   | GRANTMAKING  |  | 2,293,961.   |
| <b>(3)</b> EUROPE   | NONE                                | NONE   | GRANTMAKING  |  | 4,441,547.   |
| <b>(4)</b> MIDDLE EAST AND NORTH AFRICA                     | NONE                                | NONE   | GRANTMAKING  |  | 66,516.  |
| <b>(5)</b> NORTH AMERICA                                    | NONE                                | NONE   | GRANTMAKING  |  | 384,139.   |
| <b>(6)</b> SOUTH AMERICA                                    | NONE                                | NONE   | GRANTMAKING  |  | 85,164.  |
| <b>(7)</b> SOUTH ASIA                                       | NONE                                | NONE   | GRANTMAKING  |  | 292,615.   |
| <b>(8)</b> SUB-SAHARAN AFRICA                               | NONE                                | NONE   | GRANTMAKING  |  | 344,418.   |
| <b>(9)</b> RUSSIA/INDEPENDENT STATES                        | NONE                                | NONE   | GRANTMAKING  |  | 16,795.  |
| <b>(10)</b>   |                                     |  |  |  |  |
| <b>(11)</b>   |                                     |  |  |  |  |
| <b>(12)</b>   |                                     |  |  |  |  |
| <b>(13)</b>   |                                     |  |  |  |  |
| <b>(14)</b>   |                                     |  |  |  |  |
| <b>(15)</b>   |                                     |  |  |  |  |
| <b>(16)</b>   |                                     |  |  |  |  |
| <b>(17)</b>   |                                     |  |  |  |  |
| <b>3a</b> Subtotal . . . . .                                | NONE                                | NONE   |  |  | 8,353,140.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c Totals</b> (add lines 3a and 3b)                       | NONE                                | NONE   |  |  | 8,353,140.   |

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

Schedule F (Form 990) 2021

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 13,000.                  | WIRE                            |                                  |                                       |   |
| (2)  |                          |  | EUROPE/ICELAND/GREENLAND | EMPLOYEE ASSISTANCE  | 56,000.                  | WIRE                            |                                  |                                       |   |
| (3)  |                          |  | MIDDLE EAST/NORTH AFRICA | EMPLOYEE ASSISTANCE  | 6,516.                   | WIRE                            |                                  |                                       |   |
| (4)  |                          |  | CENT. AMERICA/CARIBBEAN  | FISCAL SPONSORSHIP   | 25,000.                  | WIRE                            |                                  |                                       |   |
| (5)  |                          |  | CENT. AMERICA/CARIBBEAN  | FISCAL SPONSORSHIP   | 276,559.                 | WIRE                            |                                  |                                       |   |
| (6)  |                          |  | CENT. AMERICA/CARIBBEAN  | EMPLOYEE ASSISTANCE  | 6,426.                   | WIRE                            |                                  |                                       |   |
| (7)  |                          |  | CENT. AMERICA/CARIBBEAN  | FISCAL SPONSORSHIP   | 120,000.                 | WIRE                            |                                  |                                       |   |
| (8)  |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 1,044,918.               | WIRE                            |                                  |                                       |   |
| (9)  |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 20,447.                  | WIRE                            |                                  |                                       |   |
| (10) |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 9,400.                   | WIRE                            |                                  |                                       |   |
| (11) |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 6,242.                   | WIRE                            |                                  |                                       |   |
| (12) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 247,120.                 | WIRE                            |                                  |                                       |   |
| (13) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 50,000.                  | WIRE                            |                                  |                                       |   |
| (14) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 201,577.                 | WIRE                            |                                  |                                       |   |
| (15) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 249,984.                 | WIRE                            |                                  |                                       |   |
| (16) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 221,840.                 | WIRE                            |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 30

3 Enter total number of other organizations or entities . . . . . ▶ 18



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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 100,000.                 | WIRE                            |                                  |                                       |   |
| (2)  |                          |  | EAST ASIA/PACIFIC        | EMPLOYEE ASSISTANCE  | 22,303.                  | WIRE                            |                                  |                                       |   |
| (3)  |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 83,700.                  | WIRE                            |                                  |                                       |   |
| (4)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 181,287.                 | WIRE                            |                                  |                                       |   |
| (5)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 20,000.                  | WIRE                            |                                  |                                       |   |
| (6)  |                          |  | EUROPE/ICELAND/GREENLAND | EMPLOYEE ASSISTANCE  | 9,742.                   | WIRE                            |                                  |                                       |   |
| (7)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 226,760.                 | WIRE                            |                                  |                                       |   |
| (8)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 253,848.                 | WIRE                            |                                  |                                       |   |
| (9)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 1,875,930.               | WIRE                            |                                  |                                       |   |
| (10) |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 165,203.                 | WIRE                            |                                  |                                       |   |
| (11) |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 241,755.                 | WIRE                            |                                  |                                       |   |
| (12) |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 325,606.                 | WIRE                            |                                  |                                       |   |
| (13) |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 291,466.                 | WIRE                            |                                  |                                       |   |
| (14) |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 365,119.                 | WIRE                            |                                  |                                       |   |
| (15) |                          |  | MIDDLE EAST/NORTH AFRICA | EMPLOYEE ASSISTANCE  | 50,000.                  | WIRE                            |                                  |                                       |   |
| (16) |                          |  | MIDDLE EAST/NORTH AFRICA | EMPLOYEE ASSISTANCE  | 10,000.                  | WIRE                            |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region               | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|--------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  | EUROPE/ICELAND/GREENLAND | FISCAL SPONSORSHIP   | 428,829.                 | WIRE                            |                                  |                                       |   |
| (2)  |                          |  | NORTH AMERICA            | FISCAL SPONSORSHIP   | 250,000.                 | WIRE                            |                                  |                                       |   |
| (3)  |                          |  | NORTH AMERICA            | FISCAL SPONSORSHIP   | 99,399.                  | WIRE                            |                                  |                                       |   |
| (4)  |                          |  | NORTH AMERICA            | FISCAL SPONSORSHIP   | 29,739.                  | WIRE                            |                                  |                                       |   |
| (5)  |                          |  | RUSSIA/NEWLY IND. STATES | EMPLOYEE ASSISTANCE  | 10,100.                  | WIRE                            |                                  |                                       |   |
| (6)  |                          |  | SOUTH AMERICA            | EMPLOYEE ASSISTANCE  | 61,500.                  | WIRE                            |                                  |                                       |   |
| (7)  |                          |  | SOUTH AMERICA            | EMPLOYEE ASSISTANCE  | 12,314.                  | WIRE                            |                                  |                                       |   |
| (8)  |                          |  | SOUTH AMERICA            | EMPLOYEE ASSISTANCE  | 11,350.                  | WIRE                            |                                  |                                       |   |
| (9)  |                          |  | SOUTH ASIA               | FISCAL SPONSORSHIP   | 249,075.                 | WIRE                            |                                  |                                       |   |
| (10) |                          |  | SOUTH ASIA               | EMPLOYEE ASSISTANCE  | 6,540.                   | WIRE                            |                                  |                                       |   |
| (11) |                          |  | SOUTH ASIA               | EMPLOYEE ASSISTANCE  | 12,000.                  | WIRE                            |                                  |                                       |   |
| (12) |                          |  | SUB-SAHARAN AFRICA       | FISCAL SPONSORSHIP   | 87,535.                  | WIRE                            |                                  |                                       |   |
| (13) |                          |  | SUB-SAHARAN AFRICA       | FISCAL SPONSORSHIP   | 210,570.                 | WIRE                            |                                  |                                       |   |
| (14) |                          |  | SUB-SAHARAN AFRICA       | FISCAL SPONSORSHIP   | 46,313.                  | WIRE                            |                                  |                                       |   |
| (15) |                          |  | RUSSIA/NEWLY IND. STATES | GIVING CIRCLE CONT.  | 6,695.                   | CHECK                           |                                  |                                       |   |
| (16) |                          |  | EAST ASIA/PACIFIC        | FISCAL SPONSORSHIP   | 10,000.                  | WIRE                            |                                  |                                       |   |

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**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) EMPLOYEE ASSISTANCE         | EAST ASIA/PACIFIC | 1                        | 10,000.                  | WIRE                            |                                  |                                       |   |
| (2) EMPLOYEE ASSISTANCE         | NORTH AMERICA     | 1                        | 5,000.                   | WIRE                            |                                  |                                       |   |
| (3) EMPLOYEE ASSISTANCE         | SOUTH ASIA        | 2                        | 20,000.                  | WIRE                            |                                  |                                       |   |
| (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 F, PART I, LINE 2:

THE ORGANIZATION USES A COMBINATION OF AN ANNUAL RECERTIFICATION PROCESS  
AND THIRD-PARTY VENDORS TO ENSURE COMPLIANCE WITH GRANTS AWARDED.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**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.

**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 noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> A SPORTING CHANCE FOR SPECIAL POPULATIONS<br>PO BOX 11337 SPRINGFIELD, MO 65808  | 43-1655706 | 501 C 3                         | 5,400.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> ACTION AGAINST HUNGER USA<br>ONE WHITEHALL STREET NEW YORK, NY 10004             | 13-3327220 | 501 C 3                         | 134,374.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING     |
| <b>(3)</b> ALABAMA AGING RESOURCES INC<br>2212 JORDAN LN SW HUNTSVILLE, AL 35805            | 47-3746786 | 501 C 3                         | 7,500.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(4)</b> ALIGHT<br>1325 QUINCY ST NE MINNEAPOLIS, MN 55413                                | 36-3241033 | 501 C 3                         | 67,319.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(5)</b> AMERICAN GREYHOUND INC<br>PO BOX 598 HOBART, IN 46342                            | 35-2115115 | 501 C 3                         | 5,896.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(6)</b> AMERICAN JEWISH WORLD SERVICE, INC.<br>45 WEST 36TH STREET NEW YORK, NY 10018    | 22-2584370 | 501 C 3                         | 31,914.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(7)</b> AMERICAN NEAR EAST REFUGEE AID, INC.<br>1111 14TH STREET NW WASHINGTON, DC 20005 | 52-0882226 | 501 C 3                         | 26,264.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(8)</b> AMERICAN RED CROSS<br>431 18TH ST NW WASHINGTON, DC 20006                        | 53-0196605 | 501 C 3                         | 32,770.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(9)</b> AMERICAN SOCIETY FOR THE PREVENTION OF CRUE<br>PO BOX 96929 WASHINGTON, DC 20090 | 13-1623829 | 501 C 3                         | 10,171.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(10)</b> AMERICARES<br>88 HAMILTON AVENUE STAMFORD, CT 06902                             | 06-1008595 | 501 C 3                         | 162,179.                 |                                   |   |                                       | DONOR ADVISED FUND,<br>WORKPLACE GIVING |
| <b>(11)</b> AMY'S TREAT<br>PO BOX 2234 DOVER, NH 03821                                      | 26-2350766 | 501 C 3                         | 11,747.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> APPALACHIAN MOUNTAIN ADVOCATES INC<br>PO BOX 507 BARBOURVILLE, KY 40906         | 55-0781483 | 501 C 3                         | 16,042.                  |                                   |   |                                       | DONOR ADVISED FUND                      |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 292

3 Enter total number of other organizations listed in the line 1 table ▶ 19

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance        |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> ARDS FOUNDATION<br>3330 DUNDEE RD NORTHBROOK, IL 60062                               | 36-4412041 | 501 C 3                         | 6,423.                   |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(2)</b> ASHOKA<br>1700 N MOORE STREET ARLINGTON, VA 22209                                    | 51-0255908 | 501 C 3                         | 6,489.                   |                                   |   |                                       | WORKPLACE GIVING                          |
| <b>(3)</b> ASSOCIATION OF EXCHANGE AND DEVELOPMENT OF<br>P O BOX 566235 MIAMI, FL 33256         | 22-3965455 | 501 C 3                         | 9,836.                   |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(4)</b> AUTISM SOCIETY OF AMERICA<br>P.O. BOX 7472 WANTAGH, NY 11793                         | 52-1020149 | 501 C 3                         | 11,577.                  |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(5)</b> AVERY DENNISON<br>207 GOODE AVENUE GLENDALE, CA 91205                                | 95-1492269 |                                 | 21,199.                  |                                   |   |                                       | EMPLOYEE ASSISTANCE                       |
| <b>(6)</b> BEST BUDDIES INTERNATIONAL<br>100 SOUTHEAST SECOND STREET MIAMI, FL 33131            | 52-1614576 | 501 C 3                         | 10,068.                  |                                   |   |                                       | FISCAL SPONSORSHIP,<br>DONOR ADVISED FUND |
| <b>(7)</b> BETHLEHEM COMMUNITY FUND<br>693 PEARL STREET ALBANY, NY 12202                        | 14-1812445 | 501 C 3                         | 12,422.                  |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(8)</b> BIG BROTHERS AND SISTERS OF GREATER KANSAS<br>1709 WALNUT ST KANSAS CITY, MO 64108   | 43-6068464 | 501 C 3                         | 18,658.                  |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(9)</b> BILL, HILLARY AND CHELSEA CLINTON FDN<br>1200 PRES CLINTON AVE LITTLE ROCK, AR 72201 | 31-1580204 | 501 C 3                         | 8,589.                   |                                   |   |                                       | WORKPLACE GIVING                          |
| <b>(10)</b> BOYS AND GIRLS CLUB OF TOPEKA<br>550 SE 27TH ST TOPEKA, KS 66605                    | 48-0636732 | 501 C 3                         | 8,893.                   |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(11)</b> BRAIN INJURY ALLIANCE OF MONTANA INC<br>3535 WEST BROADWAY #6 MISSOULA, MT 59808    | 81-0452877 | 501 C 3                         | 7,838.                   |                                   |   |                                       | DONOR ADVISED FUND                        |
| <b>(12)</b> BRIDGEPORT RESCUE MISSION INC<br>PO BOX 9057 BRIDGEPORT, CT 06601                   | 06-1362705 | 501 C 3                         | 5,456.                   |                                   |   |                                       | DONOR ADVISED FUND                        |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> BRIDGES DOMESTIC & SEXUAL VIOLENCE SUPPORT<br>28 CONCORD ST NASHUA, NH 03064 | 020-330733 | 501 C 3                         | 15,192.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> BUSARA CTR. BEHAVIORAL ECONOMICS, INC.<br>46 HOAKA ROAD HILO, HI 96720       | 46-2695042 | 501 C 3                         | 249,205.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(3)</b> CALIFORNIA OPERA GUILD<br>41885 YOSEMITE PINES DR OAKHURST, CA 93644         | 26-3671215 | 501 C 3                         | 9,375.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> CALIFORNIA PHYSICAL THERAPY FUND<br>1990 DEL PASO ROAD SACRAMENTO, CA 95834  | 94-2472324 | 501 C 3                         | 29,319.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> CANCERCONNECTS INC<br>PO BOX 2010 EAST SYRACUSE, NY 13057                    | 20-3767018 | 501 C 3                         | 6,028.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(6)</b> CAPE ANN ANIMAL AID ASSOCIATION INC<br>4 PAWS LANE GLOUCESTER, MA 01930      | 04-2374914 | 501 C 3                         | 11,296.                  |                                   |   |                                       | DONOR ADVISING                     |
| <b>(7)</b> CARDONE INDUSTRIES, INC.<br>5501 WHITAKER AVENUE PHILADELPHIA, PA 19124      | 23-3000982 |                                 | 5,050.                   |                                   |   |                                       | EMPLOYEE ASSISTANCE                |
| <b>(8)</b> CARE, INC.<br>151 ELLIS STREET NE ATLANTA, GA 30303                          | 13-1685039 | 501 C 3                         | 265,713.                 |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(9)</b> CASA OF KENT COUNTY INC<br>180 OTTAWA NW GRAND RAPIDS, MI 49503              | 20-2112557 | 501 C 3                         | 22,388.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(10)</b> CASA OF MADISON COUNTY<br>701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801       | 63-0835099 | 501 C 3                         | 6,200.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(11)</b> CASA OF SHAWNEE COUNTY INC<br>501 SE JEFFERSON TOPEKA, KS 66607             | 48-1030095 | 501 C 3                         | 7,627.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> CATHOLIC MEDICAL MISSION BOARD, INC.<br>100 WALL STREET NEW YORK, NY 10005  | 13-5602319 | 501 C 3                         | 40,936.                  |                                   |   |                                       | WORKPLACE GIVING                   |

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

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

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

Schedule I (Form 990) 2021



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> CENTER FOR BLACK WOMEN'S WELLNESS<br>477 WINDSOR ST SW ATLANTA, GA 30312           | 58-2212203 | 501 C 3                         | 9,956.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> CENTER FOR COMMUNITY ALTERNATIVES<br>115 E JEFFERSON ST SYRACUSE, NY 13202         | 16-1395992 | 501 C 3                         | 61,590.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(3)</b> CENTER FOR DISEASE DYNAMICS, ECONOMICS,<br>962 WAYNE AVE SILVER SPRING, MD 20910   | 27-3235008 | 501 C 3                         | 5,362.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(4)</b> CENTER FOR GRIEVING CHILDREN<br>555 FOREST AVENUE PORTLAND, ME 04101               | 01-0431501 | 501 C 3                         | 25,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(5)</b> CENTRAL NEW YORK SPCA<br>5878 EAST MOLLOY RD SYRACUSE, NY 13211                    | 15-0532072 | 501 C 3                         | 27,738.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(6)</b> CHALLENGED CHILDRENS CHARITIES<br>127 26TH ST AVALON, NJ 08202                     | 22-1969154 | 501 C 3                         | 12,878.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> CHILD GUIDANCE CENTER, INC.<br>525 CABRILLO PARK DR SANTA ANA, CA 92701            | 95-2546170 | 501 C 3                         | 5,684.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(8)</b> CHILDFUND INTERNATIONAL USA<br>2821 EMERYWOOD PKWY RICHMOND, VA 23294              | 54-0536100 | 501 C 3                         | 16,048.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(9)</b> CHILDREN INTERNATIONAL<br>200 E RED BRIDGE RD KANSAS CITY, MO 64131                | 44-6005794 | 501 C 3                         | 28,175.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(10)</b> CHILDRENS ADVOCACY AND FAMILY RESOURCES INC<br>P.O. BOX 3554 ENGLEWOOD, CO 80155  | 84-1233797 | 501 C 3                         | 10,000.                  |                                   |   |                                       | DONOR ADVISING                          |
| <b>(11)</b> CHURCH OF CHRIST HOME FOR THE AGED<br>23575 15 MILE RD CLINTON TOWNSHIP, MI 48035 | 38-1426884 | 501 C 3                         | 5,070.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> CHURCH WORLD SERVICE, INC.<br>28606 PHILLIPS STREET ELKHART, IN 46515             | 13-4080201 | 501 C 3                         | 10,401.                  |                                   |   |                                       | WORKPLACE GIVING                        |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> CITIZENS FOR JUVENILE JUSTICE INC<br>44 SCHOOL ST BOSTON, MA 02108-4220             | 04-3224860 | 501 C 3                         | 108,182.                 |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> CIVIC MUSIC ASSOCIATION<br>900 KEOSAUQUA WAY DES MOINES, IA 50309                   | 23-7334841 | 501 C 3                         | 10,952.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> CLOVIS UNIFIED SCHOOL DISTRICT<br>1450 HERNDON CLOVIS, CA 93611                     | 94-2840774 | 501 C 3                         | 59,524.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> COEUR D ALENE PUBLIC LIBRARY FOUNDATION INC<br>702 E FRONT AVE ALENE, ID 83814      | 82-0485529 | 501 C 3                         | 5,040.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> COLUMBIA HOSPITALITY INC<br>2200 ALASKAN WAY SEATTLE, WA 98121                      | 52-2207354 | 501 C 3                         | 6,988.                   |                                   |   |                                       | EMPLOYEE ASSISTANCE                |
| <b>(6)</b> COMMUNITY CHEST OF ENGLEWOOD<br>122 S VAN BRUNT ST ENGLEWOOD, NJ 07631              | 22-1493155 | 501 C 3                         | 15,201.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(7)</b> COMMUNITY SERVICES FOUNDATION OF CECIL CNTY<br>200 CHESAPEAKE BLVD ELKTON, MD 21921 | 52-1795422 | 501 C 3                         | 19,126.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> COMMUNITY YOUTH NETWORK, INC<br>18640 W. BELVIDERE RD GRAYSLAKE, IL 60030           | 36-2991247 | 501 C 3                         | 9,200.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(9)</b> COMPANY ONE INC<br>539 TREMONT ST BOSTON, MA 02116                                  | 04-3444644 | 501 C 3                         | 8,083.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(10)</b> COMPASSION INTERNATIONAL INCORPORATED<br>12290 VOYAGER PKWY, COLORADO SPRINGS, CO  | 36-2423707 | 501 C 3                         | 110,453.                 |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(11)</b> CRANIO CARE BEARS<br>PO BOX 10213 KALISPELL, MT 59904                              | 45-1741139 | 501 C 3                         | 21,991.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> CROSSROADS GLOBAL VILLAGE (US) LIMITED<br>1732 1ST AVE NEW YORK, NY 10128          | 46-5354749 | 501 C 3                         | 150,000.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> DAVIS COMMUNITY MEALS<br>202 F ST DAVIS, CA 95616                           | 68-0245801 | 501 C 3                         | 9,000.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(2)</b> DIRECT RELIEF<br>6100 WALLACE BECKNELL RD, SANTA BARBARA, CA                | 95-1831116 | 501 C 3                         | 148,436.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED |
| <b>(3)</b> DOC WAYNE YOUTH SERVICES INC<br>418 COMMONWEALTH AVE BOSTON, MA 02215       | 27-4216064 | 501 C 3                         | 5,316.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> DOMINICAN REPUBLIC EDUCATION AND MENTORING<br>13 WINTER LN MILTON, VA 05468 | 03-0362565 | 501 C 3                         | 5,534.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> ECPAT - USA<br>86 WYCKOFF AVENUE BROOKLYN, NY 11237                         | 13-3755580 | 501 C 3                         | 8,500.                   |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(6)</b> EDESIA<br>550 ROMANO VINEYARD WAY KINGSTOWN, RI 02852                       | 26-0359866 | 501 C 3                         | 85,500.                  |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(7)</b> EHP SAN JUAN SUITES LLC<br>8000 TARTAK ST CAROLINA, PR 00979                | 47-0955336 |                                 | 8,750.                   |                                   |   |                                       | EMPLOYEE ASSISTANCE                |
| <b>(8)</b> EPISCOPAL RELIEF AND DEVELOPMENT<br>816 SECOND AVENUE NEW YORK, NY 10017    | 73-1635264 | 501 C 3                         | 37,993.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED |
| <b>(9)</b> EQUAL JUSTICE INITIATIVE<br>122 COMMERCE ST MONTGOMERY, AL 36104            | 63-1135091 | 501 C 3                         | 35,917.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(10)</b> EVERETT PUBLIC SCHOOL<br>121 VINE ST EVERETT, MA 02149                     | 04-6001386 | MUNICIPALIT                     | 7,500.                   |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(11)</b> EVERGY EMPLOYEE RELIEF FUND<br>1200 MAIN ST KANSAS CITY, MO 64105          | 26-0845779 | 501 C 3                         | 102,676.                 |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> FAITH COMMUNITY HOMES<br>302 N DUNTON AVE, ARLINGTON HEIGHTS, IL           | 56-2408453 | 501 C 3                         | 5,809.                   |                                   |   |                                       | DONOR ADVISED FUND                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> FAMILIESCN2A<br>P.O. BOX 82 EAST LONGMEADOW, MA 01028                              | 47-3169795 | 501 C 3                         | 7,922.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> FAMILIES HELPING FAMILIES CHICAGOLAND<br>4960 PRAIRIE OAK RD GURNEE, IL 60031      | 81-1518108 | 501 C 3                         | 8,850.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(3)</b> FAMILY MATTERS INC<br>7731 N MARSHFIELD AVE CHICAGO, IL 60626                      | 36-3588490 | 501 C 3                         | 5,600.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(4)</b> FEED MY STARVING CHILDREN<br>401 93RD AVE NW COON RAPIDS, MN 55433                 | 41-1601449 | 501 C 3                         | 141,928.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED      |
| <b>(5)</b> FEEDING SOUTH FLORIDA INC<br>2501 SW 32ND TER PEMBROKE PARK, FL 33023              | 59-2097520 | 501 C 3                         | 33,445.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(6)</b> FILLING MEMORIAL HOME OF MERCY INC<br>N160 STATE ROUTE 108 NAPOLEON, OH 43545      | 34-4481347 | 501 C 3                         | 11,444.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> FINCA INTERNATIONAL, INC.<br>1201 15TH STREET, NW WASHINGTON, DC 20005             | 13-3240109 | 501 C 3                         | 15,081.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR GIVING       |
| <b>(8)</b> FIRST EVANGELICAL LUTHERAN CHURCH OF TORRAN<br>2900 W CARSON ST TORRANCE, CA 90503 | 95-2036722 | 501 C 3                         | 189,406.                 |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(9)</b> FOOD FOR THE POOR INC<br>6401 LYONS ROAD COCONUTCREEK, FL 33073                    | 59-2174510 | 501 C 3                         | 16,683.                  |                                   |   |                                       | DONOR ADVISED FUND,<br>WORKPLACE GIVING |
| <b>(10)</b> FREE THE SLAVES<br>1320 19TH ST, NW WASHINGTON, DC 20036                          | 56-2189635 | 501 C 3                         | 6,781.                   |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(11)</b> FRIENDS OF BLACK ROCK/HIGH ROCK, INC.<br>320 MAIN STREET GERLACH, NV 89412        | 88-0437464 | 501 C 3                         | 16,361.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> FRIENDS OF ST BARTHOLOMEWS ANGLICAN CHURCH<br>106 W RIVER RD RUMSON, NJ 07760     | 20-2516226 | 501 C 3                         | 48,530.                  |                                   |   |                                       | DONOR ADVISED FUND                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> FRIENDS OF THE ISRAEL DEFENSE FORCES<br>PO BOX 4224 NEW YORK, NY 10163                 | 13-3156445 | 501 C 3                         | 15,550.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> GANNETT MEDIA CORP.<br>7950 JONES BRANCH DRIVE MCLEAN, VA 22107                        | 47-2390983 |                                 | 35,063.                  |                                   |   |                                       | EMPLOYEE ASSISTANCE                     |
| <b>(3)</b> GATES PHILANTHROPY PARTNERS<br>PO BOX 60555 CITY OF INDUSTRY, CA 91716                 | 47-3290897 | 501 C 3                         | 260,802.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(4)</b> GENERAL COUNCIL OF THE ASSEMBLIES OF GOD<br>1445 N BOONVILLE AVE SPRINGFIELD, MO 65802 | 44-0577787 | 501 C 3                         | 6,000.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(5)</b> GIRL SCOUTS OVERSEAS<br>420 FIFTH AVENUE NEW YORK, NY 10018                            | 13-1624016 | 501 C 3                         | 19,699.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(6)</b> GIVING THE BASICS INC<br>927 S. 7TH STREET KANSAS CITY, KS 66105                       | 83-2564688 | 501 C 3                         | 7,628.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> GLOBAL CONTRIBUTIONS INC<br>PO BOX 126 LA PORTE, TX 77572                              | 20-8881579 | 501 C 3                         | 11,380.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> GOLDEN LOTUS INC<br>9607 STURGEON VALLEY RD, VANDERBILT, MI                            | 23-7044554 | 501 C 3                         | 13,547.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(9)</b> GOOD SHEPHERD FOOD BANK<br>3121 HOTEL RD AUBURN, ME 04210                              | 22-2986809 | 501 C 3                         | 5,250.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(10)</b> GOODMATCH INC. (DBA GRAPEVINE)<br>305 WEST BROADWAY NEW YORK, NY 10013                | 82-3444453 |                                 | 133,406.                 |                                   |   |                                       | GIVING CIRCLES                          |
| <b>(11)</b> GREEN LAKE ASSOCIATION INC<br>PO BOX 364 GREEN LAKE, WI 54941                         | 39-1047600 | 501 C 3                         | 27,930.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> GUNN MEMORIAL LIBRARY INC<br>PO BOX 1273 WASHINGTON, CT 06793                         | 06-0691373 | 501 C 3                         | 13,314.                  |                                   |   |                                       | DONOR ADVISED FUND                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <b>(1)</b> GWICHIN STEERING COMMITTEE<br>PO BOX 70164 FAIRBANKS, AK 99707                        | 92-0131608 | 501 C 3                         | 20,915.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(2)</b> HABITAT FOR HUMANITY<br>PO BOX 68 SHANNOCK, RI 02875                                  | 05-0450845 | 501 C 3                         | 7,049.                   |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(3)</b> HABITAT FOR HUMANITY INTERNATIONAL INC.<br>285 PEACHTREE CENTER AVE ATLANTA, GA 30303 | 91-1914868 | 501 C 3                         | 92,711.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(4)</b> HABITAT FOR HUMANITY RIVERSIDE<br>2180 IOWA AVENUE RIVERSIDE, CA 92507                | 33-0288930 | 501 C 3                         | 7,436.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(5)</b> HAITI MAMA INC<br>116 E WASHINGTON AVE 1, FERGUS FALLS, MN                            | 46-5633618 | 501 C 3                         | 13,955.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(6)</b> HANDICAP INTERNATIONAL<br>8757 GEORGIA AVENUE SILVER SPRING, MD 20910                 | 55-0914744 | 501 C 3                         | 5,369.                   |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(7)</b> HANDS TOGETHER INC<br>PO BOX 80985 SPRINGFIELD, MA 01138                              | 23-2566502 | 501 C 3                         | 10,157.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(8)</b> HARVESTERS-THE COMMUNITY FOOD NETWORK<br>3801 TOPPING AVENUE KANSAS CITY, MO 64129    | 43-1208665 | 501 C 3                         | 57,641.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(9)</b> HEARTSPACE KIDS INC<br>1235 LAKE PLAZA DR, COLORADO SPRINGS, CO                       | 86-2317887 | 501 C 3                         | 7,632.                   |                                   |   |                                       | DONOR ADVISING                      |
| <b>(10)</b> HEIFER PROJECT INTERNATIONAL<br>1 WORLD AVENUE LITTLE ROCK, AR 72202                 | 35-1019477 | 501 C 3                         | 116,092.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(11)</b> HELEN KELLER INTERNATIONAL, INC.<br>ONE DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017      | 13-5562162 | 501 C 3                         | 43,162.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(12)</b> HEMLOCK HOSPITALITY<br>2029 ROCKFORD STREET MOUNT AIRY, NC 27030                     | 81-4296650 |                                 | 12,350.                  |                                   |   |                                       | EMPLOYEE ASSISTANCE                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <b>(1)</b> HIAS<br>1300 SPRING STREET SILVER SPRING, MD 20910                                  | 13-5633307 | 501 C 3                         | 78,519.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(2)</b> HILLEL THE FOUNDATION FOR JEWISH CAMPUS<br>2390 S RACE STREET DENVER, CO 80210      | 52-1758791 | 501 C 3                         | 6,600.                   |                                   |   |                                       | DONOR ADVISING                      |
| <b>(3)</b> HILTON WORLDWIDE PR LLC<br>201 DORADO DEL MAR BLD DORADO, PR 00646                  | 66-0907407 |                                 | 6,600.                   |                                   |   |                                       | EMPLOYEE ASSISTANCE                 |
| <b>(4)</b> HISTORY PROJECT INC<br>29 STANHOPE ST BOSTON, MA 02116                              | 04-2737016 | 501 C 3                         | 11,046.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(5)</b> HOMELAND CENTER<br>1901 N 5TH ST HARRISBURG, PA 17102                               | 23-1365148 | 501 C 3                         | 8,526.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(6)</b> HOMES FOR LIFE FOUNDATION<br>8939 S SEPULVEDA LOS ANGELES, CA 90045                 | 31-1671140 | 501 C 3                         | 9,273.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(7)</b> HOMES WITH HOPE INC<br>PO BOX 631 WESTPORT, CT 06881                                | 22-2534326 | 501 C 3                         | 5,025.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(8)</b> HOMEWARD BOUND, ADDISON COUNTY'S HUMANE SOC<br>236 BOARDMAN ST MIDDLEBURY, VT 05753 | 03-0264068 | 501 C 3                         | 18,061.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(9)</b> HONOR FLIGHT OF SOUTHERN COLORADO<br>PO BOX 62040 COLORADO SPRINGS, CO 80920        | 45-1452929 | 501 C 3                         | 5,100.                   |                                   |   |                                       | DONOR ADVISING                      |
| <b>(10)</b> HOPE FOR HAITI, INC.<br>1021 5TH AVE N NAPLES, FL 34012                            | 59-3564329 | 501 C 3                         | 31,959.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(11)</b> HOPE HOUSE INC<br>PO BOX 577 LEES SUMMIT, MO 64063                                 | 43-1265685 | 501 C 3                         | 11,904.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(12)</b> HUGHES FOUNDATION<br>PO BOX 50626 MINNEAPOLIS, MT 55405                            | 20-1937774 | 501 C 3                         | 9,723.                   |                                   |   |                                       | DONOR ADVISED FUND                  |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> HUMAN RIGHTS WATCH, INC.<br>350 FIFTH AVENUE NEW YORK, NY 10118                     | 13-2875808 | 501 C 3                         | 54,891.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(2)</b> HUMANE SOCIETY OF EASTERN CAROLINA<br>3520 TUPPER DR GREENVILLE, NC 27834           | 58-1316002 | 501 C 3                         | 8,190.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(3)</b> HUMANE SOCIETY OF NORTHWEST INDIANA INC<br>PO BOX 2697 GARY, IN 46403               | 35-1139637 | 501 C 3                         | 11,046.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(4)</b> HUMANITY & INCLUSION<br>8757 GEORGIA AVENUE SILVER SPRING, MD 20910                 | 55-0914744 | 501 C 3                         | 35,000.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(5)</b> ICIVICS, INC.<br>1035 CAMBRIDGE ST CAMBRIDGE, MA 02141                              | 38-3796793 | 501 C 3                         | 12,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(6)</b> IMMANUEL SHELTER<br>PO BOX 431 NASSAU, DE 19969                                     | 47-2705523 | 501 C 3                         | 14,650.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> IMPERIAL VALLEY FOOD PANTRY<br>329 APPLESTILL ROAD EL CENTRO, CA 92243              | 33-0633364 | 501 C 3                         | 25,414.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> INSTITUTE FOR ECOLOGICAL CIVILIZATION<br>4738 MARLBOROUGH DRIVE SAN DIEGO, CA 92116 | 81-2533082 | 501 C 3                         | 12,500.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(9)</b> INTERNATIONAL JUSTICE MISSION<br>PO BOX 2227 ARLINGTON, VA 22202                    | 54-1722887 | 501 C 3                         | 12,060.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(10)</b> INTERNATIONAL MEDICAL CORPS<br>12400 WILSHIRE BLVD LOS ANGELES, CA 90025           | 95-3949646 | 501 C 3                         | 93,308.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(11)</b> INTERNATIONAL ORTHODOX CHRISTIAN<br>110 WEST ROAD BALTIMORE, MD 21204              | 25-1679348 | 501 C 3                         | 44,582.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(12)</b> INTERNATIONAL RELIEF TEAMS<br>4560 ALVARADO CANYON RD SAN DIEGO, CA 92120          | 33-0412751 | 501 C 3                         | 65,165.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |

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

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

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

Schedule I (Form 990) 2021



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance       |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|--|
| <b>(1)</b> INTERNATIONAL RESCUE COMMITTEE, INC.<br>124 EAST 42ND STREET NEW YORK, NY 10168      | 13-5660870 | 501 C 3                         | 205,308.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND  |
| <b>(2)</b> IOWA MENNONITE SCHOOL<br>1421 540TH ST SW KALONA, IA 52247                           | 42-0810248 | 501 C 3                         | 5,083.                   |                                   |   |                                       | DONOR ADVISED FUND                       |
| <b>(3)</b> ISLAMIC RELIEF<br>3655 WHEELER AVE NEW YORK, NY 10168                                | 95-4453134 | 501 C 3                         | 226,697.                 |                                   |   |                                       | WORKPLACE GIVING,<br>EMPLOYEE ASSISTANCE |
| <b>(4)</b> JEWISH FAMILY SERVICE OF COLORADO INC<br>3201 SOUTH TAMARAC DRIVE DENVER, CO 80231   | 84-0402701 | 501 C 3                         | 7,500.                   |                                   |   |                                       | DONOR ADVISING                           |
| <b>(5)</b> JOEYS JOURNEY FOUNDATION INC<br>6107 DADO DR NOBLESVILLE, IN 46062                   | 84-3314079 | 501 C 3                         | 5,800.                   |                                   |   |                                       | DONOR ADVISING                           |
| <b>(6)</b> JOHNS HOPKINS UNIVERSITY & HEALTH SYSTEM<br>3910 KESWICK ROAD BALTIMORE, MD 21211    | 52-0595110 | 501 C 3                         | 338,397.                 |                                   |   |                                       | FISCAL SPONSORSHIP                       |
| <b>(7)</b> JUNIOR ACHIEVEMENT OF CENTRAL SOUTH CAROLIN<br>2711 MIDDLEBURG DR COLUMBIA, SC 29204 | 57-0511131 | 501 C 3                         | 42,380.                  |                                   |   |                                       | DONOR ADVISED FUND                       |
| <b>(8)</b> JUNIOR ACHIEVEMENT OF KANSAS<br>3735 SW WANAMAKER TOPEKA, KS 66610                   | 48-0731855 | 501 C 3                         | 6,252.                   |                                   |   |                                       | DONOR ADVISED FUND                       |
| <b>(9)</b> KANSAS CHILDRENS SERVICE LEAGUE<br>3545 SOUTHWEST 5TH STREET TOPEKA, KS 66606        | 48-0543749 | 501 C 3                         | 11,823.                  |                                   |   |                                       | DONOR ADVISED FUND                       |
| <b>(10)</b> KAVOD SENIOR LIFE<br>22 S ADAMS ST DENVER, CO 80209                                 | 84-0584939 | 501 C 3                         | 6,600.                   |                                   |   |                                       | DONOR ADVISING                           |
| <b>(11)</b> KAVOD-ENSURING DIGNITY FOR HOLOCAUST SURVIV<br>213 S PONTIAC ST DENVER, CO 80230    | 47-5495289 | 501 C 3                         | 7,500.                   |                                   |   |                                       | DONOR ADVISING                           |
| <b>(12)</b> KELLSIES HOPE FOUNDATION INC<br>1021 ROBERT DR MARYVILLE, IL 62062                  | 45-2623772 | 501 C 3                         | 11,065.                  |                                   |   |                                       | DONOR ADVISED FUND                       |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> KENNEBUNK LAND TRUST<br>6 BROWN ST KENNEBUNK, ME 04043                               | 23-7221345 | 501 C 3                         | 11,435.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> LA CASA INC<br>800 S WALNUT ST LAS CRUCES, NM 88001                                  | 85-0292161 | 501 C 3                         | 13,463.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> LEBANON COMMUNITY OF SHALOM INCORPORATED<br>PO BOX 135 LEBANON, IN 46052             | 80-0838316 | 501 C 3                         | 7,300.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(4)</b> LEWY BODY DEMENTIA ASSOCIATION<br>912 KILLIAN HILL ROAD, SW LILBURN, GA 30047        | 05-0577683 | 501 C 3                         | 39,749.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> LIFEHOUSE CHILD ADVOCACY CENTER INC<br>303 S KANSAS AVE TOPEKA, KS 66603             | 48-1234465 | 501 C 3                         | 7,994.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(6)</b> LITERACY VOLUNTEERS OF SANTA FE<br>6401 RICHARDS AVENUE SANTA FE, NM 87508           | 85-0350349 | 501 C 3                         | 5,303.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(7)</b> LIVING RIVER: A RETREAT ON THE CAHABA<br>2000 LIVING RIVER PKWY MONTEVALLO, AL 35115 | 26-1568218 | 501 C 3                         | 6,047.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> LOVEWAY INCORPORATED<br>54151 COUNTY ROAD 33 MIDDLEBURY, IN 46540                    | 35-1326709 | 501 C 3                         | 12,215.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(9)</b> LWALA COMMUNITY ALLIANCE INC.<br>P.O. BOX 60688 NASHVILLE, TN 37206                  | 26-1303951 | 501 C 3                         | 50,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(10)</b> MACRO-EYES, INC.<br>30002 ISSAQUAH-FALL CITY RD, FALL CITY, WA                      | 46-4198552 |                                 | 213,953.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(11)</b> MAGGIE FISCHER MEMORIAL GREAT SOUTH BAY<br>80 IROQUOIS DR BRIGHTWATERS, NY 11718    | 30-0546288 | 501 C 3                         | 64,088.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> MAINE CENTER FOR ECONOMIC POLICY<br>PO BOX 437 AUGUSTA, ME 04332                    | 22-3317572 | 501 C 3                         | 25,365.                  |                                   |   |                                       | DONOR ADVISED FUND                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> MAKE-A-WISH FOUNDATION OF AMERICA<br>6555 ROCK SPRING DRIVE BETHESDA, MD 20817       | 52-1306075 | 501 C 3                         | 16,026.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> MALI HEALTH ORGANIZING PROJECT, INC.<br>3710 SHANNON ROAD DURHAM, NC 27717           | 20-5917332 | 501 C 3                         | 73,863.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(3)</b> MANCHESTER COMMUNITY LIBRARY<br>PO BOX 1105 MANCHESTER CENTER, VT 05255              | 03-0184260 | 501 C 3                         | 5,215.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(4)</b> MAP INTERNATIONAL<br>4700 GLYNCO PARKWAY BRUNSWICK, GA 31525                         | 36-2586390 | 501 C 3                         | 46,611.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(5)</b> MATTHEW 25 MINISTRIES<br>11060 KENWOOD ROAD CINCINNATI, OH 45242                     | 31-1348100 | 501 C 3                         | 36,744.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(6)</b> MAZON INC A JEWISH RESPONSE TO HUNGER<br>10850 WILSHIRE BLVD LOS ANGELES, CA 90024   | 22-2624532 | 501 C 3                         | 5,198.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> MEALS ON WHEELS OF EASTERN KANSAS, INC.<br>2701 SW EAST CIRCLE DR S TOPEKA, KS 66606 | 48-0792685 | 501 C 3                         | 12,598.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> MEDICAL TEAMS INTERNATIONAL<br>14150 SW MILTON COURT TIGARD, OR 97224                | 93-0878944 | 501 C 3                         | 45,466.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(9)</b> MEEK'S VEGAN PIZZA<br>2616 BLODGETT ST HOUSTON, TX 77004                             | 86-2886119 |                                 | 20,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(10)</b> MENTAL HEALTH FOUNDATION OF WEST MICHIGAN<br>107 OAKES ST SE GRAND RAPIDS, MI 49503 | 38-2822359 | 501 C 3                         | 66,896.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(11)</b> MERCY CORPS<br>45 SW ANKENY ST PORTLAND, OR 97204                                   | 91-1148123 | 501 C 3                         | 158,177.                 |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(12)</b> MERIT AMERICA<br>712 H STREET NE WASHINGTON, DC 20002                               | 84-2108762 | 501 C 3                         | 3,497,000.               |                                   |   |                                       | FISCAL SPONSORSHIP                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> MIRACLE RIDE FOUNDATION, INC.<br>9775 CROSSPOINT BLVD INDIANAPOLIS, IN 46256       | 20-8323802 | 501 C 3                         | 15,107.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> MONTANA JUSTICE FOUNDATION<br>PO BOX 1917 HELENA, MT 59624                         | 81-0391131 | 501 C 3                         | 6,196.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(3)</b> MONTGOMERY MUSEUM OF ART AND HISTORY<br>300 SOUTH PEPPER ST, CHRISTIANSBURG, VA    | 52-1302515 | 501 C 3                         | 5,100.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(4)</b> MORGAN ELEMENTARY PTA<br>38 STAMFORD RD TRENTON, NJ 08619                          | 30-0681628 | 501 C 3                         | 16,953.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(5)</b> NATIONAL BUREAU OF ECONOMIC RESEARCH<br>1050 MASSACHUSETTS AVE CAMBRIDGE, MA 02138 | 13-1641075 | 501 C 3                         | 249,999.                 |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(6)</b> NATIONAL FATHERHOOD INITIATIVE<br>PO BOX 37635 PHILADELPHIA, PA 19101              | 23-2745763 | 501 C 3                         | 5,266.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(7)</b> NATIONAL MULTIPLE SCLEROSIS SOCIETY<br>733 THIRD AVENUE NEW YORK, NY 10017         | 04-3290276 | 501 C 3                         | 6,469.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> NORTH STAR COUNCIL ON AGING INC<br>1424 MOORE ST FAIRBANKS, AK 99701               | 92-0037749 | 501 C 3                         | 5,100.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(9)</b> OKLAHOMA STATE UNIVERSITY<br>401 WHITEHURST HALL STILLWATER, OK 74078              | 73-1383996 | 501 C 3                         | 190,750.                 |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(10)</b> OPERATION SMILE, INC.<br>3641 FACULTY BLVD VIRGINA BEACH, VA 23453                | 54-1460147 | 501 C 3                         | 40,758.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(11)</b> OREGON HEALTH AND SCIENCE UNIVERSITY FDN<br>1121 SW SALMON ST PORTLAND, OR 97205  | 23-7083114 | 501 C 3                         | 5,129.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> OUR MOM INC<br>1916 SPRINGDALE ACRES LN, ST LOUIS, MO 6313                        | 26-0432050 | 501 C 3                         | 30,813.                  |                                   |   |                                       | DONOR ADVISED FUND                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**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.

**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 noncash assistance | (h) Purpose of grant or assistance  |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <b>(1)</b> OXFAM AMERICA<br>226 CAUSEWAY ST BOSTON, MA 02114                                      | 23-7069110 | 501 C 3                         | 77,267.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(2)</b> PANAMA UNION SCHOOL DISTRICT / LEO B HART P<br>9501 RIDGE OAK DR BAKERSFIELD, CA 93311 | 77-0159339 | 501 C 3                         | 27,661.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(3)</b> PARTNERS IN HEALTH A NONPROFIT<br>801 BOYLSTON ST BOSTON, MA 02119                     | 04-3567502 | 501 C 3                         | 48,711.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(4)</b> PATTERSON DENTAL FOUNDATION<br>1031 MENDOTA HEIGHTS SAINT PAUL, MN 55120               | 74-3076772 | 501 C 3                         | 74,400.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(5)</b> PAUL TAYLOR DANCE FOUNDATION INC<br>551 GRAND STREET NEW YORK, NY 10002                | 13-2665475 | 501 C 3                         | 10,520.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(6)</b> PEOPLE REACHING OUT TO OTHER PEOPLE INC<br>14700 MARTIN DR EDEN PRAIRIE, MN 55344      | 41-1430172 | 501 C 3                         | 9,454.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(7)</b> PERFECT GIFT LLC<br>495 MANFIELD AVENUE PITTSBURGH, PA 15205                           | 32-0565749 |                                 | 13,008.                  |                                   |   |                                       | FISCAL SPONSORSHIP                  |
| <b>(8)</b> PITNEY BOWES RELIEF FUND INC<br>3001 SUMMER ST STAMFORD, CT 06905                      | 27-3398652 | 501 C 3                         | 67,021.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(9)</b> PLAN USA<br>155 PLAN WAY WARWICK, RI 02886   | 13-5661832 | 501 C 3                         | 105,230.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(10)</b> PLANT POWER CAFE & JUICE BAR<br>6215 LEE HWY CHATTANOOGA, TN 37421                    | 85-3738132 |                                 | 20,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                  |
| <b>(11)</b> POWER INSPIRES PROGRESS INC<br>727 EZZARD CHARLES DR CINCINNATI, OH 45203             | 31-1367071 | 501 C 3                         | 16,840.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(12)</b> PRISON FELLOWSHIP INTERNATIONAL<br>20116 ASHBROOK PLACE ASHBURN, VA 20147             | 51-0247185 | 501 C 3                         | 22,451.                  |                                   |   |                                       | WORKPLACE GIVING                    |

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> PROJECT ATHENA FOUNDATION<br>2033 SAN ELIJO AVE, CARDIFF BY THE SEA, CA               | 06-1818480 | 501 C 3                         | 9,835.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(2)</b> PROJECT HOPE<br>1220 19TH STREET, NW WASHINGTON, DC 20036                             | 53-0242962 | 501 C 3                         | 96,867.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(3)</b> PTA NEW JERSEY CONGRESS OF PARENTS & TEACHE<br>495 GROPP AVE HAMILTON, NJ 08610       | 22-3007059 | 501 C 3                         | 15,008.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(4)</b> PTA OF MS 54 INC<br>103 W 107TH ST NEW YORK, NY 10025                                 | 13-4098842 | 501 C 3                         | 28,618.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(5)</b> PURPOSE CAMPAIGNS LLC<br>115 5TH AVENUE NEW YORK, NY 10003                            | 68-0607622 |                                 | 249,990.                 |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(6)</b> REACH OUT AND READ COLORADO<br>3705 MARTIN LUTHER KING BLVD, DENVER, CO               | 86-1172160 | 501 C 3                         | 10,000.                  |                                   |   |                                       | DONOR ADVISING                          |
| <b>(7)</b> REACHOUT JEWISH EDUCATIONAL SERVICES INC<br>5223 GRANDE PALM CIRCLE, DELREY BEACH, FL | 26-0488633 | 501 C 3                         | 16,621.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> REALIZED WORTH INSTITUTE<br>101 CROSS STREET BALTIMORE, MD 21230                      | 27-3417347 | 501 C 3                         | 530,411.                 |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(9)</b> REFUGEES INTERNATIONAL<br>1800 M ST. NW WASHINGTON, DC 20036                          | 52-1224516 | 501 C 3                         | 35,957.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING     |
| <b>(10)</b> RESTORE NYC<br>PO BOX 1003 NEW YORK, NY 10274  | 20-2390142 | 501 C 3                         | 10,000.                  |                                   |   |                                       | EMPLOYEE ASSISTANCE                     |
| <b>(11)</b> RISE AGAINST HUNGER<br>4801 GLENWOOD AVENUE RALEIGH, NC 27612                        | 16-1541024 | 501 C 3                         | 19,448.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(12)</b> ROBERT F. KENNEDY CHILDREN'S ACTION CORP.<br>120 OLD COMMON ROAD LANCASTER, MA 01523 | 04-2457298 | 501 C 3                         | 30,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> RONALD MCDONALD HOUSE CHARITIES OF CENTRAL<br>1160 FORSYTH ST MACON, GA 31201          | 58-2473799 | 501 C 3                         | 8,896.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> RONALD MCDONALD HOUSE CHARITIES OF WICHITA<br>511 N. HILLSIDE STREET WICHITA, KS 67214 | 48-0918101 | 501 C 3                         | 14,345.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> ROPES<br>670 BEACON STREET NEWTON, MA 02459  | 83-1019877 |                                 | 96,460.                  |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(4)</b> ROSE BROOKS CENTER INC<br>P.O. BOX 320599 KANSAS CITY, MO 64132                        | 51-0231573 | 501 C 3                         | 8,946.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> S O S INC<br>1420 C OF E DRIVE EMPORIA, KS 66801                                       | 48-0912446 | 501 C 3                         | 15,129.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(6)</b> SAFEHOME INC<br>PO BOX 4563 OVERLAND PARK, KS 66204                                    | 48-0917798 | 501 C 3                         | 10,524.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(7)</b> SAHAYA INTERNATIONAL INC<br>1504 PORTOLA ST DAVIS, CA 95616                            | 68-0434770 | 501 C 3                         | 20,692.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> SAINT JOSEPH'S COLLEGE<br>278 WHITES BRIDGE RD STANDISH, ME 04084                      | 35-0868152 | 501 C 3                         | 25,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(9)</b> SAINT RAPHAEL SCHOOL PTA<br>151 GROPP AVE HAMILTON, NJ 08610                           | 21-0639883 | 501 C 3                         | 9,502.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(10)</b> SALVATION ARMY WORLD SERVICE OFFICE<br>617 SLATERS LANE ALEXANDRIA, VA 22314          | 13-2923701 | 501 C 3                         | 166,770.                 |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(11)</b> SAMARITANS PURSE<br>PO BOX 3000 BOONE, NC 28607                                       | 58-1437002 | 501 C 3                         | 6,999.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(12)</b> SAMMAMISH ROWING ASSOCIATION<br>PO BOX 3309 REDMOND, WA 98073                         | 91-1696516 | 501 C 3                         | 10,143.                  |                                   |   |                                       | DONOR ADVISED FUND                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <b>(1)</b> SAN DIEGO ROCK CHURCH<br>2277 ROSECRANS ST SAN DIEGO, CA 92106                      | 33-0888725 | 501 C 3                         | 124,851.                 |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(2)</b> SARCOMA FOUNDATION OF AMERICA INC<br>9899 MAIN ST DAMASCUS, MD 20872                | 52-2275294 | 501 C 3                         | 7,332.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(3)</b> SAVE THE CHILDREN<br>501 KINGS HIGHWAY EAST FAIRFIELD, CT 06825                     | 06-0726487 | 501 C 3                         | 190,552.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(4)</b> SEASONED VEGAN<br>55 ST. NICHOLAS AVE NEW YORK, NY 10026                            | 45-1593909 |                                 | 20,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                  |
| <b>(5)</b> SECOND HARVEST OF SILICON VALLEY<br>750 CURTNER AVE SAN JOSE, CA 95125              | 94-2614101 | 501 C 3                         | 5,269.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(6)</b> SEED PROGRAMS INC.<br>PO BOX 9163 ASHEVILLE, NC 28816                               | 56-2092576 | 501 C 3                         | 15,617.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(7)</b> SELMA AREA FOOD BANK INC<br>497 OAK ST SELMA, AL 36701                              | 63-1275167 | 501 C 3                         | 6,380.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(8)</b> SENIOR LIFE MIDLAND, INC<br>PO BOX 80519 MIDLAND, TX 79708                          | 75-1899190 | 501 C 3                         | 5,537.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(9)</b> SERVICE DOG INSTITUTE OF SOUTH CAROLINA<br>665 H FAIRVIEW RD SIMPSONVILLE, SC 29680 | 27-1494848 | 501 C 3                         | 6,216.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(10)</b> SHARE OUTREACH INCORPORATED<br>1 COLUMBUS AVE MILFORD, NH 03055                    | 20-4743388 | 501 C 3                         | 18,802.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(11)</b> SHIRLEY HEINZE LAND TR, INC.<br>109 W 700 N VALPARAISO, IN 46385                   | 35-2153969 | 501 C 3                         | 5,670.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(12)</b> SHRINE MAPLE SUGAR BOWL INC<br>PO BOX 820 LEBANON, NH 03766                        | 02-0257393 | 501 C 3                         | 49,546.                  |                                   |   |                                       | DONOR ADVISED FUND                  |

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

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

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

Schedule I (Form 990) 2021



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> SIGHTSAVERS INC.<br>ONE BOSTON PLACE BOSTON, MA 02108                                  | 47-4657747 | 501 C 3                         | 20,874.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(2)</b> SOCIAL GOOD FUND<br>12651 SAN PABLO AVE RICHMOND, CA 94805                             | 46-1323531 | 501 C 3                         | 128,497.                 |                                   |   |                                       | DONOR ADVISING                          |
| <b>(3)</b> SPECIAL OLYMPICS MARYLAND INC<br>3701 COMMERCE DR BALTIMORE, MD 21227                  | 23-7089144 | 501 C 3                         | 11,532.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(4)</b> ST JUDE CHILDRENS RESEARCH HOSPITAL INC<br>501 ST. JUDE MEMPHIS, TN 38105              | 62-0646012 | 501 C 3                         | 30,092.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(5)</b> ST KITTS SEA TURTLE MONITORING NETWORK INC<br>200 E SAINT JULIAN ST SAVANNAH, GA 31401 | 45-3116501 | 501 C 3                         | 7,615.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(6)</b> ST MARYS CENTER<br>925 BROCKHURST ST OAKLAND, CA 94608                                 | 68-0172229 | 501 C 3                         | 32,634.                  |                                   |   |                                       | DONOR ADVISING                          |
| <b>(7)</b> ST MARYS FOOD BANK ALLIANCE<br>2831 NORTH 31ST AVENUE PHOENIX, AZ 85009                | 23-7353532 | 501 C 3                         | 6,590.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> STANFORD UNIVERSITY<br>450 JANE STANFORD WAY STANFORD, CA 94305                        | 94-1156365 | 501 C 3                         | 70,721.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |
| <b>(9)</b> STARLIGHT MINISTRIES INC<br>3376 CENTRAL BLVD HUDSONVILLE, MI 49426                    | 58-2316469 | 501 C 3                         | 11,676.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(10)</b> SUICIDE PREVENTION SERVICES<br>528 S BATAVIA AVE BATAVIA, IL 60510                    | 36-4211306 | 501 C 3                         | 15,944.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(11)</b> SUNNYBRAE PARENT-TEACHER ASSOCIATION<br>166 ELTON AVE TRENTON, NJ 08620               | 27-3779852 | 501 C 3                         | 8,539.                   |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b> SUPREME OASIS BAKERY AND DELI<br>4401 LANCASTER AVE PHILADELPHIA, PA 19104            | 21-2882455 |                                 | 20,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                      |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> SURGICAL EYE EXPEDITIONS INTERNATIONAL<br>175 CREMONA DRIVE GOLETA, CA 93117          | 31-1682275 | 501 C 3                         | 11,940.                  |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(2)</b> SUSSEX COUNTY ASSOC. FOR RETARDED CITIZENS<br>11 US ROUTE 206 AUGUSTA, NJ 07822       | 22-2585052 | 501 C 3                         | 13,773.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> TARC INC<br>2701 SW RANDOLPH AVENUE TOPEKA, KS 66611                                  | 48-6086732 | 501 C 3                         | 12,943.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> THE CHILDREN'S THERAPLAY FOUNDATION, INC.<br>9919 TOWNE RD CARMEL, IN 46032           | 35-2121568 | 501 C 3                         | 5,300.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(5)</b> THE CLEAR FUND<br>182 HOWARD SAN FRANCISCO, CA 94105                                  | 20-8625442 | 501 C 3                         | 7,234.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(6)</b> THE CORNERSTONE CREATIVE INC<br>146 MAIN ST GLOUCESTER, MA 01930                      | 83-4250760 | 501 C 3                         | 10,000.                  |                                   |   |                                       | DONOR ADVISING                     |
| <b>(7)</b> THE COUNCIL OF SOUTHEAST PENNSYLVANIA INC<br>4459 W SWAMP ROAD DOYLESTOWN, PA 18902   | 23-1972816 | 501 C 3                         | 29,055.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> THE FOUNDATION AT KITTITAS VALLEY HEALTHCAR<br>603 S CHESTNUT ST ELLENSBURG, WA 98926 | 91-1349299 | 501 C 3                         | 7,145.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(9)</b> THE FRIENDSHIP CENTER<br>2711 W LAWRENCE AVE CHICAGO, IL 06025                        | 36-4219965 | 501 C 3                         | 5,970.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(10)</b> THE GATHERING<br>15 N ELLSWORTH AVE SAN MATEO, CA 94401                              | 75-2726170 | 501 C 3                         | 5,500.                   |                                   |   |                                       | DONOR ADVISING                     |
| <b>(11)</b> THE GATHERING PLACE A REFUGE FOR REBUILDING<br>1535 HIGH STREET DENVER, CO 80218     | 84-1021059 | 501 C 3                         | 10,000.                  |                                   |   |                                       | DONOR ADVISING                     |
| <b>(12)</b> THE GEORGE WASHINGTON UNIVERSITY<br>45155 RESEARCH PLACE ASHBURN, VA 20147           | 53-0196584 | 501 C 3                         | 247,018.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> THE LEXIEBEAN FOUNDATION<br>46 WERMAN CT PLAINVIEW, NY 11803                 | 30-0631431 | 501 C 3                         | 10,627.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> THE MIRACLE LEAGUE OF THE TRIANGLE INC<br>PO BOX 4193 CARY, NC 27519         | 20-2696836 | 501 C 3                         | 17,491.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> THE OHIO STATE UNIVERSITY FOUNDATION<br>P.O. BOX 710811 COLUMBUS, OH 43271   | 31-1145986 | 501 C 3                         | 6,840.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> THE UNITED WAY OF FRANKLIN COUNTY ASSOCIATI<br>PO BOX 233 OTTAWA, KS 66067   | 23-7422474 | 501 C 3                         | 9,293.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(5)</b> THE UNIVERSITY OF CHICAGO<br>5801 SOUTH ELLIS AVE CHICAGO, IL 60637          | 36-2177139 | 501 C 3                         | 377,716.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(6)</b> THE UNIVERSITY OF TEXAS AT AUSTIN<br>110 INNER CAMPUS DRIVE AUSTIN, TX 78712 | 74-6000203 | 501 C 3                         | 179,340.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(7)</b> THE WILLOW DOMESTIC VIOLENCE CENTER<br>1920 MOODIE RD LAWRENCE, KS 66046     | 48-0853356 | 501 C 3                         | 6,718.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> THINK MISSIONS<br>405 BROWNSDALE ROAD RENFREW, PA 16053                      | 26-1347265 | 501 C 3                         | 6,252.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(9)</b> TRAMUTO PORTER FOUNDATION<br>PO BOX 1728 OGUNQUIT, ME 03907                  | 03-0373845 | 501 C 3                         | 125,358.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(10)</b> TRANSITIONS OF PA<br>PO BOX 170 LEWISBURG, PA 17837                         | 23-2089699 | 501 C 3                         | 11,829.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(11)</b> TRIFORM ENTERPRISES LIMITED<br>20 TRI FORM RD HUDSON, NY 12534              | 22-2186872 | 501 C 3                         | 15,301.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> TRUSTEES OF INDIANA UNIVERSITY<br>INDIANA UNIVERSITY DETROIT, MI 48278      | 35-6001673 | 501 C 3                         | 248,776.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> TRYBE INC<br>3542 FRUITVALE AVE OAKLAND, CA 94602                                      | 46-4328520 | 501 C 3                         | 20,000.                  |                                   |   |                                       | DONOR ADVISING                     |
| <b>(2)</b> TURNING POINTS NETWORK<br>11 SCHOOL ST CLAREMONT, NH 03743                             | 02-0350899 | 501 C 3                         | 5,520.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> UCSF<br>490 ILLINOIS ST SAN FRANCISCO, CA 94158  | 94-6036493 | 501 C 3                         | 488,233.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(4)</b> UNICEF USA<br>125 MAIDEN LANE NEW YORK, NY 10038                                       | 13-1760110 | 501 C 3                         | 333,938.                 |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(5)</b> UNITARIAN UNIVERSALIST SERVICE<br>689 MASSACHUSETTS AVE CAMBRIDGE, MA 02139            | 04-6186012 | 501 C 3                         | 19,162.                  |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(6)</b> UNITED METHODIST COMMITTEE ON RELIEF OF<br>459 PONCE DE LEON AVE. NE ATLANTA, GA 30308 | 82-1449602 | 501 C 3                         | 97,797.                  |                                   |   |                                       | WORKPLACE GIVING                   |
| <b>(7)</b> UNITED WAY OF CENTRAL INDIANA INC<br>P.O. BOX 88409 INDIANAPOLIS, IN 46208             | 35-1007590 | 501 C 3                         | 5,632.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(8)</b> UNITED WAY OF CENTRAL IOWA<br>1111 9TH ST DES MOINES, IA 50314                         | 42-0680425 | 501 C 3                         | 6,442.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(9)</b> UNITED WAY OF COASTAL FAIRFIELD COUNTY INC<br>855 MAIN ST BRIDGEPORT, CT 06604         | 06-0864341 | 501 C 3                         | 5,710.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(10)</b> UNITED WAY OF GREATER KANSAS CITY INC<br>801 W 47TH ST KANSAS CITY, MO 64112          | 44-0545812 | 501 C 3                         | 87,114.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(11)</b> UNITED WAY OF GREATER ST JOSEPH INC<br>PO BOX 188 SAINT JOSEPH, MO 64502              | 44-0547802 | 501 C 3                         | 16,319.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> UNITED WAY OF GREATER TOPEKA INC<br>1527 SW FAIRLAWN ROAD TOPEKA, KS 66604            | 48-0561978 | 501 C 3                         | 9,116.                   |                                   |   |                                       | DONOR ADVISED FUND                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN     | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|-------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> UNITED WAY OF THE FLINT HILLS INC<br>702 COMMERCIAL ST EMPORIA, KS 66801                | 48-0756002  | 501 C 3                         | 28,230.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(2)</b> UNITED WAY OF WESTERN CONNECTICUT<br>301 MAIN STREET DANBURY, CT 06810                  | 06-0646577  | 501 C 3                         | 21,106.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(3)</b> UNITY 4 ORPHANS<br>8895 TOWNE CENTRE DRIVE SAN DIEGO, CA 92122                          | 47-0959902  | 501 C 3                         | 36,533.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(4)</b> UNITY CONSORTIUM<br>36 ALEXANDER CT NEWTOWN, PA 18940                                   | 47-1293305  | 501 C 3                         | 249,943.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(5)</b> UNIVERSITY OF NOTRE DAME DU LAC<br>724 GRACE HALL NOTRE DAME, IN 46556                  | 35-0868188  | 501 C 3                         | 5,290.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(6)</b> UNIVERSITY OF VERMONT MEDICAL CENTER INC<br>111 COLCHESTER AVE BURLINGTON, VT 05401     | 03-0219309  | 501 C 3                         | 13,046.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(7)</b> UNIVERSITY OF WASHINGTON<br>4300 ROOSEVELT WAY NE SEATTLE, WA 98105                     | 91-6001537  | 501 C 3                         | 539,043.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(8)</b> UPSTREAM THINKING LLC<br>5409 WOODROW AVENUE AUSTIN, TX 78756                           | 26-2045593  |                                 | 250,000.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(9)</b> URBAN STRATEGIES, LLC<br>2341 9TH STREET SOUTH ARLINGTON, VA 22204                      | 51-0443590  |                                 | 207,232.                 |                                   |   |                                       | FISCAL SPONSORSHIP                 |
| <b>(10)</b> UTAH CHAPTER NATIONAL HEMOPHILIA FOUNDATION<br>772 EAST 3300 SOUTH, SALT LAKE CITY, NV | 87-6127162  | 501 C 3                         | 48,842.                  |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(11)</b> VALLEY OF THE SUN UNITED WAY<br>3200 E CAMELBACK RD PHOENIX, AZ 85018                  | 86-0104419  | 501 C 3                         | 9,327.                   |                                   |   |                                       | DONOR ADVISED FUND                 |
| <b>(12)</b> VEGANS ON THE RUN LLC<br>8934 BRANDON DRIVE SHREVEPORT, LA 71118                       | 438-59-2904 |                                 | 20,000.                  |                                   |   |                                       | FISCAL SPONSORSHIP                 |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance  |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|-------------------------------------|
| <b>(1)</b> VOICE OF THE MARTYRS INC<br>1815 SE BISON RD BARTLESVILLE, OK 74006                 | 73-1395057 | 501 C 3                         | 9,750.                   |                                   |   |                                       | DONOR ADVISING                      |
| <b>(2)</b> WANDERERS REST HUMANE ASSOCIATION INC<br>PO BOX 535 CANASTOTA CANASTOTA, NY 13032   | 16-1191312 | 501 C 3                         | 12,266.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(3)</b> WASTE LESS SOLUTIONS<br>999 E MURRAY HOLLADAY RD HOLLADAY, UT 84117                 | 83-0573953 | 501 C 3                         | 10,900.                  |                                   |   |                                       | DONOR ADVISING                      |
| <b>(4)</b> WATER FOR PEOPLE<br>7100 E BELLEVIEW AVE, GREENWOOD VILLAGE, CO                     | 84-1166148 | 501 C 3                         | 45,851.                  |                                   |   |                                       | WORKPLACE GIVING                    |
| <b>(5)</b> WATERAID<br>233 BROADWAY NEW YORK, NY 10279   | 30-0181674 | 501 C 3                         | 5,924.                   |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(6)</b> WE THE PROTESTERS INC<br>30 E 125TH STREET NEW YORK, NY 10035                       | 81-3764408 | 501 C 3                         | 23,279.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(7)</b> WELCOMEHEALTH<br>1100 N WOOLSEY AVE FAYETTEVILLE, AR 72703                          | 87-1959742 | 501 C 3                         | 11,194.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(8)</b> WELLES REMY CROWTHER CHARITABLE TR<br>P.O. BOX 780 NYACK, NY 10960                  | 13-7308465 | 501 C 3                         | 20,686.                  |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(9)</b> WEST VIRGINIA UNIVERSITY RESEARCH CORP<br>ONE WATERFRONT PLACE MORGANTOWN, WV 26506 | 55-0665758 | 501 C 3                         | 141,635.                 |                                   |   |                                       | FISCAL SPONSORSHIP                  |
| <b>(10)</b> WILLIAMS COLLEGE<br>100 SPRING ST WILLIAMSTOWN, MA 01267                           | 04-2104847 | 501 C 3                         | 6,000.                   |                                   |   |                                       | DONOR ADVISED FUND                  |
| <b>(11)</b> WOMEN FOR WOMEN INTERNATIONAL<br>2000 M STREET, NW WASHINGTON, DC 20036            | 52-1838756 | 501 C 3                         | 39,221.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISING |
| <b>(12)</b> WORLD BICYCLE RELIEF NFP<br>1000 W FULTON MARKET CHICAGO, IL 60607                 | 20-5080679 | 501 C 3                         | 8,171.                   |                                   |   |                                       | WORKPLACE GIVING                    |

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance      |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|---|
| <b>(1)</b> WORLD FOOD PROGRAM<br>17251 I STREET NE WASHINGTON, DC 20006                  | 13-3843435 | 501 C 3                         | 93,321.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(2)</b> WORLD RELIEF CORP. OF THE TIOL<br>7 EAST BALTIMORE STREET BALTIMORE, MD 21202 | 23-6393344 | 501 C 3                         | 14,703.                  |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(3)</b> WORLD RENEW<br>1700 28TH ST SE GRAND RAPIDS, MI 49508                         | 38-1708140 | 501 C 3                         | 15,130.                  |                                   |   |                                       | WORKPLACE GIVING                        |
| <b>(4)</b> WORLD VISION<br>34834 WEYERHAEUSER WAY S, FEDERAL WAY, WA                     | 95-1922279 | 501 C 3                         | 159,314.                 |                                   |   |                                       | WORKPLACE GIVING,<br>DONOR ADVISED FUND |
| <b>(5)</b> WOUNDED WARRIOR PROJECT<br>4899 BELFORT ROAD JACKSONVILLE, FL 33256           | 20-2370934 | 501 C 3                         | 10,599.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(6)</b> WYLAND FOUNDATION<br>30265 TOMAS RANCHO, SANTA MARGARITA, CA                  | 33-0543876 | 501 C 3                         | 5,970.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(7)</b> YARDVILLE HEIGHTS PTA<br>3880 S. BROAD ST TRENTON, NJ 08620                   | 22-7215786 | 501 C 3                         | 28,365.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(8)</b> YOLO CONFLICT RESOLUTION CENTER<br>705 MAIN ST WOODLAND, CA 95695             | 46-3722023 | 501 C 3                         | 9,071.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(9)</b> YOLO INTERFAITH IMMIGRATION NETWORK<br>PO BOX 74295 DAVIS, CA 95617           | 27-0962697 | 501 C 3                         | 8,678.                   |                                   |   |                                       | DONOR ADVISING                          |
| <b>(10)</b> YOUTH FOR CHRIST USA INC<br>603 W UNIVERSITY AVE CHAMPAIGN, IL 61820         | 37-0860369 | 501 C 3                         | 13,188.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(11)</b> ZERA HOUSE INC<br>PO BOX 430 GARY, WV 24836                                  | 47-5529963 | 501 C 3                         | 27,554.                  |                                   |   |                                       | DONOR ADVISED FUND                      |
| <b>(12)</b>  |            |                                 |                          |                                   |   |                                       |   |

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

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

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

Schedule I (Form 990) 2021

**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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 EMPLOYEE ASSISTANCE           | 4                        | 35,000.                  |                                   |   |  |
| 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.

SCHEDULE I, PART I, LINE 2:

THE ORGANIZATION USES A COMBINATION OF AN ANNUAL RECERTIFICATION PROCESS AND THIRD-PARTY VENDORS TO ENSURE COMPLIANCE WITH GRANTS AWARDED.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

52-1273585

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <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 checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" 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? **4a**  **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**  **5b**
- b** Any related organization? **5b**
- 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? **6a**  **6b**
- b** Any related organization? **6b**
- 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. **7**

**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. **8**  **9**

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

|           | Yes                                 | No                                  |
|-----------|-------------------------------------|-------------------------------------|
| <b>1a</b> |                                     |                                     |
| <b>1b</b> |                                     |                                     |
| <b>2</b>  |                                     |                                     |
| <b>3</b>  |                                     |                                     |
| <b>4a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>4c</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>5b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>6b</b> |                                     | <input checked="" type="checkbox"/> |
| <b>7</b>  | <input checked="" type="checkbox"/> |                                     |
| <b>8</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>9</b>  |                                     |                                     |

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 SCOTT JACKSON<br>PRESIDENT AND CEO            | (i)  | 421,351.   | NONE                                | 167.                                | NONE   | 18,458.                 | 439,976.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 2 KAREN ROBINSON<br>CFO/EVP FIN.SVCE. (THR      | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|   | (ii) | 283,820.   | 25,000.                             | NONE                                | 8,250.   | 20,670.                 | 337,740.                        | NONE  |
| 3 SARA LOMELIN ENRIQUE<br>EXEC DIR, PHIL T FISC | (i)  | 194,387.   | 10,000.                             | 2,008.                              | NONE   | 25,889.                 | 232,284.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 4 KATHLEEN LOWENTHAL<br>VP PARTNER SOLUTIONS    | (i)  | 169,707.   | 1,500.                              | 1,129.                              | NONE   | 22,879.                 | 195,215.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 5 STEPHANIE SCHOLZ<br>VP OF HUMAN RESOURCES     | (i)  | 164,458.   | 1,500.                              | 1,129.                              | NONE   | 26,277.                 | 193,364.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 6 CINDY WILLMANN<br>VP OF OPERATIONS            | (i)  | 170,741.   | 1,500.                              | 1,279.                              | NONE   | 10,546.                 | 184,066.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 7 LOUIS TORCHIA<br>EXECUTIVE DIRECTOR, C        | (i)  | 162,986.   | 1,500.                              | 1,500.                              | NONE   | 2,750.                  | 168,736.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 8 SABRINA ROMERO<br>MD, FINANCIAL SERVICE       | (i)  | 135,347.   | 1,500.                              | 900.                                | NONE   | 25,547.                 | 163,294.                        | NONE  |
|   | (ii) | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
| 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 J PART I, LINE 7:

BONUS COMPENSATION FOR EMPLOYEES REPORTED ON SCHEDULE J IS LISTED ON PART II, COLUMN (B)(II). PAYOUT OF BONUSES IS DEPENDENT ON THE OVERALL FINANCIAL HEALTH OF THE ORGANIZATION, AS WELL AS THE ACCOMPLISHMENT OF BOTH ORGANIZATIONAL AND INDIVIDUAL GOALS. BONUS AMOUNT OR BONUS RANGE AMOUNTS WILL BE ESTABLISHED EACH FISCAL YEAR AND MAY BE SUBJECT TO CHANGE.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

52-1273585

**PART III, LINE 4D:**

IN-COUNTRY PROGRAM DESIGN AND DELIVERY SERVICES:

GLOBAL IMPACT PROVIDES SERVICES TO MOBILIZE PHILANTHROPIC DOLLARS AND SUPPORT IN-COUNTRY PROGRAMS THAT IMPROVE THE LIVES AND LIVELIHOODS OF THOSE MOST IN NEED TO HELP. THESE SERVICES INCLUDE GRANTEE IDENTIFICATION, VETTING AND CAPACITY BUILDING; RE-GRANTING AND GRANT REPORTING FOR EFFICIENT PHILANTHROPIC CAPITAL DEPLOYMENT; INTERNATIONAL DEVELOPMENT PROGRAM DESIGN, EXECUTION, MONITORING AND EVALUATION; AND PUBLIC SECTOR DONOR AGENCY TRAINING AND IMPLEMENTATION STRATEGIES.

**PART VI, SECTION B, LINE 11B:**

THE ORGANIZATION'S FORM 990 UNDERGOES A NUMBER OF INTERNAL AND EXTERNAL REVIEWS BEFORE IT IS FILED WITH THE IRS. THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM AND IS REVIEWED BY THE ORGANIZATION'S CHIEF BUSINESS AND FINANCIAL SERVICES OFFICER AND PRESIDENT/CHIEF EXECUTIVE OFFICER. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND IS SUBSEQUENTLY PRESENTED TO THE BOARD. INDIVIDUALLY, BOARD MEMBERS ARE PROVIDED AN ELECTRONIC VERSION OF THE FORM, SO THAT EACH CAN REVIEW AND RAISE QUESTIONS BEFORE THE FORM IS FILED.

**PART V, SECTION B, LINE 12C:**

ANNUALLY, A CONFLICT-OF-INTEREST FORM IS EXECUTED AND SIGNED BY ALL MEMBERS OF THE BOARD AND STAFF. WHEN ANY EXPRESSION OF CONFLICT OF INTEREST SEEMS EVEN REMOTELY POSSIBLE, THE PERSON(S) POTENTIALLY INVOLVED REMOVES HIMSELF/HERSELF (THEMSELVES) FROM ANY PROCESS LEADING TO RECOMMENDATIONS OR DECISION-MAKING RELATING TO MATTERS IN WHICH A CONFLICT MAY EXIST.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

**PART VI, SECTION B, LINE 15:**

THE BOARD'S EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND  
MAKES THE DECISION ON EXECUTIVE COMPENSATION. THE COMMITTEE OVERSEES  
MANAGEMENT TO CONDUCT AND PROVIDE COMPENSATION REVIEWS AND PRESENTS  
COMPARABLE SALARIES FOR EACH POSITION. THE CEO'S NEW EMPLOYMENT CONTRACT  
WAS COMPLETED IN MAY 2022 AND THE MOST RECENT REVIEW OF HIS COMPENSATION  
TOOK PLACE IN AUGUST 2022.

**PART VI SECTION C, LINE 19:**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.  
ADDITIONALLY, THE FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE.

**PART VII, SECTION B:**

RELATED PARTY COMPENSATION FOR KAREN ROBINSON (FROM GENEVA GLOBAL, INC.)  
HAS BEEN REPORTED ON PART VII FOR THE CALENDAR YEAR ENDED DECEMBER 31,  
2021.

**PART IX, LINE 9:**

\$(1,112,184) PROVISION FOR UNCOLLECTIBLE CAMPAIGN

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

GLOBAL IMPACT WORKS ON CHARITABLE VENTURES TO INSPIRE GREATER GIVING. THE ORGANIZATION SERVES AS A TRUSTED ADVISOR, INTERMEDIARY AND IMPLEMENTING PARTNER ACROSS THE PRIVATE, NONPROFIT AND PUBLIC SECTORS. THROUGH THESE PARTNERSHIPS, GLOBAL IMPACT HAS RAISED NEARLY \$2 BILLION FOR CAUSES SUCH AS DISASTER RELIEF AND GLOBAL DEVELOPMENT. GLOBAL IMPACT'S REACH AND SERVICES ARE COMPLEMENTED BY THE WORK OF OUR SUBSIDIARY COMPANY, GENEVA GLOBAL. LEARN MORE AT CHARITY.ORG.

Name of the organization

Employer identification number

**GLOBAL IMPACT**

**52-1273585**

FORM 990, PART VI, LINE 17 - STATES

=====

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

Name of the organization

**GLOBAL IMPACT**

Employer identification number

**52-1273585**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS  | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| SARA ANDERSON & MALCOLM SLANEY CONSULT<br>2110 PALO ALTO<br>PALO ALTO, CA 94306 | CONSULTING              | 235,327.     |
| KNEAD PARTNERS LLC<br>1303 ALLESANDRO ST<br>LOS ANGELES, CA 90026               | CONSULTING              | 170,328.     |
| HUNUVAT GLOBAL LLC<br>155 MONTICELLO STREET<br>SAN FRANCISCO, CA 94132          | CONSULTING              | 144,776.     |
| URBAN STRATEGIES<br>2341 9TH STREET SOUTH<br>ARLINGTON, VA 22204                | CONSULTING              | 130,275.     |
| KAIZEN ANALYTIX LLC<br>2 RAVINA DRIVE NE STE 900<br>ATLANTA, GA 30346           | CONSULTING              | 128,219.     |



Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

| DESCRIPTION<br>----- | ENDING<br>BOOK VALUE<br>----- |
|----------------------|-------------------------------|
| PREPAID EXPENSES     | 274,075.                      |
| <br>                 | <br>-----                     |
| TOTALS               | 274,075.                      |
|                      | =====                         |

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

| DESCRIPTION            | ENDING<br>BOOK VALUE | COST<br>OR FMV |
|------------------------|----------------------|----------------|
| -----                  | -----                | -----          |
| INVESTMENTS-PUB TRADED | 1,718,259.           | FMV            |
| TOTALS                 | 1,718,259.           |                |

-----  
1,718,259.  
=====

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART X - DEFERRED REVENUE

=====

| DESCRIPTION<br>----- | ENDING<br>BOOK VALUE<br>----- |
|----------------------|-------------------------------|
| DEFERRED REVENUE     | 531,199.                      |
| <br>                 | <br>                          |
| TOTALS               | -----<br>531,199.<br>=====    |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

52-1273585

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)   |                         |  |                     |                           |                                  |
| (2)   |                         |  |                     |                           |                                  |
| (3)   |                         |  |                     |                           |                                  |
| (4)   |                         |  |                     |                           |                                  |
| (5)   |                         |  |                     |                           |                                  |
| (6)   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) CAPITAL FOR GOOD USA 27-0915757<br>1536 E LANCASTER AVENUE PAOLI, PA 19301     | SOCIAL SVCS             | PA   | 501(C)(3)                  | 7   | GLOBAL                           | X  |    |
| (2) CAPITAL FOR GOOD 47-5485529<br>1536 E LANCASTER AVENUE PAOLI, PA 19301         | SUPPORT ORG             | PA   | 501(C)(3)                  | 7   | GLOBAL                           | X  |    |
| (3) CFG IMPACT 46-0549699<br>1536 E LANCASTER AVENUE PAOLI, PA 19301               | SUPPORT ORG             | PA   | 501(C)(3)                  | 12- TYPE 1  | GLOBAL                           | X  |    |
| (4) GLOBAL IMPACT AUSTRALIA LIMITED<br>4 BRUNSWICK PLACE FITZROY, VICTORIA AS 3065 | CHARITY                 | AS   |                            |   | GLOBAL                           | X  |    |
| (5)  |                         |  |                            |   |                                  |  |    |
| (6)  |                         |  |                            |   |                                  |  |    |
| (7)  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|  |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) GENEVA GLOBAL INC<br>23-3026787<br>1536 E LANCASTER AVENUE PAOLI, PA 19301 | RESEARCH/ANALYSIS       | DE   | GLOBAL IMPACT                    | S CORP   | 364,517.                     | 5,835,169.                         | 100.0000                    | X  |    |
| (2)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)  |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)  |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) GENEVA GLOBAL INC.              | M                             | 112,971.               | ACTUAL                                       |
| (2) GENEVA GLOBAL INC.              | N, O                          | 732,755.               | ACTUAL                                       |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |