

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.

OMB No. 1545-0047

2022**Open to Public
Inspection****A** For the **2022** calendar year, or tax year beginning **07/01/2022** and ending **06/30/2023****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

GLOBAL IMPACT

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1199 NORTH FAIRFAX ST NO 300

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ALEXANDRIA, VA 22314

F Name and address of principal officer:

SCOTT JACKSON

1199 NORTH FAIRFAX ST NO 300, ALEXANDRIA, VA 22314

D Employer identification number

52-1273585

E Telephone number

(703) 717-5200

G Gross receipts \$ 145,215,629.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CHARITY.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1981 **M** State of legal domicile: DC**Part I Summary**

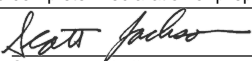
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST VULNERABLE PEOPLE.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 108
	6	Total number of volunteers (estimate if necessary) 6 23
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 559,399.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 223,386.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 44,999,923.
	9	Program service revenue (Part VIII, line 2g) 7,357,625.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 422,030.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 451,629.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,231,207.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 29,350,271.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,411,900.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,077,020.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,146,875.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 42,909,046.
	19	Revenue less expenses. Subtract line 18 from line 12 10,322,161.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 38,479,736.
	21	Total liabilities (Part X, line 26) 7,630,594.
	22	Net assets or fund balances. Subtract line 21 from line 20 30,849,142.

**COPY FOR
PUBLIC INSPECTION**

	Prior Year	Current Year
8	44,999,923.	137,431,936.
9	7,357,625.	7,118,195.
10	422,030.	573,985.
11	451,629.	91,513.
12	53,231,207.	145,215,629.
13	29,350,271.	56,784,737.
14	NONE	NONE
15	7,411,900.	11,673,065.
16a	NONE	978,202.
17	6,146,875.	12,158,153.
18	42,909,046.	81,594,157.
19	10,322,161.	63,621,472.
	Beginning of Current Year	End of Year
20	38,479,736.	114,375,221.
21	7,630,594.	20,020,427.
22	30,849,142.	94,354,794.

Part II Signature Block

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

Sign Here	 Signature of officer	04-30-2024 Date			
	SCOTT JACKSON Type or print name and title	PRESIDENT AND CEO			
Paid Preparer Use Only	Print/Type preparer's name ISRAEL TANNENBAUM	Preparer's signature ISRAEL TANNENBAUM	Date 04/02/2024	Check <input type="checkbox"/> if self-employed	PTIN P01589203
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
	Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL EAST BRUNSWICK, NJ 08816	Phone no. 732-828-1614			

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** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,143,566. including grants of \$ NONE) (Revenue \$ 1,666,095.)

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 \$ 20,547,048. including grants of \$ 13,986,449.) (Revenue \$ 3,034,225.)

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 \$ 56,225,553. including grants of \$ 42,798,288.) (Revenue \$ 2,177,922.)

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 77,916,167.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 108		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20	
1b Enter the number of voting members included on line 1a, above, who are independent.	19	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ **X****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT JACKSON PRESIDENT AND CEO	40.00 NONE	X		X				560,978.	NONE	27,090.
(2) NATHANIEL HELLER VP & MANAGING DIRECTOR	40.00 NONE			X				NONE	309,815.	30,980.
(3) SARA ENRIQUE LOMELIN EXECUTIVE DIRECTOR	40.00 NONE					X		228,899.	NONE	32,884.
(4) STEPHANIE SCHOLZ VP HR & ADMINISTRATION	40.00 NONE					X		194,287.	NONE	33,417.
(5) CHRISTINA HADDEN MANAGING DIR., FINANCE & ACCTG	40.00 NONE			X				174,693.	NONE	30,427.
(6) SABRINA ROMERO MANAGING DIR., FINANCE & BUS.	40.00 NONE					X		162,585.	NONE	36,548.
(7) LOUIS TORCHIA EXECUTIVE DIRECTOR CFCNCA	40.00 NONE					X		179,902.	NONE	7,253.
(8) MATTHEW GEMBECKI MANAGING DIR., PTNR SOLUTIONS	40.00 NONE					X		149,656.	NONE	12,513.
(9) ANITA WHITEHEAD CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(10) NANCY A KELLY VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(11) JAMES B KANUCH TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(12) MOUHAMED MOUCTAR DIALLO SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(13) ERIK ARNOLD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) TIMOTHY BLOEHL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

Form **990** (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TRACEY BURTON DIRECTOR (THRU 12/15/2022)	1.00 NONE	X						NONE	NONE	NONE
(16) KATHRYN COMPTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) JOSEPH CRUPI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) LISA TREVINO CUMMINS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) PETER M GRANT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) STAN HARRELL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) NICOLE HOWE BUGGS DIRECTOR (THRU 12/15/2022)	1.00 NONE	X						NONE	NONE	NONE
(22) VEENA JAYADEVA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) SARAH DEGNAN KAMBOU DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) CHRISTIN MCCLAVE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(25) LAUREN MURPHY DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,651,000.	309,815.	211,112.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,651,000.	309,815.	211,112.

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 ► 23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

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
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A)	(B)	(C)
SEE SCHEDULE O Name and business address	Description of services	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 ► 13

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	4,085,855.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	133,346,081.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 30,266.			
	h	Total. Add lines 1a-1f		137,431,936.			
	Program Service Revenue				Business Code		
2a		CFC OUTREACH COORDINATOR FEES		900099	2,446,905.	2,446,905.	
b		MANAGEMENT FEES		900099	1,456,144.	1,456,144.	
c		ADMIN CHARGES FOR RAISING FUNDS		900099	1,718,088.	1,718,088.	
d		ADVISORY SERVICES		900099	1,149,910.	818,444.	331,466.
e		COOPERATIVE ADVERTISING REIMB		900099	339,633.	339,633.	
f		All other program service revenue		900099	7,515.	7,515.	
g		Total. Add lines 2a-2f			7,118,195.		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			573,985.	
	4	Income from investment of tax-exempt bond proceeds .			NONE		
	5	Royalties			NONE		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			NONE		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events			NONE		
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a	OTHER MISCELLANEOUS INCOME		900099	91,513.	91,513.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			91,513.		
12	Total revenue. See instructions				145,215,629.	6,878,242.	559,399.
							346,052.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	42,798,288.	42,798,288.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	92,860.	92,860.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,893,589.	13,893,589.		
4 Benefits paid to or for members	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees	793,188.	628,888.	161,079.	3,221.
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	9,074,578.	7,159,213.	1,879,204.	36,161.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,993.	264,970.	55,231.	1,792.
9 Other employee benefits	1,076,295.	885,712.	184,618.	5,965.
10 Payroll taxes	407,011.	334,941.	69,815.	2,255.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	301,544.	266,906.	33,836.	802.
c Accounting	88,299.	76,601.	11,427.	271.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	978,202.			978,202.
f Investment management fees	11,386.		11,386.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	7,106,323.	7,076,618.	28,300.	1,405.
12 Advertising and promotion	NONE			
13 Office expenses	449,225.	375,298.	54,073.	19,854.
14 Information technology	208,836.	195,576.	12,526.	734.
15 Royalties	NONE			
16 Occupancy	443,435.	374,569.	67,586.	1,280.
17 Travel	861,193.	855,552.	5,108.	533.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	76,975.	76,246.	712.	17.
20 Interest	16,670.	16,670.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	137,238.	124,147.	12,477.	614.
23 Insurance	57,253.	47,752.	9,281.	220.
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	2,390,745.	2,363,340.	3,711.	23,694.
b GRANT EXPENSES	600.		600.	
c BAD DEBT	8,431.	8,431.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	81,594,157.	77,916,167.	2,600,970.	1,077,020.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	25,180,877.	1	75,017,156.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	4,287,710.	3	29,602,552.
	4 Accounts receivable, net	1,844,684.	4	2,108,105.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	274,075.	9	475,376.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,947,479.		
	10b Less: accumulated depreciation.	2,610,757.		
	10c	449,422.	10c	336,722.
	11 Investments - publicly traded securities.	1,718,259.	11	1,659,146.
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	3,903,687.	13	3,911,393.
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	821,022.	15	1,264,771.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	38,479,736.	16	114,375,221.	
Liabilities	17 Accounts payable and accrued expenses.	2,293,297.	17	3,326,902.
	18 Grants payable	322,710.	18	12,902,875.
	19 Deferred revenue	531,199.	19	767,072.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	516,620.	23	92,567.
	24 Unsecured notes and loans payable to unrelated third parties.	900,000.	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,066,768.	25	2,931,011.
	26 Total liabilities. Add lines 17 through 25.	7,630,594.	26	20,020,427.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	7,793,207.	27	10,035,591.
	28 Net assets with donor restrictions.	23,055,935.	28	84,319,203.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,849,142.	32	94,354,794.
	33 Total liabilities and net assets/fund balances.	38,479,736.	33	114,375,221.

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Part XI Reconciliation of Net AssetsCheck 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	145,215,629.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,594,157.
3	Revenue less expenses. Subtract line 2 from line 1	3	63,621,472.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,849,142.
5	Net unrealized gains (losses) on investments	5	-115,820.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	94,354,794.

Part XII Financial Statements and ReportingCheck 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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** (2022)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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)						
Total						

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,329,060.	107,329,060.	55,891,500.	42,653,861.	137,984,465.	401,187,946.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	57,329,060.	107,329,060.	55,891,500.	42,653,861.	137,984,465.	401,187,946.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						36,516,487.
6 Public support. Subtract line 5 from line 4						364,671,459.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	57,329,060.	107,329,060.	55,891,500.	42,653,861.	137,984,465.	401,187,946.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,538.	243,916.	47,053.	59,513.	47,821.	449,841.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	8,391.	219,136.	348,900.		576,427.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,963.	641,073.	840,719.	451,629.	91,513.	2,050,897.
11 Total support. Add lines 7 through 10						404,265,111.
12 Gross receipts from related activities, etc. (see instructions)					12	34,796,171.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	90.21 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	95.49 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

**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

2022

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

- ☒ 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

GLOBAL IMPACT

Employer identification number

52-1273585

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 20,301,552.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 21,750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 18,419,298.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 3,043,995.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 4,012,350.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 5,032,510.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GLOBAL IMPACT

Employer identification number

52-1273585

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 6,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 3,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 12,542,300.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization

GLOBAL IMPACT

Employer identification number

52-1273585

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2022

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 d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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.	765,828.	135,446.
d Equipment		726,042.	692,818.	33,224.
e Other		1,320,163.	1,152,111.	168,052.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				336,722.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	763,775.
(3) CAMPAIGN FUNDS PAYABLE TO MEMBERS	2,167,236.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (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, GENEVA GLOBAL 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, 2023 AND 2022, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD BE REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2023 AND 2022 HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIOD PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING		125,000.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		395,993.
(3) EUROPE			GRANTMAKING		10,791,397.
(4) SOUTH AMERICA			GRANTMAKING		7,000.
(5) SOUTH ASIA			GRANTMAKING		1,084,356.
(6) SUB-SAHARAN AFRICA			GRANTMAKING		277,000.
(7) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		120,000.
(8) NORTH AMERICA			GRANTMAKING		269,390.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					13,070,136.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					13,070,136.

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

Schedule F (Form 990) 2022

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	GRANTS	125,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	GRANT	125,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	GRANTS	62,896.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	GRANTS	14,675.	WIRE			
(5)			SUB-SAHARAN AFRICA	GRANTS	177,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	100,000.	WIRE			
(7)			SOUTH AMERICA	PROGRAM SUPPORT	7,000.	WIRE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	7,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	GRANTS	50,000.	ACH			
(10)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	15,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	10,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	6,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	10,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	11,500.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	GRANTS	4,165,769.	WIRE			
(16)			SOUTH ASIA	GRANTS	35,000.	ACH			

- 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 . . . 22
- 3 Enter total number of other organizations or entities . . . 8

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)			SOUTH ASIA	GRANTS	399,967.	ACH			
(2)			SOUTH ASIA	GRANTS	179,557.	ACH			
(3)			EUROPE/ICELAND/GREENLAND	GRANTS	4,865,849.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	GRANTS	444,948.	ACH			
(5)			MIDDLE EAST/NORTH AFRICA	GRANTS	351,462.	ACH			
(6)			MIDDLE EAST/NORTH AFRICA	GRANTS	29,856.	ACH			
(7)			EUROPE/ICELAND/GREENLAND	GRANTS	99,884.	ACH			
(8)			EUROPE/ICELAND/GREENLAND	GRANTS	813,251.	ACH			
(9)			CENT. AMERICA/CARIBBEAN	GRANTS	120,000.	ACH			
(10)			NORTH AMERICA	GRANTS	269,390.	WIRE			
(11)			SOUTH ASIA	GRANTS	462,832.	ACH			
(12)			EUROPE/ICELAND/GREENLAND	GRANTS	35,784.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	GRANTS	25,516.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	GRANTS	30,000.	WIRE			
(15)									
(16)									

- 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

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 G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

52-1273585

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

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

- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,164,526.	978,202.	186,324.

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

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, UT, VA, WA, WV, WI,

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

OMAZE INC

ADDRESS:

4840 ALLA ROAD
LOS ANGELES, CA 90066

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY : 1,164,526.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 978,202.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 186,324.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACTION AGAINST HUNGER USA ONE WHITEHALL STREET NEW YORK, NY 10004	13-3327220	501 C 3	69,775.				WORKPLACE GIVING
(2) ALIGHT 1325 QUINCY ST. NE MINNEAPOLIS, MN 55413	36-3241033	501 C 3	59,733.				WORKPLACE GIVING
(3) ALIMA USA PO BOX 3187 NEW YORK, NY 10008	26-0397519	501 C 3	10,000.				WORKPLACE GIVING
(4) ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION PO BOX 4187 SEATTLE, WA 98194	46-4601368	501 C 3	325,000.				GRANT AWARD
(5) ALZHEIMERS DISEASE & RELATED DISORDERS ASSO 8430 W BRYN MAWR CHICAGO, IL 60631	13-3039601	501 C 3	5,347.				DONOR DIRECTED CONTRIBUTION
(6) AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET NEW YORK, NY 10004	13-6213516	501 C 3	150,000.				GRANT AWARD
(7) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231-5129	13-5613797	501 C 3	6,843.				DONOR DIRECTED CONTRIBUTION
(8) AMERICAN JEWISH WORLD SERVICE, INC. 45 WEST 36TH STREET NEW YORK, NY 10018	22-2584370	501 C 3	31,900.				WORKPLACE GIVING
(9) AMERICAN NEAR EAST REFUGEE AID, INC. 1111 14TH STREET NW WASHINGTON, DC 20005	52-0882226	501 C 3	33,133.				WORKPLACE GIVING
(10) AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501 C 3	37,182.				DONOR DIRECTED CONTRIBUTION
(11) AMERICAN SOCIETY FOR PREVENTION OF CRUELTY PO BOX 96929 WASHINGTON, DC 20090-6929	13-1623829	501 C 3	9,849.				DONOR DIRECTED CONTRIBUTION
(12) AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501 C 3	120,359.				WORKPLACE GIVING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 144

3 Enter total number of other organizations listed in the line 1 table 16

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMREF HEALTH AFRICA, INC 75 BROAD STREET NEW YORK, NY 10004	13-1867411	501 C 3	11,638.				WORKPLACE GIVING
(2) ARCHIVE OF CONTEMPORARY MUSIC 135 OLD POST ROAD STAATSBURG, NY 12580	13-3347764	501 C 3	150,000.				GRANT AWARD
(3) ASHOKA 1700 N MOORE STREET ARLINGTON, VA 22209	51-0255908	501 C 3	41,489.				WORKPLACE GIVING
(4) AUSTIN COMMUNITY FOUNDATION FOR THE CAPITAL 4315 GUADALUPE STREET AUSTIN, TX 78751	74-1934031	501 C 3	7,449.				DONOR ADVISING
(5) BILL, HILLARY AND CHELSEA CLINTON FDN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR	31-1580204	501 C 3	8,589.				WORKPLACE GIVING
(6) BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 06601-9057	61-1362705	501 C 3	6,436.				DONOR DIRECTED CONTRIBUTION
(7) CALVARY BAPTIST CHURCH 150 E HIGH ST LEXINGTON, KY 40507	61-0464952	501 C 3	15,700.				DONOR ADVISING
(8) CAMA SERVICES INC 8595 EXPLORER DR COLORADO SPRINGS, CO	84-1234511	501 C 3	6,900.				DONOR DIRECTED CONTRIBUTION
(9) CARE, INC. 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501 C 3	85,713.				WORKPLACE GIVING
(10) CATHOLIC MEDICAL MISSION BOARD 100 WALL STREET NEW YORK, NY 10005	13-5602319	501 C 3	41,755.				WORKPLACE GIVING
(11) CENTER FOR COMMUNITY ALTERNATIVES 115 E JEFFERSON ST SYRACUSE, NY 13202-2539	16-1395992	501 C 3	52,000.				GRANT AWARD
(12) CHILD FUND INTERNATIONAL 2821 EMERYWOOD PKWY. RICHMOND, VA 23294	54-0536100	501 C 3	67,076.				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

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Schedule I (Form 990) 2022

Employer identification number
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN INTERNATIONAL 200 E. RED BRIDGE RD KANSAN CITY, MO 64114	44-6005794	501 C 3	32,372.				WORKPLACE GIVING
(2) CHILDRENS ADVOCACY AND FAMILY RESOURCES INC P.O. BOX 3554 ENGLEWOOD, CO 80155	84-1233797	501 C 3	10,000.				DONOR ADVISING
(3) CHILDREN'S RIGHTS, INC. 88 PINE STREET NEW YORK, NY 10005	13-3801864	501 C 3	300,000.				GRANT AWARD
(4) CHOOSE LOVE 40 WEST 37TH STREET NEW YORK, NY 10018	83-1378746	501 C 3	50,000.				GRANT AWARD
(5) CHURCH WORLD SERVICE CROP 28606 PHILLIPS STREET ELKHART, IN 46515	13-4080201	501 C 3	45,519.				WORKPLACE GIVING
(6) COMMITTEE TO PROTECT HEALTHCARE EDUCATION 3317 WEST FULLERTON AVE CHICAGO, IL 60647	85-1300728	501 C 3	150,000.				GRANT AWARD
(7) COMMUNITY INVESTMENT NETWORK, INC. 8311 BRIER CREEK PARKWAY RALEIGH, NC 27617	26-0238263	501 C 3	60,000.				GENERAL CHARITABLE
(8) COMPASSION INTERNATIONAL 12290 VOYAGER PWKY COLORADO SPRINTS, CO	36-2423707	501 C 3	119,017.				WORKPLACE GIVING
(9) CONCERNED CITIZENS FOR ANIMAL WELFARE 216 YORKTOWNE DR DAYTONA BEACH, FL 32119	61-1650925	501 C 3	5,500.				DONOR DIRECTED CONTRIBUTION
(10) CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501 C 3	13,750.				DONOR DIRECTED CONTRIBUTION
(11) COURIER NEWSROOM INC. 101 AVE OF THE AMERICAS NEW YORK, NY 10013	83-4159180		500,000.				GRANT AWARD
(12) DAVIDSON COLLEGE 209 RIDGE RD DAVIDSON, NC 28035	56-0529961	501 C 3	30,000.				SUPPORT GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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OMB No. 1545-0047

2022

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Inspection**

Employer identification number

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.

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(1) DAVIS COMMUNITY MEALS 202 F ST DAVIS, CA 95616	68-0245801	501 C 3	9,000.				DONOR ADVISING
(2) DAYTON CHILDREN'S FOUNDATION ONE CHILDREN'S PLAZA DAYTON, OH 45404	31-1045247	501 C 3	5,457.				DONOR ADVISING
(3) DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA	95-1831116	501 C 3	61,327.				WORKPLACE GIVING
(4) DISCOVER CHURCH INC PO BOX 8716 PHILADELPHIA, PA 19101	47-2451927	501 C 3	20,262.				DONOR ADVISING
(5) ECPAT-USA, INC. 86 WYCKOFF AVENUE BROOKLYN, NY 11237	13-3755580	501 C 3	8,500.				WORKPLACE GIVING
(6) EPISCOPAL RELIEF AND DEVELOPMENT 816 SECOND AVENUE NEW YORK, NY 10017	73-1635264	501 C 3	40,209.				WORKPLACE GIVING
(7) FAIRFIELD COUNTYS COMMUNITY FOUNDATION INC 40 RICHARDS AVENUE NORWALK, CT 06854-2319	61-1083893	501 C 3	5,519.				DONOR DIRECTED CONTRIBUTION
(8) FAMILY & CHILDRENS AID INC 75 WEST ST DANBURY, CT 06810-6528	60-0888719	501 C 3	5,140.				DONOR DIRECTED CONTRIBUTION
(9) FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501 C 3	196,568.				WORKPLACE GIVING
(10) FIDELITY CHARITABLE P.O. BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501 C 3	9,210.				DONOR ADVISING
(11) FINCA INTERNATIONAL, INC. 1201 15TH STREET NW WASHINGTON, DC 20005	13-3240109	501 C 3	15,241.				WORKPLACE GIVING
(12) FISTULA FOUNDATION 1700 THE ALAMEDA SAN JOSE, CA 95126	77-0547201	501 C 3	5,156.				WORKPLACE GIVING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
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Name of the organization

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(1) FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501 C 3	69,983.				WORKPLACE GIVING
(2) FREE THE SLAVES 1320 19TH ST. NW WASHINGTON, DC 20036	56-2189635	501 C 3	10,216.				WORKPLACE GIVING
(3) FREEDOM COMMUNITY CLINIC 3215 TELEGRAPH AVENUE OAKLAND, CA 94609	83-4249837	501 C 3	12,000.				GRANT AWARD
(4) FWD.US EDUCATION FUND, INC. 701 8TH STREET NW WASHINGTON, DC 20001	82-0962378	501 C 3	125,000.				GRANT AWARD
(5) GENERAL COUNCIL OF THE ASSEMBLIES OF GOD 1445 N BOONVILLE AVE SPRINGFIELD, MS 65802	44-0577787	501 C 3	5,300.				DONOR DIRECTED CONTRIBUTION
(6) GIRL SCOUTS OVERSEAS 420 FIFTH AVENUE NEW YORK, NY 10018	13-1624016	501 C 3	19,699.				WORKPLACE GIVING
(7) GLOBAL CITIZEN 740 BROADWAY NEW YORK, NY 10003	42-1772557	501 C 3	10,000.				DONOR ADVISING
(8) GLOBAL IMPACT SOCIAL WELFARE FUND 1199 N. FAIRFAX STREET ALEXANDRIA, VA 22314	92-0652730	501 C 4	8,945,526.				GRANT AWARD
(9) GLOBAL PARTNERS IN CARE 501 COMFORT MISHAWAKA INDIANA, IN 46545	16-1590512	501 C 3	5,008.				WORKPLACE GIVING
(10) GOOD NATION FOUNDATION INC. 100 CROSBY STREET NEW YORK, NY 10012	81-4768448	501 C 3	900,000.				GRANT AWARD
(11) GRAPEVINE GIVING FOUNDATION 305 WEST BROADWAY NEW YORK, NY 10013	87-2389502	501 C 3	20,000.				GENERAL CHARITABLE
(12) HABITAT FOR HUMANITY INTERNATIONAL INC. PO BOX 68 SHANNOCK, RI 02875-0068	50-0450845	501 C 3	92,711.				WORKPLACE GIVING

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

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Schedule I (Form 990) 2022

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(Form 990)**

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(1) HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501 C 3	119,924.				WORKPLACE GIVING
(2) HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA NEW YORK, NY	13-5562162	501 C 3	43,560.				WORKPLACE GIVING
(3) HIAS 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501 C 3	65,642.				WORKPLACE GIVING
(4) HOPE FOR HAITI, INC. 1021 5TH AVE NAPLES, FL 34012	59-3564329	501 C 3	27,466.				WORKPLACE GIVING
(5) HOPE FOR NEW YORK 1500 BROADWAY NEW YORK, NY 10036	13-3713484	501 C 3	10,000.				DONOR ADVISING
(6) HOPEWELL FUND 1828 L STREET NW WASHINGTON, DC 20036	47-3681860	501 C 3	250,000.				GRANT AWARD
(7) HOW TO BUILD UP, INC. 554 RHODE ISLAND ST SAN FRANCISCO, CA 94107	83-1982842		14,000.				SUPPORT PROGRAM
(8) HUMAN RIGHTS WATCH, INC. 350 FIFTH AVENUE NEW YORK, NY 10118	13-2875808	501 C 3	19,891.				WORKPLACE GIVING
(9) INTEGRATED CENTER FOR GROUP MEDICAL VISITS 360 MERRIMACK STREET LAWRENCE, MA 01843	83-4130457	501 C 3	10,000.				GRANT AWARD
(10) INTERNATIONAL JUSTICE MISSION PO BOX 2227 ARLINGTON, VA 22202	54-1722887	501 C 3	18,000.				WORKPLACE GIVING
(11) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD. LOS ANGELES, CA 90025	95-3949646	501 C 3	28,058.				WORKPLACE GIVING
(12) INTERNATIONAL ORTHODOX 110 WEST ROAD BALTIMORE, MD 21204	25-1679348	501 C 3	79,102.				WORKPLACE GIVING

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SAN DIEGO, CA 92120	33-0412751	501 C 3	30,097.				WORKPLACE GIVING
(2) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	13-5660870	501 C 3	376,097.				WORKPLACE GIVING
(3) ISLAMIC RELIEF 3655 WHEELER AVE. NEW YORK, NY 10168	95-4453134	501 C 3	94,973.				WORKPLACE GIVING
(4) JEWISH FAMILY SERVICE OF COLORADO INC 3201 SOUTH TAMARAC DRIVE DENVER, CO 80231	84-0402701	501 C 3	7,500.				DONOR ADVISING
(5) JOEYS JOURNEY FOUNDATION INC 6107 DADO DR NOBLESVILLE, IN 46062	84-3314079	501 C 3	5,800.				DONOR ADVISING
(6) JTP PROFESSIONAL SERVICE CORPORATION 2038 FORD PARKWAY SAINT PAUL, MN 55116	85-0868142	501 C 3	500,000.				GRANT AWARD
(7) JUSTICE CATALYST ACCESS FUND, INC. 937 BELMONT AVE CHARLOTTESVILLE, VA 22902	88-1839599	501 C 3	500,000.				GRANT AWARD
(8) LIGHTNING BASKETBALL INC. 45 CHERRY VALLEY AVE WEST HEMPSTEAD, NY	11-3633046	501 C 3	25,000.				GRANT AWARD
(9) LOVE INC OF LORAIN COUNTY PO BOX 1773 ELYRIA, OH 44036-1773	34-1633609	501 C 3	10,000.				DONOR DIRECTED CONTRIBUTION
(10) MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501 C 3	30,320.				WORKPLACE GIVING
(11) MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON COURT TIGARD, OR 97224	93-0878944	501 C 3	20,466.				WORKPLACE GIVING
(12) MERCY CORPS INTERNATIONAL 45 SW ANKENY ST. PORTLAND, OR 97204	91-1148123	501 C 3	63,459.				WORKPLACE GIVING

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Part II

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)MIDWEST ATHLETES AGAINST CHILDHOOD CANCER 10000 INNOVATION DR. MILWAUKEE, WI 53226	39-1270290	501 C 3	7,490.				DONOR DIRECTED CONTRIBUTION
(2)MONTGOMERY MUSEUM OF ART AND HISTORY 300 SOUTH PEPPER ST CHRISTIANSBURG, VA	52-1302515	501 C 3	5,100.				DONOR ADVISING
(3)NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE NORTHWEST	53-0196932		110,000.				GRANT
(4)NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	13-5661935	501 C 3	5,853.				DONOR DIRECTED CONTRIBUTION
(5)NEW VENTURE FUND 1828 L STREET NW WASHINGTON, DC 20036	20-5806345	501 C 3	340,000.				GRANT AWARD
(6)NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 02115	04-1679980	501 C 3	14,000.				GENERAL SUPPORT
(7)ONE COLLECTIVE NFP 2155 POINT BLVD ELGIN, IL 60123	36-6069820	501 C 3	10,000.				DONOR DIRECTED CONTRIBUTION
(8)ONE4ALL CHARITABLE FUND 1306 W EASTMAN ST BOISE, ID 83702	45-4602256	501 C 3	8,223.				DONOR ADVISING
(9)OPERATION SMILE 3641 FACULTY BLVD. VIRGINIA BEACH, VA 23453	54-1460147	501 C 3	42,541.				WORKPLACE GIVING
(10)OUTRIGHT ACTION 216 EAST 45TH STREET NEW YORK, NY 10017	94-3139952	501 C 3	10,000.				WORKPLACE GIVING
(11)OXFAM AMERICA 226 CAUSEWAY ST. BOSTON, MA 02114	23-7069110	501 C 3	103,718.				WORKPLACE GIVING
(12)PARTNERS IN HEALTH 800 BOYLSTON ST. BOSTON, MA 02199	04-3567502	501 C 3	47,109.				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

GLOBAL IMPACT

Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PAUL TAYLOR DANCE FOUNDATION INC 551 GRAND STREET NEW YORK, NY 10002-4282	13-2665475	501 C 3	10,760.				DONOR DIRECTED CONTRIBUTION
(2) PITNEY BOWES RELIEF FUND INC 3001 SUMMER ST STAMFORD, CT 06905	27-3398652	501 C 3	57,639.				DONOR DIRECTED CONTRIBUTION
(3) PLAN INTERNATIONAL USA, INC 235 PROMENADE ST. PROVIDENCE, RI 02908-5754	13-5661832	501 C 3	45,000.				DONOR ADVISING
(4) PRISON FELLOWSHIP INTERNATIONAL 20116 ASHBROOK PLACE ASHBURN, VA 20147	51-0247185	501 C 3	22,451.				WORKPLACE GIVING
(5) PROJECT HOPE 1220 19TH STREET NW WASHINGTON, DC 20036	53-0242962	501 C 3	33,080.				WORKPLACE GIVING
(6) REFUGEES INTERNATIONAL 1800 M ST. NW WASHINGTON, DC 20036	52-1224516	501 C 3	72,205.				WORKPLACE GIVING
(7) RESOURCE IMPACT 1341 G STREET NW WASHINGTON, DC 20005	81-2266962	501 C 3	125,000.				GRANT AWARD
(8) RISE AGAINST HUNGER 4801 GLENWOOD AVENUE RALEIGH, NC 27612	16-1541024	501 C 3	23,591.				WORKPLACE GIVING
(9) SALVATION ARMY WORLD SERVICE OFF. 615 SLATERS LANE ALEXANDRIA, VA 22314	13-2923701	501 C 3	147,755.				WORKPLACE GIVING
(10) SAVE THE CHILDREN 502 KINGS HIGHWAY EAST FAIRFIELD, CT 06825	06-0726487	501 C 3	321,919.				WORKPLACE GIVING
(11) SCHWAB CHARITABLE FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	31-1640316	501 C 3	5,533.				DONOR ADVISING
(12) SEE INTERNATIONAL 175 CREMONA DRIVE GOLETA, CA 93117	31-1682275	501 C 3	11,940.				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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEED PROGRAMS INC. PO BOX 9163 ASHEVILLE, NC 28816	56-2092576	501 C 3	5,617.				WORKPLACE GIVING
(2) SIGHTSAVERS INTERNATIONAL, INC. ONE BOSTON PLACE BOSTON, MA 02108	31-1740776	501 C 3	25,206.				WORKPLACE GIVING
(3) SOCIAL GOOD FUND PO BOX 5473 RICHMOND, CA 94805	46-1323531	501 C 3	126,403.				DONOR ADVISING
(4) ST JUDE CHILDRENS RESEARCH HOSPITAL INC 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501 C 3	23,225.				DONOR DIRECTED CONTRIBUTION
(5) ST MARYS FOOD BANK ALLIANCE 2831 NORTH 31ST AVE PHOENIX, AZ 85009-1518	23-7353532	501 C 3	5,195.				DONOR DIRECTED CONTRIBUTION
(6) STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 Hylan Blvd STATEN ISLAND, NY 10306	20-0554654	501 C 3	6,651.				DONOR DIRECTED CONTRIBUTION
(7) TED FOUNDATION 330 HUDSON STREET NEW YORK, NY 10013	05-0513254	501 C 3	50,000.				GRANT AWARD
(8) THAT NEWFOUNDLAND PLACE INC 554 PUCKER ST COVENTRY, CT 06238-3460	27-2176439	501 C 3	5,760.				DONOR DIRECTED CONTRIBUTION
(9) THE FUTURE NOW INSTITUTE 600 PENNSYLVANIA AVE WASHINGTON, DC 20003	88-4342103	501 C 3	700,000.				GRANT AWARD
(10) THE GATHERING 15 N ELLSWORTH AVE SAN MATEO, CA 94401	75-2726170	501 C 3	5,500.				DONOR ADVISING
(11) THE OHIO STATE UNIVERSITY FOUNDATION P.O. BOX 710811 COLUMBUS, OH 43271-0811	31-1145986	501 C 3	7,083.				DONOR DIRECTED CONTRIBUTION
(12) THE VOTER PROJECT FUND 1735 MARKET STREET PHILADELPHIA, PA 19103	86-3082391	501 C 3	100,000.				GRANT AWARD

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) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

Attach to Form 990.

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OMB No. 1545-0047

2022

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Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TIDES ADVOCACY 1014 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3153687	501 C 4	25,000.				GRANT AWARD
(2) UNICEF US FUND 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501 C 3	402,141.				WORKPLACE GIVING
(3) UNITARIAN UNIVERSALIST SERVICE COMMITTEE 689 MASSACHUSETTS AVENUE	04-6186012	501 C 3	19,452.				WORKPLACE GIVING
(4) UNITED METHODIST 475 RIVERSIDE DR NEW YORK, NY 10115	13-5562279	501 C 3	144,717.				WORKPLACE GIVING
(5) UNITED MISSION FOR RELIEF AND DEVELOPMENT 1990 K STREET WASHINGTON, DC 20006	27-3175543	501 C 3	5,075.				DONOR DIRECTED CONTRIBUTION
(6) UNITED WAY OF CENTRAL IOWA 1111 9TH ST DES MOINES, IA 50314-2500	42-0680425	501 C 3	6,272.				DONOR DIRECTED CONTRIBUTION
(7) UNITED WAY OF WESTERN CONNECTICUT 301 MAIN STREET DANBURY, CT 06810	60-0646577	501 C 3	29,724.				DONOR DIRECTED CONTRIBUTION
(8) UNIVERSITY OF NOTRE DAME DU LAC 724 GRACE HALL NOTRE DAME, IN 46556	35-0868188	501 C 3	6,145.				DONOR DIRECTED CONTRIBUTION
(9) UPPER SEVEN LAW 1 NORTH LAST CHANCE GULCH HELENA, MT 59601	86-1632816	501 C 3	10,000.				GRANT AWARD
(10) USHAHIDI INC. 12472 LAKE UNDERHILL ROAD ORLANDO, FL 32828	26-2652079	501 C 3	14,000.				GENERAL SUPPORT
(11) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD PHOENIX, AZ 85018-2328	86-0104419	501 C 3	6,542.				DONOR DIRECTED CONTRIBUTION
(12) WATER FOR PEOPLE 7100 E BELLEVIEW AVE GREENWOOD VILLAGE, CO	84-1166148	501 C 3	48,442.				WORKPLACE GIVING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**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.

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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WILLIAMS COLLEGE 100 SPRING ST WILLIAMSTOWN, MA 01267-3163	42-2104847	501 C 3	8,450.				DONOR DIRECTED CONTRIBUTION
(2) WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET NW WASHINGTON, DC 20036	52-1838756	501 C 3	29,471.				WORKPLACE GIVING
(3) WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET CHICAGO, IL 60607	20-5080679	501 C 3	8,171.				WORKPLACE GIVING
(4) WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVE NW WASHINGTON, DC	27-3521132	501 C 3	6,801.				DONOR DIRECTED CONTRIBUTION
(5) WORLD FOOD PROGRAM 17252 I STREET NE WASHINGTON, DC 20006	13-3843435	501 C 3	34,071.				WORKPLACE GIVING
(6) WORLD RELIEF 7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23-6393344	501 C 3	27,417.				WORKPLACE GIVING
(7) WORLD RENEW 1700 28TH ST. GRAND RAPIDS, MI 49508	38-1708140	501 C 3	12,630.				WORKPLACE GIVING
(8) WORLD VISION 34834 WEYERHAEUSER WAY S. FEDERAL WAY, WA	95-1922279	501 C 3	207,309.				WORKPLACE GIVING
(9) WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE, FL 32256	20-2370934	501 C 3	5,560.				DONOR DIRECTED CONTRIBUTION
(10) YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521-2038	60-0646973	501 C 3	5,075.				DONOR DIRECTED CONTRIBUTION
(11) GLO DEVELOPMENT FOUNDATION, INC. 462 ANDOVER STREET SAN FRANCISCO, CA 94110	92-0333623		3,000,000.				DONOR DIRECTED CONTRIBUTION
(12) ACCESO TRADING LLC 223 BEDFORD AVENUE BROOKLYN, NY 11211	86-3125507	501 C 3	1,291,944.				DONOR DIRECTED CONTRIBUTION

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**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.

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OMB No. 1545-0047

2022

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Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOHNS HOPKINS UNIVERSITY & HEALTH SYSTEM 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501 C 3	949,756.				GRANT AWARD
(2) BUSARA CTR. BEHAVIORAL ECONOMICS, INC. 46 HOAKA ROAD HILO, HI 96720	46-2695042		580,344.				GRANT AWARD
(3) REALIZED WORTH INSTITUTE 101 CROSS STREET BALTIMORE, MD 21230	27-3417347		499,975.				DONOR DIRECTED CONTRIBUTION
(4) STANFORD UNIVERSITY 450 JANE STANFORD WAY STANFORD, CA 94305	94-1156365	501 C 3	497,681.				GRANT AWARD
(5) UCSF-REGENTS OF UCA 490 ILLINOIS STREET SAN FRANCISCO, CA 94158	94-6036493	501 C 3	448,174.				GRANT AWARD
(6) GATES PHILANTHROPY PARTNERS PO BOX 23350 SEATTLE, WA 98102	47-3290897	501 C 3	312,138.				DONOR DIRECTED CONTRIBUTION
(7) URBAN STRATEGIES, LLC 2111 WILSON STREET ARLINGTON, VA 22201	51-0443590		289,975.				DONOR DIRECTED CONTRIBUTION
(8) BEHAVIORAL INSIGHTS (US) INC. 1 DOCK 72 WAY BROOKLYN, NY 11205	37-1780718		274,848.				GRANT AWARD
(9) THE REGIONAL ORGANIZATION FOR PEACE, ECONOM 670 BEACON STREET NEWTON, MA 02459	83-1019877		205,050.				DONOR DIRECTED CONTRIBUTION
(10) CROSSROADS GLOBAL VILLAGE (US) LIMITED 1732 1ST AVE NEW YORK, NY 10128	46-5354749		150,000.				DONOR DIRECTED CONTRIBUTION
(11) UNITED NATIONS FOUNDATION INC. 1750 PENNSYLVANIA AVE NW WASHINGTON, DC	58-2368165	501 C 3	100,000.				DONOR DIRECTED CONTRIBUTION
(12) ASSOCIATION OF CORPORATE CITIZENSHIP PROF. 3936 S. SEMORAN BLVD ORLANDO, FL 32822	20-2426025	501 C 6	67,425.				DONOR DIRECTED CONTRIBUTION

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) 2022

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GLOBAL POVERTY PROJECT, INC. 740 BROADWAY NEW YORK, NY 10003	42-1772557		25,000.				GENERAL CHARITABLE
(2) AMANZI - WATER TO SCHOOLS 927 SANDCHERRY WAY JACKSON, WY 83001	88-3784529	501 C 3	12,000.				DONOR DIRECTED CONTRIBUTION
(3) CARDONE INDUSTRIES, INC. 5501 WHITAKER AVE PHILADELPHIA, PA 19124	23-3000982		9,900.				GENERAL CHARITABLE
(4) PLAN USA 155 PLAN WAY WARWICK, RI 02886	13-5661832	501 C 3	40,926.				WORKPLACE GIVING
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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

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	11	92,860.			
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 for instructions and the latest information.

OMB No. 1545-0047

2022

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

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

Schedule J (Form 990) 2022

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				
SCOTT JACKSON 1 PRESIDENT AND CEO	(i)	440,778.	105,000.	15,200.	9,150.	17,940.	588,068.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRITTANY CRAIG 2 MANAGING DIRECTOR	(i)	136,997.	12,000.	NONE	4,052.	10,087.	163,136.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHANIE SCHOLZ 3 VP HR & ADMINISTRATION	(i)	172,250.	20,937.	1,100.	5,599.	27,818.	227,704.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARA ENRIQUE LOMELIN 4 EXECUTIVE DIRECTOR	(i)	212,099.	15,000.	1,800.	6,677.	26,207.	261,783.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CASSANDRA CALL 5 DIRECTOR, CAMPAIGN MARKETING	(i)	131,863.	8,000.	NONE	4,103.	20,706.	164,672.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LOUIS TORCHIA 6 EXECUTIVE DIRECTOR CFCNCA	(i)	168,202.	10,000.	1,700.	4,946.	2,307.	187,155.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SABRINA ROMERO 7 MANAGING DIR., FINANCE & BUS.	(i)	139,613.	21,872.	1,100.	4,516.	32,032.	199,133.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW GEMBECKI 8 MANAGING DIR., PTNR SOLUTIONS	(i)	139,456.	10,000.	200.	4,229.	8,284.	162,169.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTINA HADDEN 9 MANAGING DIR., FINANCE & ACCTG	(i)	149,574.	24,019.	1,100.	5,167.	25,260.	205,120.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NATHANIEL HELLER 10 VP & MANAGING DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	274,615.	35,000.	200.	8,250.	22,730.	340,795.	NONE
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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		23 .	30,266 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

9732SD M998

V22-7.11 9087606

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
TEACHING PAYMEN	X	14	18,429.	ACTUAL PAID
MEMBERSHIP FEES	X	9	11,837.	ACTUAL PAID
TOTALS		23.	30,266.	

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.

OMB No. 1545-0047

2022

**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.
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

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

52-1273585

RECOMMENDATIONS OR DECISION-MAKING RELATING TO MATTERS IN WHICH A
CONFLICT MAY EXIST.

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 2023 AND THE MOST RECENT REVIEW OF HIS COMPENSATION
TOOK PLACE IN AUGUST 2023.

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 A:

RELATED PARTY COMPENSATION FOR NATHANIEL HELLER (FROM GENEVA GLOBAL,
INC.) HAS BEEN REPORTED ON PART VII FOR THE CALENDAR YEAR ENDED DECEMBER
31,
2022

Name of the organization

GLOBAL IMPACT

Employer identification number

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

GLOBAL IMPACT

Employer identification number

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

Employer identification number

GLOBAL IMPACT**52-1273585**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RABIN MARTIN P.O BOX 771633, SAINT LOUIS, MO 63177	CONSULTING SERVICES	659,004.
MAKEMATIC LIMITED 13 PUMP STREET DERRY LONDONDERRY UNITED KINGDOM BT486JG	VIDEO PRODUCTION	411,011.
EDUFLACK STRATEGIES 85 WARWICK RD, WEST WINDSOR, NJ 08550	CONSULTING SERVICES	286,971.
OPEN DATA SERVICES CO-OPERATIVE LIMITED 1ST FL HOLYOAKE HOUSE, HANOVER STREET MANCHESTER UNITED KINGDOM M60 0AS	CONSULTING SERVICES	228,920.
SARA ANDERSON & MALCOLM SLANEY CONSULT. 2110 YALE STREET PALO ALTO, CA 94306	CONSULTING SERVICES	221,500.

Name of the organization

Employer identification number

GLOBAL IMPACT52-1273585

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	274,075.	475,376.
 TOTALS	 ----- 274,075. =====	 ----- 475,376. =====

Name of the organization

Employer identification number

GLOBAL IMPACT**52-1273585**

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
INVESTMENTS-PUB TRADED	1,718,259.	1,659,146.	FMV
 TOTALS	 ----- 1,718,259. =====	 ----- 1,659,146. =====	

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	531,199.	767,072.
 TOTALS	 ----- 531,199. =====	 ----- 767,072. =====

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

**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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GLOBAL IMPACT SOLUTIONS LLC 88-3912474 1199 NORTH FAIRFAX ST NO 300 ALEXANDRIA, VA 22314	INACTIVE	DE	NONE	NONE	GLOBAL
(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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CAPITAL FOR GOOD USA 27-0915757 1536 E LANCASTER AVENUE PAOLI, PA 19301	SOCIAL SVCS	PA	501(C)(3)	7	GLOBAL	X	
(2) CAPITAL FOR GOOD 47-5485529 1536 E LANCASTER AVENUE PAOLI, PA 19301	SUPPORT ORG	PA	501(C)(3)	7	GLOBAL	X	
(3) CFG IMPACT 46-0549699 1536 E LANCASTER AVENUE PAOLI, PA 19301	SUPPORT ORG	PA	501(C)(3)	12- TYPE 1	GLOBAL	X	
(4) GLOBAL IMPACT AUSTRALIA LIMITED 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) 2022

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GENEVA GLOBAL INC 23-3026787 1536 E LANCASTER AVENUE PAOLI, PA 19301	RESEARCH/ANAL	DE	GLOBAL IMPACT	S CORP			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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) GENEVA GLOBAL INC.	L	84,643.	ACTUAL
(2) GENEVA GLOBAL INC.	M	291,395.	ACTUAL
(3) GENEVA GLOBAL INC.	N, O	522,847.	ACTUAL
(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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
