

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

2023**Open to Public
Inspection****A** For the **2023** calendar year, or tax year beginning **07/01/2023** and ending **06/30/2024****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ 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)

2300 N. STREET, NW

Room/suite

501A

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

WASHINGTON, DC 20037

F Name and address of principal officer:

SCOTT JACKSON

2300 N. STREET, NW SUITE 501A, WASHINGTON, DC 20037

D Employer identification number

52-1273585

E Telephone number

(703) 717-5200

G Gross receipts \$ 152,422,782.**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 2023 (Part V, line 2a) 5 153
	6	Total number of volunteers (estimate if necessary) 6 21
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 558,475.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 375,461.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 137,431,936.
	9	Program service revenue (Part VIII, line 2g) 7,118,195.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 573,985.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 91,513.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 145,215,629.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,784,737.
	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) 11,673,065.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 978,202.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 61,857.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,158,153.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 81,594,157.
	19	Revenue less expenses. Subtract line 18 from line 12 63,621,472.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 114,375,221.
	21	Total liabilities (Part X, line 26) 20,020,427.
	22	Net assets or fund balances. Subtract line 21 from line 20 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		05/12/2025			
	Signature of officer	Date			
	SCOTT JACKSON	PRESIDENT AND CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ISRAEL TANNENBAUM	ISRAEL TANNENBAUM	04/23/2025		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** (2023)

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 \$ 1,227,201. including grants of \$ NONE) (Revenue \$ 1,901,732.)

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 \$ 4,804,551. including grants of \$ 2,321,219.) (Revenue \$ 3,441,826.)

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 \$ 116,640,822. including grants of \$ 77,294,641.) (Revenue \$ 3,865,669.)

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 122,672,574.

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).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28c 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 noncash 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"/>	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<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	153
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	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.	16	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.	17	

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 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 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
b 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
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b 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	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c 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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 2300 N. STREET, NW #501A WASHINGTON, DC 20037
 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				563,075.	NONE	30,251.
(2) NATHANIEL HELLER VP & MANAGING DIRECTOR	40.00 NONE			X				NONE	339,543.	33,819.
(3) KATHERINE HUBBARD FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		324,445.	NONE	36,080.
(4) WAYNE JONAS MANAGING DIRECTOR	40.00 NONE					X		303,152.	NONE	10,623.
(5) SARA ENRIQUE LOMELIN EXECUTIVE DIRECTOR	40.00 NONE					X		239,361.	NONE	38,098.
(6) DAVID PARK FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		240,433.	NONE	29,780.
(7) STEPHANIE SCHOLZ VP HR & ADMINISTRATION	40.00 NONE			X				213,521.	NONE	37,790.
(8) ALEXANDER SCHULTZ FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		212,500.	NONE	16,893.
(9) CHRISTINA HADDEN MANAGING DIR., FINANCE & ACCTG	40.00 NONE			X				190,904.	NONE	33,950.
(10) BRITTANY CRAIG MANAGING DIRECTOR	40.00 NONE				X			181,295.	NONE	22,757.
(11) ANITA WHITEHEAD CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(12) SARAH DEGNAN KAMBOU VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(13) JAMES B KANUCH TREASURER	2.00 NONE	X		X				NONE	NONE	NONE
(14) MOUHAMED MOUCTAR DIALLO SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE

Form **990** (2023)

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) ERIK ARNOLD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(16) TIMOTHY BLOECHL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) KATHRYN COMPTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) JOSEPH CRUPI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) LISA TREVINO CUMMINS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) PETER M GRANT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) STAN HARRELL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(22) SCOTT JACKSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) VEENA JAYADEVA 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								2,468,686.	339,543.	290,041.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,468,686.	339,543.	290,041.

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 ► 46

	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>		
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>		
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>		

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>
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[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) SEE SCHEDULE O 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 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	3,287,776.			
	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	136,390,680.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,452.			
	h	Total. Add lines 1a-1f		139,678,456.			
	Program Service Revenue				Business Code		
2a		CFC OUTREACH COORDINATOR FEES		900099	2,062,820.	2,062,820.	
b		MANAGEMENT FEES		900099	2,434,140.	2,434,140.	
c		ADMIN CHARGES FOR RAISING FUNDS		900099	1,614,354.	1,614,354.	
d		ADVISORY SERVICES		900099	1,571,199.	1,256,990.	314,209.
e		COOPERATIVE ADVERTISING REIMB		900099	1,477,421.	1,477,421.	
f		All other program service revenue		900099	9,350.	9,350.	
g		Total. Add lines 2a-2f			9,169,284.		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			3,220,890.	
	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	354,152.	354,152.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			354,152.		
12	Total revenue. See instructions				152,422,782.	9,209,227.	558,475.

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 ☒ X**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	53,086,973.	53,086,973.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,005,219.	1,005,219.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,523,668.	25,523,668.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,251,991.	1,055,918.	193,273.	2,800.
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	16,571,277.	13,877,925.	2,656,433.	36,919.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	327,603.	297,688.	28,942.	973.
9 Other employee benefits	2,653,185.	2,411,307.	234,401.	7,477.
10 Payroll taxes	565,292.	513,757.	49,942.	1,593.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	693,091.	658,235.	34,378.	478.
c Accounting	96,718.	84,605.	11,947.	166.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	15,392.		15,392.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 14,842,794.	14,818,552.	23,366.	876.
12 Advertising and promotion	NONE			
13 Office expenses	850,991.	799,240.	48,454.	3,297.
14 Information technology	367,849.	348,585.	18,296.	968.
15 Royalties	NONE			
16 Occupancy	889,530.	839,380.	49,463.	687.
17 Travel	2,816,718.	2,808,224.	8,035.	459.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	886,785.	860,030.	26,388.	367.
20 Interest	16,809.	16,809.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	140,014.	127,914.	11,758.	342.
23 Insurance	72,254.	61,007.	11,093.	154.
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 FUNDRAISING CAMPAIGN MATERIA	3,491,775.	3,477,538.	9,936.	4,301.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	126,165,928.	122,672,574.	3,431,497.	61,857.
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	75,017,156.	1	92,128,798.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	29,602,552.	3	36,586,578.
	4 Accounts receivable, net	2,108,105.	4	1,813,359.
	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	475,376.	9	794,322.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,947,479.		
	b Less: accumulated depreciation.	10b 2,750,772.		
	11 Investments - publicly traded securities.	1,659,146.	11	1,822,157.
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	3,911,393.	13	3,830,402.
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	1,264,771.	15	556,487.
16 Total assets. Add lines 1 through 15 (must equal line 33)	114,375,221.	16	137,728,810.	
Liabilities	17 Accounts payable and accrued expenses.	3,326,902.	17	5,029,106.
	18 Grants payable	12,902,875.	18	8,636,089.
	19 Deferred revenue	767,072.	19	1,496,779.
	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	92,567.	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	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	2,931,011.	25	2,145,721.
	26 Total liabilities. Add lines 17 through 25.	20,020,427.	26	17,307,695.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,035,591.	27	15,710,282.
	28 Net assets with donor restrictions.	84,319,203.	28	104,710,833.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	94,354,794.	32	120,421,115.
33 Total liabilities and net assets/fund balances.	114,375,221.	33	137,728,810.	

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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	152,422,782.
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,165,928.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,256,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	94,354,794.
5	Net unrealized gains (losses) on investments	5	-190,533.
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	120,421,115.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

Form **990** (2023)

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

2023

**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) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	107,329,060.	55,891,500.	42,653,861.	139,678,456.	138,369,528.	483,922,405.
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.	107,329,060.	55,891,500.	42,653,861.	139,678,456.	138,369,528.	483,922,405.
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).						40,434,457.
6 Public support. Subtract line 5 from line 4						443,487,948.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	107,329,060.	55,891,500.	42,653,861.	139,678,456.	138,369,528.	483,922,405.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	243,916.	47,053.	59,513.	47,821.	66,026.	464,329.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,391.	219,136.	348,900.	NONE	NONE	576,427.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	641,073.	840,719.	451,629.	91,513.	354,152.	2,379,086.
11 Total support. Add lines 7 through 10						487,342,247.
12 Gross receipts from related activities, etc. (see instructions)					12	42,860,992.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	91.00 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	90.21 %
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 VII*). 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) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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	\$ 9,083,316.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 8,143,136.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 16,299,263.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 3,749,342.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 4,000,000.	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	\$ 6,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 3,050,000.	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	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization GLOBAL IMPACT	Employer identification number 52-1273585
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		5,500,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			5,500,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, LINE 1F

THE ORGANIZATION PROVIDED UNRESTRICTED GENERAL PURPOSE GRANTS TO TWO
SECTION 501(C)(4) ADVOCACY ORGANIZATIONS: GLOBAL IMPACT SOCIAL WELFARE
FUND (\$5,000,000) AND THE FAIRNESS PROJECT (\$500,000). THROUGH THESE
GRANTS IN SUPPORT OF PUBLIC POLICY ACTIVITIES, THE ORGANIZATION ADVANCES
ITS OBJECTIVES OF BUILDING PARTNERSHIPS AND RESOURCES FOR THE WORLD'S
MOST VULNERABLE PEOPLE.

**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

2023

**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)	223,310.	
3 Aggregate value of grants from (during year)	223,310.	
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 on line 2a	2c
d Number of conservation easements included on line 2c 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? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) 2023

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c 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:
- (i) Unrelated organizations?

3a(i)	Yes	No
-------	-----	----
- (ii) Related organizations?

3a(ii)	Yes	No
--------	-----	----
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b	Yes	No
----	-----	----
- 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.	847,096.	54,178.
d Equipment		726,042.	704,725.	21,317.
e Other		1,320,163.	1,198,951.	121,212.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				196,707.

Schedule D (Form 990) 2023

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, line 12, col. (B)) . . .		

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, line 13, col. (B)) . . .		

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, line 15, col. (B)).	

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	312,156.
(3) CAMPAIGN FUNDS PAYABLE TO MEMBERS	1,833,565.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	

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 AND CFG USA ARE DESIGNATED AS PUBLIC CHARITIES.

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 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, 2024 AND 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2024 AND 2023 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS 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

2023

**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) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		1,019.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING		2,867,368.
(3) EUROPE			GRANTMAKING		12,273,537.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		5,500,367.
(5) NORTH AMERICA			GRANTMAKING		148,901.
(6) RUSSIA/INDEPENDENT STATES			GRANTMAKING		35,490.
(7) SOUTH AMERICA			GRANTMAKING		545,598.
(8) SOUTH ASIA			GRANTMAKING		124,952.
(9) SUB-SAHARAN AFRICA			GRANTMAKING		4,026,436.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					25,523,668.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					25,523,668.

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

Schedule F (Form 990) 2023

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)			SUB-SAHARAN AFRICA	EMPLOYEE ASSISTANCE	27,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	EMPLOYEE ASSISTANCE	30,500.	WIRE			
(3)			EAST ASIA/PACIFIC	EMPLOYEE ASSISTANCE	6,400.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	6,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	6,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	6,200.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,500.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	7,500.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	8,000.	WIRE			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 58
- 3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	8,568.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	9,200.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	10,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	10,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	12,500.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	12,500.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	14,000.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	EMPLOYEE ASSISTANCE	125,000.	WIRE			
(9)			MIDDLE EAST/NORTH AFRICA	EMPLOYEE ASSISTANCE	125,000.	WIRE			
(10)			MIDDLE EAST/NORTH AFRICA	EMPLOYEE ASSISTANCE	125,000.	WIRE			
(11)			NORTH AMERICA	EMPLOYEE ASSISTANCE	19,834.	WIRE			
(12)			SOUTH ASIA	EMPLOYEE ASSISTANCE	9,160.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	2,700,000.	WIRE			
(14)			NORTH AMERICA	GRANTS	20,000.	WIRE			
(15)			NORTH AMERICA	GRANTS	20,000.	ACH			
(16)			NORTH AMERICA	GRANTS	46,000.	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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	PROGRAM SUPPORT	12,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	4,000,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	319,000.	WIRE			
(4)			EAST ASIA/PACIFIC	GRANTS	138,318.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	GRANTS	30,000.	WIRE			
(6)			EUROPE/ICELAND/GREENLAND	GRANTS	25,000.	WIRE			
(7)			SOUTH AMERICA	PROGRAM SUPPORT	50,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	50,000.	WIRE			
(9)			SOUTH ASIA	GRANTS	50,000.	WIRE			
(10)			SOUTH AMERICA	GRANTS	399,398.	WIRE			
(11)			EAST ASIA/PACIFIC	GRANTS	100,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	GRANTS	50,000.	WIRE			
(13)			SUB-SAHARAN AFRICA	GRANTS	100,000.	WIRE			
(14)			RUSSIA/NEWLY IND. STATES	GRANTS	35,490.	WIRE			
(15)			SUB-SAHARAN AFRICA	GRANTS	100,000.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	GRANTS	3,010,000.	WIRE			

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

3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	GRANTS	185,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	GRANTS	500,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	GRANTS	246,000.	WIRE			
(4)			SOUTH AMERICA	GRANTS	40,000.	WIRE			
(5)			EAST ASIA/PACIFIC	GRANTS	275,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	1,703,377.	WIRE			
(7)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	1,463,759.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	1,000,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	277,680.	WIRE			
(10)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	1,056,014.	WIRE			
(11)									
(12)									
(13)									
(14)									
(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) HARDSHIP AND DISASTER RELIEF	SOUTH ASIA	38	53,792.	WIRE			
(2) HARDSHIP AND DISASTER RELIEF	EUROPE/ICELAND/GREENLAND	20	90,289.	WIRE			
(3) HARDSHIP AND DISASTER RELIEF	SUB-SAHARAN AFRICA	1	1,800.	WIRE			
(4) HARDSHIP AND DISASTER RELIEF	NORTH AMERICA	11	43,067.	WIRE			
(5) HARDSHIP AND DISASTER RELIEF	SOUTH AMERICA	25	56,200.	WIRE			
(6) HARDSHIP AND DISASTER RELIEF	CENT. AMERICA/CARIBBEAN	1	1,019.	WIRE			
(7) HARDSHIP AND DISASTER RELIEF	EAST ASIA/PACIFIC	480	1,291,636.	WIRE			
(8) HARDSHIP AND DISASTER RELIEF	MIDDLE EAST/NORTH AFRICA	3,950	5,250,367.	WIRE			
(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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

Part V **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2:

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

**SCHEDULE I
(Form 990)**

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

2023

**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) ABORTION, EVERY DAY 94 WYCKOFF ST BROOKLYN, NY 11201	96-3161027		150,000.				GRANT TO SUPPORT PROGRAM
(2) ACCESO TRADING LLC 223 BEDFORD AVE, BROOKLYN, NY 11211	86-3125507	501C3	258,753.				GRANT AWARD
(3) ACCREDITATION COUNCIL FOR GRADUATE MEDICAL 29376 NETWORK PLACE CHICAGO, IL 60673	36-3698130	501C3	32,041.				GRANT AWARD
(4) ACTION AGAINST HUNGER - USA ONE WHITEHALL ST, 2ND FL NEW YORK, NY 10004	13-3327220	501C3	21,161.				WORKPLACE GIVING
(5) ADVANCE PEACE 2163 MEEKER AVE #227 RICHMOND, CA 94804	81-3858984	501C3	77,500.				GRANT AWARD
(6) ALIGHT 1325 QUINCY ST. MINNEAPOLIS, MN 55413	36-3241033	501C3	14,250.				WORKPLACE GIVING
(7) ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION PO BOX 4187 SEATTLE, WA 98194	47-2512998	501C3	250,000.				GRANT TO SUPPORT PROGRAM
(8) AMERICAN CANCER SOCIETY INC 2450 FONDREN ROAD200 HOUSTON, TX 77063	13-1788491	501C3	500,240.				GRANT AWARD
(9) AMERICAN JEWISH WORLD SERVICE, INC. 1325 QUINCY ST. MINNEAPOLIS, MN 55413	22-2584370	501C3	28,827.				WORKPLACE GIVING
(10) AMERICAN NEAR EAST REFUGEE AID, INC. 1111 14TH STREET NW WASHINGTON, DC 20005	52-0882226	501C3	49,659.				WORKPLACE GIVING
(11) AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE, , STAMFORD, CT, 6902	06-1008595	501C3	51,085.				WORKPLACE GIVING
(12) ARABELLA ADVISORS 1828 L ST. NW, WASHINGTON, DC 20036	85-1549477		73,500.				GRANT TO SUPPORT PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 155

3 Enter total number of other organizations listed in the line 1 table 26

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

Schedule I (Form 990) 2023

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) ARIZONA STATE UNIVERSITY 660 S. MILL AVE. TEMPE, AZ 85287	86-0196696	115	197,595.				GRANT AWARD
(2) ASHOKA 1000 WILSON BLVD. ARLINGTON VA 22209	51-0255908	501C3	6,730.				WORKPLACE GIVING
(3) ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE S #84810 NEW YORK, NY 10003	83-3011862	501C3	250,000.				GRANT TO SUPPORT PROGRAM
(4) ATLANTIC COUNCIL OF THE UNITED STATES, INC. 1030 15TH ST NW, WASHINGTON, DC 20005	52-0742294	501C3	150,000.				GRANT AWARD
(5) BEHAVIORAL INSIGHTS TEAM US INC 195 MONTAGUE STREET BROOKLYN, NY 11201	37-1780718		75,594.				GRANT AWARD
(6) BILL BY BILL CAMPAIGN 335 MADISON AVE STE 4G NEW YORK, NY 10017	99-1109835		50,000.				GRANT TO SUPPORT PROGRAM
(7) BILL, HILLARY AND CHELSEA CLINTON FDN 1200 PRESIDENT AVE LITTLE ROCK, AR 07220	31-1580204	501C3	6,860.				WORKPLACE GIVING
(8) BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE WASHINGTON, DC 20036	53-0196577	501C3	225,000.				GENERAL AWARD
(9) BUSARA CENTER FOR BEHAVIORAL ECONOMICS INC. 46 HOAKA ROAD, HILO, HI 96720	46-2695042	501C3	25,400.				GRANT AWARD
(10) CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES 825 WASHINGTON STREET OAKLAND CA ,94607	45-3127566	501C3	50,000.				GRANT AWARD
(11) CALIFORNIANS TOGETHER 525 E. 7TH STREET 207, LONG BEACH, CA 90813	31-1746604	501C3	100,000.				EXECUTE EL ADVOCACY INSTITUTE
(12) CARE 151 ELLIS STREET NE, ATLANTA, GA 30303	13-1685039	501C3	57,506.				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)CATHOLIC MEDICAL MISSION BOARD, INC. 33-01 11TH STREET LONG ISLAND, NY 11106	13-5602319	501C3	31,299.				WORKPLACE GIVING
(2)CEASEFIRE PENNSYLVANIA EDUCATION FUND 100 SOUTH JUNIPER ST PHILADELPHIA, PA 19109	71-0884697	501C3	105,000.				GRANT AWARD
(3)CENTER FOR INNOVATION IN FAMILY MEDICINE 20 SEWALL WOODS ROAD MELROSE, MA 02176	56-2571451	501C3	155,080.				GRANT AWARD
(4)CENTER FOR TECH AND CIVIC LIFE 303 E WACKER DR STE 2106 CHICAGO IL 60601	47-2158694	501C3	1,083,333.				GRANT TO SUPPORT PROGRAM
(5)CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501C3	13,927.				WORKPLACE GIVING
(6)CHILDREN INTERNATIONAL 2000 EAST BRIDGE RD KANSAS CITY, MO 64131	44-6005794	501C3	18,821.				WORKPLACE GIVING
(7)CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE, WASHINGTON, DC 20010	52-1654453	501C3	245,464.				GRANT AWARD
(8)CHOOSE LOVE 45 WEST 36TH ST 6TH FL NEW YORK, NY 10018	83-1378746	501C3	50,000.				GRANT TO SUPPORT PROGRAM
(9)CHURCH WORLD SERVICE, INC. 28606 PHILLIPS STREET ELKHART, IN 46515	13-4080201	501C3	6,778.				WORKPLACE GIVING
(10)COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480, OAKLAND, CA 94607	94-3255070	501C3	223,000.				GRANT AWARD
(11)COMMUNITY RESPONSE WORKS 1423 BROADWAY #192 OAKLAND, CA 94612	82-1805718	501C3	75,000.				GRANT TO SUPPORT PROGRAM
(12)COMPASSION INTERNATIONAL INCORPORATED 12290 VOYAGER COLORADO SPRINGS, CO 80921	36-2423707	501C3	5,780.				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) CONEXION PASTORAL PO BOX 340, AZUSA, CA 91702	20-4462302	501C3	89,799.				GRANT AWARD
(2) CT AGAINST GUN VIOLENCE EDUCATION FUND 739 OLD POST RD, FAIRFIELD, CT 06824	06-1363223	501C3	50,000.				GRANT AWARD
(3) DELAWARE COALITION AGAINST GUN VIOLENCE 4023 KENNETT PIKE, WILMINGTON, DE 19807	38-3914811	501C3	50,000.				GRANT AWARD
(4) DELRESEARCH 128 MASSACHUSETTS 6A, SANDWICH, MA 02563	06-1709612		75,000.				GRANT AWARD
(5) DIRECT RELIEF 6100 WALLACE RD SANTA BARBARA, CA 93117	95-1831116	501C3	29,580.				WORKPLACE GIVING
(6) DUPONT CLINIC 1120 19TH ST NW, WASHINGTON, DC 20036	81-3731198		125,000.				GRANT TO SUPPORT PROGRAM
(7) EARTH HEART PRIVATE ROAD 7050 GAUSE, TX 77857	99-6583904		150,000.				GRANT TO SUPPORT PROGRAM
(8) EPISCOPAL DIOCESE OF MICHIGAN 4800 WOODWARD AVENUE DETROIT, MI 48201	38-1358005	501C3	50,000.				GRANT AWARD
(9) EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	73-1635264	501C3	36,008.				WORKPLACE GIVING GRAM
(10) EQUAL JUSTICE USA 44 COURT STREET BROOKLYN, NY 11201	28-1316408		77,500.				GRANT AWARD
(11) FEED MY STARVING CHILDREN 6100 WALLACE ROAD SANTA BARBARA, CA 93117	41-1601449	501C3	39,355.				WORKPLACE GIVING
(12) FEMINIST WOMEN'S HEALTH CENTER, INC. 1924 CLIFF VALLEY WAY NE ATLANTA, GA 30329	58-1273243	501C3	150,000.				GRANT TO SUPPORT PROGRAM

- 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?

YesNo
- 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) FILMMAKERS COLLABORATIVE INC 145 NINTH ST #310 SAN FRANCISCO, CA 94104	94-3059140	501C3	75,000.				GRANT TO SUPPORT PROGRAM
(2) FINCA INTERNATIONAL, INC. 1201 15TH STREET, NW WASHINGOTN, DC 20005	13-3240109	501C3	20,509.				WORKPLACE GIVING
(3) FLOOR64, INC. 370 CONVENTION WAY, REDWOOD, CA 94063	94-3392450		180,000.				GRANT AWARD
(4) FOOD FOR THE POOR, INC. 6401 LYONS ROAD, COCONUT CREEK, FL 33073	59-2174510	501C3	70,775.				WORKPLACE GIVING
(5) FWD US EDUCATION FUND, INC. 850 10TH ST NW WASHINGTON, DC 20001	82-0962378	501C3	400,000.				GRANT TO SUPPORT PROGRAM
(6) GIRL SCOUTS OF THE UNITED STATES 2821 EMERYWOOD PKWY. RICHMOND, VA 23294	13-1623838	501C3	17,473.				WORKPLACE GIVING
(7) GLOBAL IMPACT SOCIAL WELFARE FUND 1199 NORTH FAIRFAX ST ALEXANDRIA, VA 94063	92-0652730	501C4	13,350,000.				GRANT AWARD
(8) GOOD NATION FOUNDATION INC. 100 CROSBY ST STE 301 NEW YORK, NY 10012	81-4768448	501C3	130,000.				GRANT TO SUPPORT PROGRAM
(9) GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DRIVE, ALLEN ALLENDALE, MN 49401	38-1684280	501C3	40,000.				SUB-GRANT AWARD CHARITABLE
(10) GREAT MINNESOTA SCHOOLS 1330 LAGOON AVE MINNEAPOLIS, MN 55408	81-1733895	501C3	123,000.				GRANT AWARD GIVING
(11) GUN VIOLENCE ARCHIVE, INC. 1133 CONNECTICUT AVE WASHINGTON, DC 20036	46-3582959	501C3	75,000.				GRANT AWARD
(12) GUNS DOWN AMERICA 611 PENNSYLVANIA AVE WASHINGTON, DC 20003	82-2687652	501C3	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

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)GUTTMACHER INSTITUTE 125 MAIDEN LANE 7TH FL NEW YORK, NY 10038	13-2890727	501C3	75,000.				GRANT TO SUPPORT PROGRAM
(2)HARVARD TH CHAN SCHOOL OF PUBLIC HEALTH 677 HUNTINGTON AVE, BOSTON, MA 02115	04-2103580	501C3	248,837.				GRANT AWARD
(3)HEALTH ALLIANCE FOR VIOLENCE INTERVENTION 2 BOYLSTON STREET 4TH FL BOSTON, MA 02116	04-2229839	501C3	65,000.				GRANT AWARD
(4)HEIFER PROJECT INTERNATIONAL 1 WORLD AVE, LITTLE ROCK, AK 72202-2863	35-1019477	501C3	79,891.				WORKPLACE GIVING
(5)HELEN KELLER INTERNATIONAL INC 1 HAMMARSKJOLD PLAZA, NEW YORK, NY 10017	13-5562162	501C3	36,768.				WORKPLACE GIVING
(6)HIAS, INC. 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501C3	41,238.				WORKPLACE GIVING
(7)HOPE FOR HAITI, INC. 1320 19TH ST. WASHINGTON, DC 20036	56-2189635	501C3	14,914.				WORKPLACE GIVING
(8)HOPEWELL FUND 1201 CONNECTICUT AVE WASHINGTON, DC 20036	47-3681860	501C3	200,000.				GRANT TO SUPPORT PROGRAM
(9)HUMAN RIGHTS WATCH, INC. 350 FIFTH AVENUE NEW YORK, NY 10118	13-2875808	501C3	20,095.				WORKPLACE GIVING
(10)INDIGO INNOVATIONS 600 PENNSYLVANIA AVE WASHINGTON, DC 20003	93-1621594	501C4	80,000.				GRANT TO SUPPORT PROGRAM
(11)INSTITUTE FOR A PROGRESSIVE NEVADA 2657 WINDMILL PKWY #619 HENDERSON, NV 89074	27-0854852	501C3	50,000.				GRANT AWARD
(12)INSTITUTE FOR EXCEPTIONAL CARE 1717 K STREET NW WASHINGTON, DC 20006	85-1278444	501C3	10,000.				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

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) INTEGRATED CENTER FOR GROUP MEDICAL VISITS 360 MERRIMACK ST STE 100 LAWRENCE, MA 01843	83-4130457	501C3	10,000.				GRANT AWARD
(2) INTERNATIONAL JUSTICE MISSION 420 FIFTH AVENUE NEW YORK, NY 10018	13-1624016	501C3	6,054.				WORKPLACE GIVING
(3) INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD. LOS ANGELES, CA 90025	95-3949646	501C3	17,585.				WORKPLACE GIVING
(4) INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES 110 WEST RD STE 360, BALTIMORE, MD 21204	25-1679348	501C3	29,820.				WORKPLACE GIVING
(5) INTERNATIONAL REFUGEE ASSISTANCE PROJECT BATTERY PARK PLAZA, NEW YORK, NY 10017	82-2167556	501C3	225,000.				GRANT TO SUPPORT PROGRAM
(6) INTERNATIONAL RELIEF TEAMS 3545 CAMINO DEL RIO S. SAN DIEGO CA 92108	33-0412751	501C3	25,541.				WORKPLACE GIVING
(7) INTERNATIONAL RESCUE COMMITTEE, INC. 460 W 34TH STREET NEW YORK, NY 10001	13-5660870	501C3	172,336.				WORKPLACE GIVING
(8) ISLAMIC RELIEF USA 3655 WHEELER AVE. ALEXANDRIA, VA 22304	95-4453134	501C3	88,053.				WORKPLACE GIVING
(9) JOHN HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501C3	50,000.				GRANT AWARD
(10) JUST THE PILL 2038 FORD PKWY SAINT PAUL, MN 55116	85-0868142	501C3	47,500.				GRANT TO SUPPORT PROGRAM
(11) JUSTICE ACTION CENTER PO BOX 227280 LOS ANGELES, CA 90027	83-3991239	501C3	45,000.				GRANT TO SUPPORT PROGRAM
(12) JUSTICE CATALYST LAW, INC 3021 CAMBRIDGE PL NW WASHINGTON, DC 20007	88-1839599	501C3	250,000.				GRANT TO SUPPORT PROGRAM

- 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?

YesNo
- 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)KEEP OUR REPUBLIC CHARITABLE FUND							GRANT TO SUPPORT PROGRAM
120 WATERFRONT ST NATIONAL HARBOR, MD 20745	86-1221166	501C3	25,000.				
(2)LIFTLABS, INC.							GRANT AWARD
12 WEST ALBERT STREET, LOWELL, MA 01851	93-1408167		20,215.				
(3)LUCID CAPITALISM, LLC							GRANT AWARD
51 PROSPECT AVE, SAN FRANCISCO, CA 94110	87-1050504		150,000.				
(4)MA COALITION TO PREVENT GUN VIOLENCE							GRANT AWARD
138 TREMONT ST BOSTON, MA 02111-1318	84-5092934	501C3	50,000.				
(5)MAP INTERNATIONAL							WORKPLACE GIVING
4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501C3	8,954.				
(6)MARCH FOR OUR LIVES							GRANT AWARD
2921 LANDMARK PLACE MADISON, WI 53713	82-4535615	501C4	50,000.				
(7)MARSHA P. JOHNSON INSTITUTE							GRANT AWARD
12651 SAN PABLO AVE RICHMOND, CA 94805	46-1323531	501C3	30,000.				
(8)MAYDAY MEDICINES, INC.							GRANT TO SUPPORT PROGRAM
442 5TH AVE 1648 NEW YORK, NY 10018	88-2577468	501C3	300,000.				
(9)MEDIC MOBILE							GENERAL AWARD
2443 FILLMORE SAN FRANCISCO, CA 94115	27-5104203	501C3	204,061.				
(10)MERCY CORPS							WORKPLACE GIVING
45 SW ANKENY ST. PORTLAND, OR 97204	91-1148123	501C3	32,247.				
(11)METROPOLITAN UMC							GRANT TO SUPPORT PROGRAM
3108 ROSE PARKS AVENUE MONTGOMERY, AL 36105	63-0860335	501C3	42,000.				
(12)MOJALOOP FOUNDATION, INC							GENERAL AWARD
401 EDGEWATER PLACE, WAKEFIELD, MA 01880	85-0922903	501C3	2,090,850.				

- 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

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) MOMSRISING 53717 BOSTON ST #313, BALTIMORE, MD 21224	20-4448446	501C4	25,000.				GRANT AWARD
(2) NATL INSTITUTE FOR CRIMINAL JUSTICE REFORM 4900 SHATTUCK AVE 3817 OAKLAND, CA 94609	81-5269212	501C3	65,000.				GRANT AWARD
(3) NATIONAL NETWORK FOR SAFE COMMUNITIES 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501C3	50,000.				GRANT AWARD
(4) NEW VENTURE FUND 1828 L STREET NW WASHINGTON, DC 20036	80-5806345	501C3	650,000.				GRANT TO SUPPORT PROGRAM
(5) NEW YORK UNIVERSITY 547 LAGUARDIA PLACE NEW YORK, NY 10012	13-5562308	501C3	7,000.				GRANT AWARD
(6) NIVI INC 40 TALL PINE DRIVE SUDBURY, MA 01776	81-4277384	501C4	756,187.				GRANT AWARD
(7) OAKLAND UNIFIED SCHOOL DISTRICT 1011 UNION STREET OAKLAND, CA 94607	94-6000385		200,000.				BUILDING CAPACITY FOR TRANSFORMATIONAL
(8) ONE AIM ILLINOIS 1751D WEST HOWARD ST CHICAGO, IL 60626	82-3786602	501C3	50,000.				GRANT AWARD
(9) OPERATION SMILE INC 3641 FACULTY BLVD. VIRGINIA BEACH, VA 23453	54-1460147	501C3	56,478.				WORKPLACE GIVING
(10) OREGON ALLIANCE FOR GUN SAFETY FOUNDATION 4931 SW 76TH AVE BOX 154 PORTLAND, OR 97225	47-1183028	501C3	50,000.				GRANT AWARD
(11) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	93-1176109	501C3	235,320.				GRANT AWARD
(12) OREGON STATE UNIVERSITY 1500 SW JEFFERSON AVE, CORVALLIS, OR 97331	61-1730890	115	50,000.				GRANT AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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)OUR AMERICAN FUTURE FOUNDATION PO BOX 34491 WASHINGTON, DC 20043	88-4235954	501C3	300,000.				GRANT TO SUPPORT PROGRAM
(2)OXFAM-AMERICA, INC. 77 NORTH WASHINGTON ST, BOSTON, MA 02114	23-7069110	501C3	55,767.				WORKPLACE GIVING
(3)PARTNERS IN HEALTH A NONPROFIT 800 BOYLSTON ST. BOSTON, MA 02199	04-3567502	501C3	33,775.				WORKPLACE GIVING
(4)PHARE BIO, INC. 303 CONGRESS ST BOSTON, MA 02210	85-1085804	501C3	133,300.				GRANT TO SUPPORT PROGRAM
(5)POLICING EQUITY, INC. 8605 SANTA MONICA WEST HOLLYWOOD, CA 90069	81-4945849	501C3	50,000.				GRANT TO SUPPORT PROGRAM
(6)PREVENTATIVE MEDICINE RESEARCH INSTITUTE 900 BRIDGEWAY SAUSALITO, CA 94965	94-2949537	501C3	100,000.				GRANT AWARD
(7)PRIMARY CARE COLLABORATIVE 601 13TH STREET WASHINGTON, DC 20005	26-2012436	501C3	468,712.				GRANT AWARD
(8)PRISON FELLOWSHIP INTERNATIONAL 20116 ASHBROOK PLACE ASHBURN, VA 20147	51-0247185	501C3	12,760.				WORKPLACE GIVING
(9)PRO PUBLICA, INC. 155 AVE OF THE AMERICAS, NEW YORK, NY 10013	14-2007220	501C3	50,000.				GRANT AWARD
(10)PROJECT HOPE 1220 19TH STREET, NW WASHINGTON, DC 20036	53-0242962	501C3	26,064.				WORKPLACE GIVING
(11)PROJECT UNLOADED, INC. 1 EAST ERIE STREET CHICAGO, IL 60611	87-4212016	501C3	75,000.				GRANT AWARD
(12)PROTECT MINNESOTA 3500 VICKSBURG LANE PLYMOUTH, MN 55102	41-1685834	501C3	50,000.				GRANT AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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) PURCHASER BUSINESS GROUP ON HEALTH PO BOX 45615 SAN FRANCISCO, CO 94145-0615	94-3093632	501C3	80,000.				GRANT AWARD
(2) REASON FOR HOPE, INC. 235 EAST 49TH ST APT 10E NEW YORK, NY 10017	87-2435191	501C3	30,000.				GRANT TO SUPPORT PROGRAM
(3) REFUGEES INTERNATIONAL 1800 M ST. NW WASHINGTON, DC 20036	52-1224516	501C3	19,832.				WORKPLACE GIVING
(4) REGENTS OF THE UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER ARBOR, MI 48109-1287	38-6006309	501C3	61,530.				GRANT AWARD
(5) RISE AGAINST HUNGER 4801 GLENWOOD AVENUE RALEIGH, NC 27612	16-1541024	501C3	6,206.				WORKPLACE GIVING
(6) ROCKEFELLER PHILANTHROPY ADVISORS, INC. 120 BROADWAY NEW YORK, NY 10271	13-3615533	501C3	12,360.				GENERAL AWARD
(7) ROPELESS SYSTEMS, INC. 6 APOSTOLIC WAY, BIDDERFORD, ME 04005	85-3346776		70,000.				GRANT AWARD
(8) SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY. EAST, FAIRFIELD, CT 06825	06-0726487	501C3	137,290.				WORKPLACE GIVING
(9) SEE INTERNATIONAL 6500 HOLLISTER AVE SANTA BARBARA, CA 93117	31-1682275	501C3	9,646.				WORKPLACE GIVING
(10) SIGHTSAVERS INC. ONE BOSTON PLACE, STE 2600 BOSTON, MA 02108	47-4657747	501C3	9,773.				WORKPLACE GIVING
(11) SIRUM 440 N BARRANCA AVE #5330N COVINA, CA 91723	27-1103057	501C3	100,000.				GRANT TO SUPPORT PROGRAM
(12) SMELTS 1003 IOWA ROAD SEDRO-WOOLLEY, WA 98284	47-3370136	501C3	70,000.				GRANT AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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) STATE DEMOCRACY DEFENDERS ACTION 1015 15ST NW, WASHINGTON, DC 20005	93-1524544	501C4	250,000.				GRANT TO SUPPORT PROGRAM
(2) SUB SEA SONICS, LLC 4741 ORCHARD AVENUE SAN DIEGO,, CA 92107	61-1916329		70,000.				GRANT AWARD
(3) TEACH PLUS 1 BEACON ST, 15TH FLOOR BOSTON, MA 02108	26-3849472	501C3	65,000.				EQUITY & ACCESS INITIATIVE
(4) TED 330 HUDSON ST 11TH FL NEW YORK, NY 10013	05-0513254	501C3	500,000.				GRANT TO SUPPORT PROGRAM
(5) TELEDYNE BENTHOS 49 EDGERTON DRIVE NORTH FALMOUTH, MA 02556	95-4888283		75,000.				GRANT AWARD
(6) TEXAS A&M UNIVERSITY 6000 TAMU COLLEGE STATION, TX 77843	74-6000089	501C3	245,842.				GRANT AWARD
(7) TEXAS GUN SENSE PO BOX 92722, AUSTIN, TX 78709	46-2247262	501C3	75,000.				GRANT AWARD
(8) THE ADMINISTRATORS OF THE TULANE EDUCATIONA 6823 ST CHARLES AVE ORLEANS, LA 70118	72-0423889	501C3	66,750.				GRANT TO SUPPORT PROGRAM
(9) THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501C3	182,703.				GRANT AWARD
(10) THE CAMPAIGN TO KEEP GUNS OFF CAMPUS BOX 658, CROTON FALLS, NY 10519	46-5621817	501C3	50,000.				GRANT AWARD
(11) THE COMMUNITY BASED PUBLIC SAFETY COLLECTIV 377 S HARRISON ST EAST ORANGE, NJ 07801	82-1719128	501C3	65,000.				GRANT AWARD AWARD
(12) THE HOSPICE OF DAYTON, INCORPORATED 324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501C3	218,500.				GRANT AWARD

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

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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) THE JAMAICA HOSPITAL 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	11-1631788	501C3	10,000.				GRANT AWARD
(2) THE LEADERSHIP ACADEMY, INC. 10-27 46TH AVENUE QUEENS, NY 11101	03-0503570	501C3	10,000.				SPONSORSHIP
(3) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501C3	600,000.				GRANT TO SUPPORT PROGRAM
(4) THE SALVATION ARMY WORLD SERVICE OFFICE 615 SLATERS LANE ALEXANDRIA, VA 22314	13-2923701	501C3	87,259.				WORKPLACE GIVING
(5) THE VOTER PROJECT FUND 1735 MARKET ST PHILADELPHIA, PA 19103	86-3082391	501C3	850,000.				GRANT TO SUPPORT PROGRAM
(6) THINK OF US 700 PENNSYLVANIA AVE WASHINGTON, DC 20003	82-1157215	501C3	500,000.				GRANT TO SUPPORT PROGRAM
(7) THIRD WAY INSTITUTE 1025 CONNECTICT AVE NW WASHINGTON, DC 20036	26-0535276	501C3	50,000.				GRANT TO SUPPORT PROGRAM
(8) TIDES CENTER P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501C3	152,500.				GRANT AWARD
(9) TRACE MEDIA INC. PO BOX 24532 BROOKLYN, NY 11202	47-4175513	501C3	100,000.				GRANT AWARD
(10) TRUST & SAFETY FOUNDATION 2021 FILLMORE ST, SAN FRANCISCO, CA 94115	85-3428040	501C3	10,000.				GRANT AWARD
(11) TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501C3	350,000.				GRANT AWARD
(12) UCSF-REGENTS OF UCA 490 ILLINOIS STREET SAN FRANCISCO, CA 94158	94-6036493	501C3	30,198.				GRANT AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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) UNDP MULTI-PARTNER TRUST FUND OFFICE 304 EAST 45TH STREET NEW YORK, NY 07657			1,175,200.				GENERAL AWARD
(2) UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501C3	211,604.				WORKPLACE GIVING
(3) UNION OF CONCERNED SCIENTISTS TWO BRATTLE SQUARE CAMBRIDGE, MA 02138	04-2535767	501C3	250,000.				GRANT TO SUPPORT PROGRAM
(4) UNITARIAN UNIVERSALIST SERVICE 689 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-6186012	501C3	9,332.				WORKPLACE GIVING
(5) UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-5562279		65,523.				WORKPLACE GIVING
(6) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FDN 2001 THE EMBARCADERO	94-2829914	501C3	75,000.				GRANT TO SUPPORT PROGRAM
(7) UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501C3	249,831.				GRANT AWARD
(8) UNRWA USA NATIONAL COMMITTEE INC. PO BOX 18697 WASHINGTON, DC 20036	20-2714426	501C3	14,179.				WORKPLACE GIVING
(9) UPSWELL LLC 6523 CALIFORNIA AVE SW SEATTLE, WA 98136	82-5088110		1,463,759.				GRANT AWARD
(10) URBAN STRATEGIES, LLC 2341 9TH STREET S ARLINGTON, VA 22204	51-0443590		463,080.				GRANT AWARD
(11) UTEC CENTER FOR EXCELLENCE 35 WARREN ST. #3 LOWELL, MA 01852	38-3669532	501C3	10,000.				GRANT AWARD
(12) WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BOULEVARD CLAYTON, MO 63105	43-0653611	501C3	248,832.				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

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?

YesNo
- 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) WATER FOR PEOPLE							
7100 BELLEVIEW GREENWOOD VILLEGE, CO 80111	84-1166148	501C3	33,553.				WORKPLACE GIVING
(2) WAVE EDUCATIONAL FUND, INC.							
4100 W RIVER LANE MILWAUKEE, WI 53209	39-1917076	501C3	50,000.				GRANT AWARD
(3) WILLIAM J. BRENNAN JR. CENTER FOR JUSTICE							
120 BROADWAY SUITE 1750 NEW YORK, NY 10271	13-3839293	501C3	25,000.				GRANT AWARD
(4) WOMEN DONORS NETWORK							
PO BOX 2930 SAN FRANCISCO, CA 94126	05-0542397	501C3	100,000.				GRANT TO SUPPORT PROGRAM
(5) WOMEN FOR WOMEN INTERNATIONAL							
2000 M STREET WASHINGTON, DC 20036	52-1838756	501C3	15,045.				WORKPLACE GIVING
(6) WORLD BICYCLE RELIEF NFP							
550 WEST VAN BUREN ST CHICAGO, IL 60607	54-0907624	501C3	6,410.				WORKPLACE GIVING
(7) WORLD FOOD PROGRAM USA							
1750 H ST. NW, WASHINGTON, DC 20006	94-3139952	501C3	51,838.				WORKPLACE GIVING
(8) WORLD RENEW							
8970 BYRON COMMERCE BYRON CENTER, MI 49315	38-1708140	501C3	8,672.				WORKPLACE GIVING
(9) WORLD VISION							
34834 WEYERHAUSER WAY FEDERAL WAY, WA 98001	95-1922279	501C3	72,980.				WORKPLACE GIVING
(10) YALE UNIVERSITY							
2 WHITNEY AVENUE NEW HAVEN, CT 06510	06-0646973	501C3	52,500.				GRANT AWARD
(11) YOUTH SERVICE AMERICA							
PO BOX 65525 WASHINGTON, DC 20035	52-1500870	501C3	20,000.				GRANT TO SUPPORT PROGRAM
(12) GLO DEVELOPMENT FOUNDATION INC.							
462 ANDOVER STREET SAN FRANCISCO, CA 94110	92-0333623		1,650,000.				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

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

2023

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) THE FAIRNESS PROJECT 2300 18TH ST NW #21337 WASHINGTON, DC 20009	37-1779557	501C4	500,000.				GRANT AWARD
(2)							
(3)							
(4)							
(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

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

Schedule I (Form 990) 2023

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	461	962,717.			
2 GRANT AWARDS	18	42,500.			
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

2023

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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	(i)	463,075.	100,000.	NONE	9,900.	20,351.	593,326.	NONE
1 PRESIDENT AND CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRITTANY CRAIG	(i)	163,307.	17,500.	488.	5,021.	17,736.	204,052.	NONE
2 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHANIE SCHOLZ	(i)	185,533.	27,500.	488.	6,677.	31,113.	251,311.	NONE
3 VP HR & ADMINISTRATION	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARA ENRIQUE LOMELIN	(i)	232,561.	5,000.	1,800.	7,287.	30,811.	277,459.	NONE
4 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHERINE HUBBARD	(i)	322,045.	NONE	2,400.	9,573.	26,507.	360,525.	NONE
5 FISCAL SPONSORS MANAGEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WAYNE JONAS	(i)	287,289.	15,000.	863.	8,651.	1,972.	313,775.	NONE
6 MANAGING DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID PARK	(i)	226,853.	11,180.	2,400.	6,563.	23,217.	270,213.	NONE
7 FISCAL SPONSORS MANAGEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALEXANDER SCHULTZ	(i)	212,500.	NONE	NONE	6,000.	10,893.	229,393.	NONE
8 FISCAL SPONSORS MANAGEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRISTINA HADDEN	(i)	162,916.	27,500.	488.	5,915.	28,035.	224,854.	NONE
9 MANAGING DIR., FINANCE & ACCTG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NATHANIEL HELLER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 VP & MANAGING DIRECTOR	(ii)	299,343.	40,000.	200.	8,250.	25,569.	373,362.	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 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

2023

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Inspection**

Employer identification number

52-1273585

PART III, LINE 4D:

IN-COUNTRY PROGRAM DESIGN AND DELIVERY SERVICES:

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

PART VI, SECTION A, LINE 4:

GLOBAL IMPACT AMENDED ITS BYLAWS FOR CLARIFYING THE BOARD SECRETARY'S
ROLE AND MEANS FOR HOLDING MEETINGS AND COMMUNICATIONS.

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

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.

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52-1273585

INTEREST SEEMS EVEN REMOTELY POSSIBLE, THE PERSON(S) POTENTIALLY INVOLVED
REMOVES HIMSELF/HERSELF (THEMSELVES) FROM ANY PROCESS LEADING TO
RECOMMENDATIONS OR DECISION-MAKING RELATING TO MATTERS IN WHICH A
CONFLICT MAY EXIST.

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:

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FROM THE FUNDER.
ADDITIONALLY, THE ANNUAL REPORTS 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, 2023.

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	839,004.
MAKEMATIC LIMITED 13 PUMP STREET DERRY LONDON DERRY UNITED KINGDOM BT486JG	VIDEO PRODUCTION	362,111.
OPEN DATA SERVICES CO-OPERATIVE LIMITED 1ST FL HOLYOAKE HOUSE, HANOVER STREET MANCHESTER UNITED KINGDOM M60 0AS	CONSULTING SERVICES	267,846.
EDUFLACK STRATEGIES 85 WARWICK RD, WEST WINDSOR, NJ 08550	CONSULTING SERVICES	232,810.
BMJ PUBLISHING GROUP LTD. BMA HOUSE TAVISTOCK SQUARE, LONDON UNITED KINGDOM WC1H9JR	MEDIA BUY	206,985.

Name of the organization

Employer identification number

GLOBAL IMPACT**52-1273585**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
CONSULTING	13,869,029.	13,846,378.	21,833.	818.
IT CONSULTING	502,993.	502,171.	792.	30.
SHARED SERVICES	258,374.	257,952.	407.	15.
RECRUITING	115,604.	115,415.	182.	7.
PAYROLL FEES	61,574.	61,473.	97.	4.
TEMP HELP	35,220.	35,163.	55.	2.
TOTALS	-----	-----	-----	-----
	14,842,794.	14,818,552.	23,366.	876.
	=====	=====	=====	=====

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	475,376.	794,322.
 TOTALS	 ----- 475,376. =====	 ----- 794,322. =====

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	1,659,146.	1,822,157.	FMV
TOTALS	----- 1,659,146. =====	----- 1,822,157. =====	

Name of the organization

Employer identification number

GLOBAL IMPACT**52-1273585**

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	767,072.	1,496,779.
 TOTALS	 ----- 767,072. =====	 ----- 1,496,779. =====

**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

2023

**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) 2023

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	244,266.	6,387,879.	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.	D	353,764.	ACTUAL
(2) GENEVA GLOBAL INC.	L	400,051.	ACTUAL
(3) GENEVA GLOBAL INC.	M	833,581.	ACTUAL
(4) GENEVA GLOBAL INC	N,O	546,302.	ACTUAL
(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.
