

Return of Organization Exempt From Income Tax

2024

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2024** calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>GLOBAL IMPACT</u>		D Employer identification number <u>52-1273585</u>
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
	<u>2300 N. STREET, NW</u>		<u>501A</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>WASHINGTON, DC 20037</u>		G Gross receipts \$ <u>295,022,435.</u>

F Name and address of principal officer: <u>SCOTT JACKSON</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>2300 N. STREET, NW SUITE 501A, WASHINGTON, DC 20037</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions.
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J Website: <u>WWW.CHARITY.ORG</u>	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>1981</u>	M State of legal domicile: <u>DC</u>
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Part I Summary


1 Briefly describe the organization's mission or most significant activities: GLOBAL IMPACT BUILDS PARTNERSHIPS AND RESOURCES FOR THE WORLD'S MOST VULNERABLE PEOPLE.

Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u> <u>17</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u> <u>16</u>
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<u>5</u> <u>209</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u> <u>18</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u> <u>58,035.</u>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u>7b</u> <u>NONE</u>

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>139,678,456.</u>	<u>274,314,219.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>9,169,284.</u>	<u>10,389,935.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,220,890.</u>	<u>4,651,330.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>354,152.</u>	<u>1,002,283.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>152,422,782.</u>	<u>290,357,767.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>79,615,860.</u>	<u>72,207,851.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>21,369,348.</u>	<u>31,023,692.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>226,453.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>25,180,720.</u>	<u>44,115,118.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>126,165,928.</u>	<u>147,346,661.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>26,256,854.</u>	<u>143,011,106.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>137,728,810.</u>	<u>283,555,029.</u>
	21 Total liabilities (Part X, line 26)	<u>17,307,695.</u>	<u>21,159,529.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>120,421,115.</u>	<u>262,395,500.</u>

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		<u>28 APR 2026</u>
	Signature of officer	Date
	<u>SCOTT JACKSON</u>	<u>PRESIDENT AND CEO</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>ISRAEL TANNENBAUM</u>	<u>ISRAEL TANNENBAUM</u>	<u>04/20/2026</u>		<u>P01589203</u>
	Firm's name <u>WITHUMSMITH+BROWN, PC</u>	Firm's EIN <u>22-2027092</u>	Phone no. <u>732-828-1614</u>		

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** (2024)

Part III Statement of Program Service Accomplishments

Check 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 \$ 1,280,764. including grants of \$ NONE) (Revenue \$ 1,907,781.)

SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 3,042,317. including grants of \$ 4,622,258.) (Revenue \$ 5,200,133.)

SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 138,628,728. including grants of \$ 67,585,593.) (Revenue \$ 4,789,968.)

SEE SCHEDULE O

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

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

4e Total program service expenses 142,951,809.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 209		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JSA 703-717-5200

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

Check if Schedule O contains a response or note to any line in this Part VII 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	41.00 NONE	X		X				621,393.	NONE	31,360.
(2) NATHANIEL HELLER VP & MANAGING DIRECTOR	40.00 NONE			X				NONE	350,693.	34,761.
(3) KATHERINE HUBBARD FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		332,913.	NONE	41,303.
(4) WAYNE JONAS MANAGING DIRECTOR	40.00 NONE					X		319,200.	NONE	12,684.
(5) DAVID PARK FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		274,185.	NONE	47,345.
(6) SARA ENRIQUE LOMELIN EXECUTIVE DIRECTOR	40.00 NONE					X		267,847.	NONE	41,850.
(7) STEPHANIE SCHOLZ VP HR & ADMINISTRATION	40.00 NONE			X				260,056.	NONE	40,497.
(8) WILLIAM WATTERSON FISCAL SPONSORS MANAGEMENT	40.00 NONE					X		265,000.	NONE	24,518.
(9) CHRISTINA HADDEN MANAGING DIR., FINANCE & ACCTG	40.00 NONE			X				235,350.	NONE	37,971.
(10) BRITTANY CRAIG MANAGING DIRECTOR	40.00 NONE					X		191,241.	NONE	24,705.
(11) ANITA WHITEHEAD CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(12) SARAH DEGنان 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) DAVID WU SECRETARY (EFF. 3/20/2025)	2.00 NONE	X		X				NONE	NONE	NONE

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) KATHRYN COMPTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(17) LISA TREVINO CUMMINS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) STAN HARRELL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) VEENA JAYADEVA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) CHRISTIN MCCLAVE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) CHARLES OWUBAH DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(22) CHRIS SA PAGITSAS DIRECTOR (EFF. 11/14/2024)	1.00 NONE	X						NONE	NONE	NONE
(23) STEVE POLO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) KENNETH SCHANER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(25) KAREN WAWRZASZEK DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								2,767,185.	350,693.	336,994.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,767,185.	350,693.	336,994.

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 ▶ 55

	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>	3	
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>	4	
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>	5	

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 VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	3,452,932.				
	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	270,861,287.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			274,314,219.			
Program Service Revenue	2a	MANAGEMENT FEES	Business Code	900099	3,434,346.	3,434,346.		
	b	CFC OUTREACH COORDINATOR FEES		900099	1,990,421.	1,990,421.		
	c	ADVISORY SERVICES		900099	1,776,192.	1,456,584.	319,608.	
	d	COOPERATIVE ADVERTISING REIMB		900099	1,759,514.	1,759,514.		
	e	ADMIN CHARGES FOR RAISING FUNDS		900099	1,428,702.	1,428,702.		
	f	All other program service revenue		900099	760.	760.		
	g	Total. Add lines 2a-2f			10,389,935.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			4,651,330.		-261,573.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	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	7a	(i) Securities	(ii) Other			
						4,664,668.		
	b	Less: cost or other basis and sales expenses . .	7b			4,664,668.		
	c	Gain or (loss)	7c					
d	Net gain or (loss)			NONE		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	11a	OTHER MISCELLANEOUS INCOME	Business Code	900099	1,002,283.	1,002,283.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				1,002,283.		
12	Total revenue. See instructions				290,357,767.	11,072,610.	58,035.	

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]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Fundraising Campaign Materials.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	92,128,798.	1	179,792,701.
	2 Savings and temporary cash investments.	NONE	2	NONE
	3 Pledges and grants receivable, net	36,586,578.	3	92,135,802.
	4 Accounts receivable, net	1,813,359.	4	3,229,570.
	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	794,322.	9	1,558,571.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,599,455.		
	b Less: accumulated depreciation.	10b 2,438,145.		
	11 Investments - publicly traded securities.	196,707.	10c	161,310.
	12 Investments - other securities. See Part IV, line 11	1,822,157.	11	2,018,448.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	3,830,402.	13	3,162,029.
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	556,487.	15	1,496,598.	
	137,728,810.	16	283,555,029.	
Liabilities	17 Accounts payable and accrued expenses.	5,029,106.	17	8,422,733.
	18 Grants payable	8,636,089.	18	8,692,404.
	19 Deferred revenue	1,496,779.	19	516,427.
	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	NONE	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	2,145,721.	25	3,527,965.
	26 Total liabilities. Add lines 17 through 25.	17,307,695.	26	21,159,529.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	15,710,282.	27	14,759,591.
	28 Net assets with donor restrictions.	104,710,833.	28	247,635,909.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	120,421,115.	32	262,395,500.
33 Total liabilities and net assets/fund balances.	137,728,810.	33	283,555,029.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	290,357,767.
2	Total expenses (must equal Part IX, column (A), line 25)	2	147,346,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	143,011,106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,421,115.
5	Net unrealized gains (losses) on investments	5	-511,960.
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	-524,761.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	262,395,500.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

**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

2024

**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) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,891,500.	42,653,861.	139,678,456.	138,369,528.	274,314,219.	650,907,564.
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	55,891,500.	42,653,861.	139,678,456.	138,369,528.	274,314,219.	650,907,564.
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).						88,945,660.
6 Public support. Subtract line 5 from line 4						561,961,904.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	55,891,500.	42,653,861.	139,678,456.	138,369,528.	274,314,219.	650,907,564.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	47,053.	59,513.	47,821.	66,026.	62,653.	283,066.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	219,136.	348,900.	NONE	NONE	NONE	568,036.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	840,719.	451,629.	91,513.	354,152.	1,002,283.	2,740,296.
11 Total support. Add lines 7 through 10						654,498,962.
12 Gross receipts from related activities, etc. (see instructions)					12	45,381,651.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	85.86 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	91.00 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)

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

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 <p style="text-align: center;">GLOBAL IMPACT</p>	Employer identification number <p style="text-align: center;">52-1273585</p>
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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 <hr/> <hr/> <hr/>	\$ 54,989,862.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 24,796,973.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 16,742,362.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
4	N/A <hr/> <hr/> <hr/>	\$ 15,410,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
5	N/A <hr/> <hr/> <hr/>	\$ 10,533,673.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
6	N/A <hr/> <hr/> <hr/>	\$ 10,496,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">GLOBAL IMPACT</p>	Employer identification number <p style="text-align: center;">52-1273585</p>
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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	\$ 7,355,000.	Person <input 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.)
_____	_____	\$ _____	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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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 EINs 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) 2024

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.		
IF the amount on line 1e, column (a) or (b), is: THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Part IV Supplemental Information (continued)

SCHEDULE C, LINE 1F

THE ORGANIZATION PROVIDED GENERAL PURPOSE GRANTS TO TWO SECTION 501(C)(4) ADVOCACY ORGANIZATIONS: GLOBAL IMPACT SOCIAL WELFARE FUND (\$3,000,000) AND THE FAIRNESS PROJECT (\$3,775,000). THESE GRANTS WERE RESTRICTED TO LOBBYING AND OTHER NONPOLITICAL ACTIVITY.

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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., 1b 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., 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.

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

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?
- (ii)** Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		730,015.	730,015.	NONE
d Equipment		506,537.	463,139.	43,398.
e Other		1,362,903.	1,244,991.	117,912.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				161,310.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) DEFERRED RENT	1,301,997.
(3) CAMPAIGN FUNDS PAYABLE TO MEMBERS	2,225,968.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	
	3,527,965.

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 XIII Supplemental Information (continued)

FORM 990, PART X, LINE 2:

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

GLOBAL IMPACT IS TAXED ON UNRELATED BUSINESS INCOME AND HAS UNRELATED BUSINESS INCOME FROM ADVISORY SERVICES AND INCOME FROM GENEVA GLOBAL. GENEVA GLOBAL IS CLASSIFIED AS AN S CORPORATION FOR U.S. INCOME TAX PURPOSES. AS SUCH, INCOME FROM GENEVA GLOBAL 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, 2025 AND 2024, 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, 2025 AND 2024 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

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

**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) SUB-SAHARAN AFRICA			GRANTMAKING		3,963,176.
(2) EUROPE			GRANTMAKING		11,171,205.
(3) NORTH AMERICA			GRANTMAKING		642,889.
(4) SOUTH AMERICA			GRANTMAKING		234,205.
(5) SOUTH ASIA			GRANTMAKING		2,504,639.
(6) CENTRAL AMERICA/CARIBBEAN			GRANTMAKING		126,761.
(7) EAST ASIA AND THE PACIFIC			GRANTMAKING		167,088.
(8) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		375,681.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					19,185,644.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					19,185,644.

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

Schedule F (Form 990) (Rev. 12-2024)

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	PROGRAM SUPPORT	2,095,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	23,900.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	50,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	662,000.	WIRE			
(5)			SOUTH ASIA	PROGRAM SUPPORT	562,491.	WIRE			
(6)			SOUTH AMERICA	PROGRAM SUPPORT	171,764.	WIRE			
(7)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	100,000.	WIRE			
(8)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	125,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	800,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	100,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	700,000.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	285,000.	WIRE			
(13)			SOUTH AMERICA	PROGRAM SUPPORT	50,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	1,484,507.	WIRE			
(15)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	340,676.	WIRE			
(16)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	50,000.	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 44

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)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	100,000.	WIRE			
(2)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	540,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	50,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	50,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	82,066.	WIRE			
(6)			NORTH AMERICA	PROGRAM SUPPORT	348,763.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	PROGRAM SUPPORT	100,000.	WIRE			
(8)			SOUTH ASIA	PROGRAM SUPPORT	470,000.	WIRE			
(9)			SOUTH ASIA	PROGRAM SUPPORT	900,000.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	80,680.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	100,000.	WIRE			
(12)			SUB-SAHARAN AFRICA	PROGRAM SUPPORT	14,000.	WIRE			
(13)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	4,000,000.	WIRE			
(14)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	525,613.	WIRE			
(15)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	375,000.	WIRE			
(16)			NORTH AMERICA	PROGRAM SUPPORT	75,000.	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	PROGRAM SUPPORT	1,889,291.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	73,050.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	PROGRAM SUPPORT	200,000.	WIRE			
(4)			NORTH AMERICA	PROGRAM SUPPORT	200,000.	WIRE			
(5)			EAST ASIA/PACIFIC	PROGRAM SUPPORT	35,357.	WIRE			
(6)			NORTH AMERICA	GRANTS AWARD	19,126.	WIRE			
(7)			SOUTH AMERICA	GRANTS AWARD	12,441.	WIRE			
(8)			EUROPE/ICELAND/GREENLAND	GRANTS AWARD	38,599.	WIRE			
(9)			SOUTH ASIA	GRANTS AWARD	420,348.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	GRANTS AWARD	26,761.	WIRE			
(11)			EAST ASIA/PACIFIC	GRANTS AWARD	31,731.	WIRE			
(12)			MIDDLE EAST/NORTH AFRICA	GRANTS AWARD	375,681.	WIRE			
(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) TRAVEL GRANT	SUB-SAHARAN AFRICA	5	4,900.	WIRE			
(2) TRAVEL GRANT	SOUTH ASIA	1	1,800.	WIRE			
(3) GRANT AWARDS	EUROPE/ICELAND/GREENLAND	2	175,000.	WIRE			
(4) GRANT AWARDS	SOUTH ASIA	1	150,000.	WIRE			
(5) GRANT AWARDS	SUB-SAHARAN AFRICA	4	119,500.	WIRE			
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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

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)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1134 IM4US-INTEGRATIVE MEDICINE FOR THE UND PO BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501C3	10,000.				PROGRAM SUPPORT
(2) ABORTION COALITION FOR TELEMEDICINE 224 WEST 35TH STREET NEW YORK, NY 10001	93-3340045	501C3	300,000.				PROGRAM SUPPORT
(3) ABORTION FREEDOM PARTNERSHIP (REPROCARE) 14435C BIG BASIN WAY SARATOGA, CA 95070	84-3867470	501C3	50,000.				PROGRAM SUPPORT
(4) ACTION FOR THE CLIMATE EMERGENCY 529 MAIN STREET CHARLESTOWN, MA 02129	26-3106566	501C3	400,000.				PROGRAM SUPPORT
(5) ADVANCE PEACE 2163 MEEKER AVE #227 RICHMOND, CA 94804	81-3858984	501C3	50,000.				PROGRAM SUPPORT
(6) ADVOCATES FOR YOUTH 1325 G STREET, NW WASHINGTON, DC 20005	52-1173590	501C3	150,000.				PROGRAM SUPPORT
(7) AED MEDIA 94 WYCKOFF STREET BROOKLYN, NY 11201	93-3161027		225,000.				PROGRAM SUPPORT
(8) ALLIANCE FOR A BETTER COMMUNITY 201 S FIGUEROA ST LOS ANGELES, CA 90012	31-1760082	501C3	15,000.				PROGRAM SUPPORT
(9) ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION PO BOX 4187 SEATTLE, WA 98194	47-2512998	501C3	75,000.				PROGRAM SUPPORT
(10) AMERICAN ACADEMY OF FAMILY PHYSICIANS FDN 11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211	44-6013671	501C3	125,129.				PROGRAM SUPPORT
(11) AMERICAN INSTITUTES FOR RESEARCH 1400 CRYSTAL DRIVE ARLINGTON, VA 22202	25-0965219	501C3	200,000.				PROGRAM SUPPORT
(12) ASSOCIATION OF CORPORATE CITIZENSHIP PROF. 3936 S. SEMORAN BLVD ORLANDO, FL 32822	20-2426025	501C6	179,104.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 240

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

**Open to Public
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Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE. S. #84810 NEW YORK, NY 10003	83-3011862	501C3	200,000.				PROGRAM SUPPORT
(2) BLACK & BROWN COLLECTIVE, A PROJECT OF COMM 1000 BROADWAY, STE 480 OAKLAND, CA 94607	94-3255070	501C3	50,000.				PROGRAM SUPPORT
(3) BOYS & GIRLS CLUBS OF COLLIN COUNTY 1301 CENTRAL EXPY SOUTH ALLEN, TX 75013	75-1296869	501C3	156,657.				PROGRAM SUPPORT
(4) BRIGID ALLIANCE, INC 105 WEST 86TH STREET NEW YORK, NY 10024	82-3843989	501C3	15,000.				PROGRAM SUPPORT
(5) BROOKLYN MUSEUM 200 EASTERN PARKWAY BROOKLYN, NY 11238	11-1672743	501C3	250,000.				PROGRAM SUPPORT
(6) BUILDERS AND BACKERS STUDIO, LLC 1405 S FERN STREET ARLINGTON, VA 22202	86-2039241		150,300.				PROGRAM SUPPORT
(7) CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES 825 WASHINGTON STREET OAKLAND, CA 94607	45-3127566	501C3	50,000.				PROGRAM SUPPORT
(8) CALIFORNIANS TOGETHER 525 EAST 7TH STREET LONG BEACH, CA 90813	31-1746604	501C3	100,000.				PROGRAM SUPPORT
(9) CALM AMERICA, INC. 1071 WATAUGA RIVER RD SUGAR GROVE, NC 28679	99-1780820	501C3	25,000.				PROGRAM SUPPORT
(10) CANCER KINSHIP 307 PLACENTIA AVE NEWPORT BEACH, CA 92663	87-4802655	501C3	10,000.				PROGRAM SUPPORT
(11) CANCER SUPPORT COMMUNITY 5614 CT AVENUE WASHINGTON, DC 20015	95-4163931	501C3	20,000.				PROGRAM SUPPORT
(12) CAPITAL FOR GOOD USA 2300 N ST, NW WASHINGTON, DC 20037	27-0915757	501C3	250,000.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CARING BRIDGE 3600 AMERICAN BLVD BLOOMINGTON, MN 55431	42-1529394	501C3	60,000.				PROGRAM SUPPORT
(2) CATALYST CALIFORNIA 1910 W SUNSET BLVD LOS ANGELES, CA 90026	95-4835230	501C3	15,000.				PROGRAM SUPPORT
(3) CAUSEMIC LLC 2034 N KILLINGSWORTH ST PORTLAND, OR 97217	47-1480367		52,778.				PROGRAM SUPPORT
(4) CEASEFIRE PENNSYLVANIA EDUCATION FUND 100 SOUTH JUNIPER ST PHILADELPHIA, PA 19109	71-0884697	501C3	575,000.				PROGRAM SUPPORT
(5) CENTER FOR COUNTERING DIGITAL HATE INC. 1250 CONN. AVE, NW WASHINGTON, DC 20036	86-2006080	501C3	50,000.				PROGRAM SUPPORT
(6) CENTER FOR INNOVATION IN FAMILY MEDICINE 20 SEWALL WOODS ROAD MELROSE, MA 02176	56-2571451	501C3	20,300.				PROGRAM SUPPORT
(7) CHINESE FOR AFFIRMATIVE ACTION 17 WALLER LUM PL SAN FRANCISCO, CA 94108	94-2161304	501C3	15,000.				PROGRAM SUPPORT
(8) CHRONIC DISEASE FUND, INC. 2611 INTERNET BLVD FRISCO, TX 75034	61-1462062	501C3	15,000.				PROGRAM SUPPORT
(9) CITIES UNITED P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501C3	80,000.				PROGRAM SUPPORT
(10) CITIZENS FOR A SAFER MINNESOTA 3500 VICKSBURG LANE N. PLYMOUTH, MN 55102	41-1685834	501C4	75,000.				PROGRAM SUPPORT
(11) COALITION TO TRANSFORM ADVANCED CARE 601 MA AVE NORTHWEST WASHINGTON, DC 20001	45-2604332	501C3	139,130.				PROGRAM SUPPORT
(12) COMMON DEFENSE EDUCATION FUND, INC 251 WEST 30TH STREET NEW YORK, NY 10001	87-1262978	501C3	1,000,000.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

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OMB No. 1545-0047

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Employer identification number

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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY JUSTICE P.O. BOX 889385 LOS ANGELES, CA 90088-9385	94-3213100	501C3	60,000.				PROGRAM SUPPORT
(2) COMMUNITY PARTNERS 1000 N ALAMEDA ST LOS ANGELES, CA 90012	95-4302067	501C3	25,000.				PROGRAM SUPPORT
(3) COMMUNITY VIOLENCE LEGAL NETWORK INC 938 E SWAN CREEK RD WASHINGTON, MD 20744	33-4635083	501C4	200,000.				PROGRAM SUPPORT
(4) CONSERVATIVE ENERGY NETWORK 3105 SOUTH LANSING, MI 48910	81-3459199	501C3	250,000.				PROGRAM SUPPORT
(5) COURIER NEWSROOM INC. 101 AVE OF THE AMERICAS NEW YORK, NY 10013	83-4159180		150,000.				PROGRAM SUPPORT
(6) CRHC INC 98 ELECTRIC AVENUE SOMERVILLE, MA 02144	46-1645061	501C3	440,000.				PROGRAM SUPPORT
(7) CROSSROADS GLOBAL VILLAGE (US) LIMITED 1732 1ST AVE.SUITE 26703 NEW YORK, NY 10128	46-5354749	501C3	150,000.				PROGRAM SUPPORT
(8) CT AGAINST GUN VIOLENCE EDUCATION FUND 26 CATOONAH ST RIDGEFIELD, CT 06877	06-1363223	501C3	125,000.				PROGRAM SUPPORT
(9) CULTURETRUST GREATER PHILADELPHIA 1315 WALNUT STREET PHILADELPHIA, PA 19107	46-3109411	501C3	50,000.				PROGRAM SUPPORT
(10) DECARCERATE MIAMI, INC. 1951 NW. 7TH AVE MIAMI, FL 33136	84-4077230	501C3	75,000.				PROGRAM SUPPORT
(11) DELAWARE COALITION AGAINST GUN VIOLENCE 4023 KENNETT PIKE WILMINGTON, DE 19807	38-3914811	501C3	125,000.				PROGRAM SUPPORT
(12) DIGNITY & POWER NOW 3655 SOUTH GRAND AVE LOS ANGELES, CA 90007	46-3064675	501C3	25,000.				PROGRAM SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DKT INTERNATIONAL, INC. 1001 CONN. AVE, NW WASHINGTON, DC 20036	58-1593137	501C3	75,000.				PROGRAM SUPPORT
(2) EDUCATION TRUST, INC 1501 K ST, NW, STE 200 WASHINGTON, DC 20005	52-1982223	501C3	15,000.				PROGRAM SUPPORT
(3) EDWARD CHARLES FOUNDATION - THE ROCKET FDN 269 S. BEVERLY DR BEVERLY HILLS, CA 90212	26-4245043	501C3	20,000.				PROGRAM SUPPORT
(4) END GUN VIOLENCE MICHIGAN 2370 E STADIUM ANN ARBOR, MI 48104	99-1615929	501C3	75,000.				PROGRAM SUPPORT
(5) ENGINEERING IMPACT FUND 908 NORTH WASHTENAW AVE CHICAGO, IL 60622	99-1967923	501C4	500,000.				PROGRAM SUPPORT
(6) ENTERTAIN IMPACT ADVOCACY ALLIANCE INC 287 PARK AVENUE SOUTH NEW YORK, NY 10010	85-2613360	501C4	200,000.				PROGRAM SUPPORT
(7) ENTERTAINMENT 2 AFFECT CHANGE 2410 HYPERION AVENUE LOS ANGELES, CA 90027	46-2660255	501C3	15,000.				PROGRAM SUPPORT
(8) EQUAL JUSTICE USA 44 COURT STREET #1217 BROOKLYN, NY 11201	26-1316408	501C3	50,000.				PROGRAM SUPPORT
(9) ESSIE JUSTICE GROUP 318 HARRISON ST, STE 200 OAKLAND, CA 94607	80-0956021	501C3	25,000.				PROGRAM SUPPORT
(10) FARM TO POWER 23119 MINERVA DRIVE BRAMBLETON, VA 20148	93-3921271	501C3	1,000,000.				PROGRAM SUPPORT
(11) FILMMAKERS COLLABORATIVE INC 145 9TH ST STE 101 SAN FRANCISCO, CA 94103	94-3059140	501C3	75,000.				PROGRAM SUPPORT
(12) FLOOR64, INC. 370 CONVENTION WAY REDWOOD CITY, CA 94063	94-3392450		100,000.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) FLORIDA RISING TOGETHER, INC 10800 BISCAYNE BLVD MIAMI, FL 33161	45-3956785	501C3	10,000.				PROGRAM SUPPORT
(2) FOR THE BREAST OF US 2385 SEMMES STREET ATLANTA, GA 30344	81-0539964	501C3	10,000.				PROGRAM SUPPORT
(3) FOUNDATION FOR NATIONAL PROGRESS 222 SUTTER ST SAN FRANCISCO, CA 94108	94-2282759	501C3	150,000.				PROGRAM SUPPORT
(4) FRIENDS OF SEATTLE WATERFRONT 1201 ALASKAN WAY STE 200 SEATTLE, WA 98101	80-0867356	501C3	50,000.				PROGRAM SUPPORT
(5) FWD.US EDUCATION FUND, INC. 701 8TH STREET, NW WASHINGTON, DC 20001	82-0962378	501C3	500,000.				PROGRAM SUPPORT
(6) GATES PHILANTHROPY PARTNERS PO BOX 23350 SEATTLE, WA 98102	47-3290897	501C3	267,702.				PROGRAM SUPPORT
(7) GEENA DAVIS INSTITUTE ON GENDER IN MEDIA 578 W. WASHINGTON BLVD DEL REY, CA 90292	86-1943473	501C3	120,000.				PROGRAM SUPPORT
(8) GIFFORDS LAW CENTER TO PREVENT GUN VIOLENCE 268 BUSH STREET #555	46-4638549	501C3	50,000.				PROGRAM SUPPORT
(9) GIRLS INC. OF METROPOLITAN DALLAS 2040 EMPIRE CENTRAL DALLAS, TX 75235-4304	75-1305705	501C3	141,657.				PROGRAM SUPPORT
(10) GLASSWING INTERNATIONAL USA, INC. 85 BROAD STREET FLOOR 17 NEW YORK, NY 10004	26-1456470	501C3	333,333.				PROGRAM SUPPORT
(11) GLO DEVELOPMENT FOUNDATION, INC. 447 SUTTER ST SAN FRANCISCO, CA 94108	92-0333623		875,000.				PROGRAM SUPPORT
(12) GLOBAL ACTION ON GUN VIOLENCE INC. 805 15TH STREET, NW WASHINGTON, DC 20005	84-4053494	501C3	75,000.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

**Open to Public
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Employer identification number

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(1) GLOBAL IMPACT SOCIAL WELFARE FUND 2300 N ST, NW WASHINGTON, DC 20037	92-0652730	501C4	5,846,413.				PROGRAM SUPPORT
(2) GREENLIGHT AMERICA 2045 W GRAND AVENUE CHICAGO, IL 60612	92-1803557	501C3	320,000.				PROGRAM SUPPORT
(3) GUNS DOWN AMERICA 611 PENNSYLVANIA AVE WASHINGTON, DC 20003	82-2687652	501C3	200,000.				PROGRAM SUPPORT
(4) HEALTH ACCESS FUND, INC PO BOX 38410 BALTIMORE, MD 21231	88-0640668	501C3	100,000.				PROGRAM SUPPORT
(5) HEALTH RESOURCES IN ACTION-HEALTH ALLIANCE 2 BOYLSTON STREET BOSTON, MA 02116	04-2229839	501C3	50,000.				PROGRAM SUPPORT
(6) HER FOUNDATION 10117 SE SUNNYSIDE RD CLACKAMAS, OR 97015	71-0912435	501C3	25,000.				PROGRAM SUPPORT
(7) HISTORICALLY BLACK COLLEGES & UNIVERSITIES 137 NATIONAL PLAZA OXON HILL, MD 20745	88-0702719	501C3	25,000.				PROGRAM SUPPORT
(8) HOPEWELL FUND 1828 L STREET, NW WASHINGTON, DC 20036	47-3681860	501C3	200,000.				PROGRAM SUPPORT
(9) INNOVATIONS IN REPRODUCTIVE HEALTH ACCESS 1001 46TH STREET EMERYVILLE, CA 94608	86-2767502	501C3	100,000.				PROGRAM SUPPORT
(10) INSTITUTE FOR A PROGRESSIVE NEVADA 2657 WINDMILL PKWY #619 HENDERSON, NV 89074	27-0854852	501C3	50,000.				PROGRAM SUPPORT
(11) INSTITUTE FOR EXCEPTIONAL CARE 1717 K STREET, NW WASHINGTON, DC 20006	85-1278444	501C3	10,000.				PROGRAM SUPPORT
(12) INTEGRATED CENTER FOR GROUP MEDICAL VISITS 360 MERRIMACK STREET LAWRENCE, MA 01843	83-4130457	501C3	10,000.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

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(1) INTER-AMERICAN DEVELOPMENT BANK 1300 NEW YORK AVE WASHINGTON, DC 20577	52-6040854		500,000.				PROGRAM SUPPORT
(2) INTERNATIONAL CARDIO-ONCOLOGY SOCIETY 465 LUCERNE AVE TAMPA, FL 33606	27-2139051	501C3	25,000.				PROGRAM SUPPORT
(3) INTERNATIONAL REFUGEE ASSISTANCE PROJECT ONE BATTERY PRK PLAZA NEW YORK, NY 10004	82-2167556	501C3	583,333.				PROGRAM SUPPORT
(4) IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501C3	150,000.				PROGRAM SUPPORT
(5) IT'S TIME 4 JUSTICE 4435 PROSPECT AVENUE KANSAS CITY, MO 64130	85-3704786	501C3	25,000.				PROGRAM SUPPORT
(6) JACOB KORNBLOTH PRODUCTIONS 10 NORTHAMPTON AVE BERKELEY, CA 94707	81-3118205		120,667.				PROGRAM SUPPORT
(7) JOHNS HOPKINS UNIVERSITY 100 S. CHARLES STREET BALTIMORE, MD 21201	52-0595110	501C3	50,000.				PROGRAM SUPPORT
(8) JUST THE PILL 2038 FORD PKWY SAINT PAUL, MN 55116	85-0868142	501C3	500,000.				PROGRAM SUPPORT
(9) KERN COUNTY SUPERINTENDENT OF SCHOOLS 1300 17TH STREET BAKERSFIELD, CA 93301	95-6000941	501C3	100,000.				PROGRAM SUPPORT
(10) L&J EMPOWERMENT 300 S SPRING STREET LITTLE ROCK, AR 72201	81-2177002	501C3	50,000.				PROGRAM SUPPORT
(11) LIVE FREE USA 1000 BROADWAY, STE 480 OAKLAND, CA 94607	94-3255070	501C3	150,000.				PROGRAM SUPPORT
(12) LOOK2JUSTICE - 2024 3009 NORTH 10TH STREET TACOMA, WA 98406	88-2174179	501C3	75,000.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Employer identification number

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(1) LOS ANGELES FIRE DEPARTMENT FOUNDATION 1700 STADIUM WAY LOS ANGELES, CA 90012	27-2007326	501C3	25,000.				PROGRAM SUPPORT
(2) MA COALITION TO PREVENT GUN VIOLENCE 138 TREMONT STREET BOSTON, MA 02111	84-5092934	501C3	125,000.				PROGRAM SUPPORT
(3) MAINE CITIZENS AGAINST HANDGUN VIOLENCE FDN 14 MAINE STREET BRUNSWICK, ME 04011	01-0533033	501C3	125,000.				PROGRAM SUPPORT
(4) MARCH FOR OUR LIVES PO BOX 3417 NEW YORK, NY 10008	82-4535615	501C4	75,000.				PROGRAM SUPPORT
(5) MATH FOR AMERICA 915 BROADWAY 16TH FFL NEW YORK, NY 10010	20-0651886	501C3	50,000.				PROGRAM SUPPORT
(6) MEMPHIS CENTER FOR REPRODUCTIVE HEALTH 1203 POPLAR AVENUE MEMPHIS, TN 38104	62-0931089	501C3	25,000.				PROGRAM SUPPORT
(7) MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET MERCED, CA 95341	94-6002379	501C5	115,000.				PROGRAM SUPPORT
(8) MHP SALUD 12001 RESEARCH PKWY ORLANDO, FL 32826	38-3092194	501C3	13,500.				PROGRAM SUPPORT
(9) MILKEN INSTITUTE 1250 FOURTH ST SANTA MONICA, CA 90401	95-4240775	501C3	250,000.				PROGRAM SUPPORT
(10) MOMSRISING TOGETHER 12011 BEL-RED ROAD BELLEVUE, WA 98005	20-4448446	501C4	95,000.				PROGRAM SUPPORT
(11) NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVE WASHINGTON, DC 20418	53-0196932	501C3	110,000.				PROGRAM SUPPORT
(12) NATIONAL ASSOCIATION OF COUNTIES RESEARCH 660 N. CAPITOL ST WASHINGTON, DC 20001	53-0241255	501C3	1,204,093.				PROGRAM SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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52-1273585

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(1) NAT'L INSTITUTE FOR CRIMINAL JUSTICE REFORM 4900 SHATTUCK AVENUE 3817 OAKLAND, CA 94609	81-5269212	501C3	80,000.				PROGRAM SUPPORT
(2) NATIONAL NETWORK FOR SAFE COMMUNITIES 230 WEST 41ST STREET NEW YORK, NY 10036	13-1988190	501C3	50,000.				PROGRAM SUPPORT
(3) NATIONAL SUMMER LEARNING ASSOCIATION 1701 PENN. AVENUE WASHINGTON, DC 20006	26-3356271	501C3	36,000.				PROGRAM SUPPORT
(4) NED BIOSYSTEMS, INC. 245 FIRST STREET CAMBRIDGE, MA 02142	26-2337471		42,000.				PROGRAM SUPPORT
(5) NEW VENTURE FUND 1828 L STREET, NW WASHINGTON, DC 20036	20-5806345	501C3	100,000.				PROGRAM SUPPORT
(6) NEW YORK ABORTION ACCESS FUND FDR STATION PO BOX 7569 NEW YORK, NY 10150	06-1610849	501C3	10,000.				PROGRAM SUPPORT
(7) NEWS LITERACY PROJECT 5335 WISCONSIN AVE. NW WASHINGTON, DC 20015	27-4011343	501C3	15,000.				PROGRAM SUPPORT
(8) NEWTON ACTION ALLIANCE FOUNDATION, INC 38 CHARTER RIDGE DRIVE SANDY HOOK, CT 06482	46-2483740	501C3	30,000.				PROGRAM SUPPORT
(9) OAKLAND UNIFIED SCHOOL DISTRICT 1101 UNION ST OAKLAND, CA 94602	94-6000385	501C3	15,000.				PROGRAM SUPPORT
(10) OHIO PROGRESSIVE COLLABORATIVE EDUCATION FD 341 SOUTH 3RD STREET COLUMBUS, OH 43215	82-5116453	501C3	250,000.				PROGRAM SUPPORT
(11) ONE AIM ILLINOIS 1751D WEST HOWARD STREET CHICAGO, IL 60626	82-3786602	501C3	75,000.				PROGRAM SUPPORT
(12) OPEN FUNCTION GROUP INC. 4845 PEARL E. CIRCLE BOULDER, CO 80301	92-3992725		240,480.				PROGRAM SUPPORT

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

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
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(1) OREGON ALLIANCE FOR GUN SAFETY FOUNDATION 4931 SW 76TH AVE BOX 154 PORTLAND, OR 97225	47-1183028	501C3	175,000.				PROGRAM SUPPORT
(2) OREGON STATE UNIVERSITY 1500 SW JEFFERSON AVE CORVALLIS, OR 97331	61-1730890	501C3	127,500.				PROGRAM SUPPORT
(3) PHARE BIO, INC. 303 CONGRESS STREET BOSTON, MA 02210	85-1085804	501C3	200,000.				PROGRAM SUPPORT
(4) PLAN A HEALTH, INC. 700 COLUMBUS AVE NEW YORK, NY 10025	83-2144751	501C3	100,000.				PROGRAM SUPPORT
(5) PLANET REIMAGINED 235 PARK AVE FL 9 NEW YORK, NY 10003	83-1560579	501C3	50,000.				PROGRAM SUPPORT
(6) POLICING EQUITY, INC. 8605 SANTA MONICA HOLLYWOOD, CA 90069	81-4945849	501C3	1,050,000.				PROGRAM SUPPORT
(7) POSSIBILITY LABS (M+A HOTLINE) 1410 FRANKLIN ST SAN FRANCISCO, CA 94109	85-3989363	501C3	250,000.				PROGRAM SUPPORT
(8) POWER CALIFORNIA 360 E 2ND ST, STE 325 LOS ANGELES, CA 90012	77-0651682	501C3	15,000.				PROGRAM SUPPORT
(9) PRIMARY CARE COLLABORATIVE 601 13TH STREET WASHINGTON, DC 20005	26-2012436	501C3	140,236.				PROGRAM SUPPORT
(10) PRO PUBLICA, INC. 155 AVE OF THE AMERICAS NEW YORK, NY 10013	14-2007220	501C3	50,000.				PROGRAM SUPPORT
(11) PRODUCER HUB INC 561 7TH AVENUE NEW YORK, NY 10018	87-2432520	501C3	25,000.				PROGRAM SUPPORT
(12) PROJECT UNLOADED, INC. 1 EAST ERIE STREET CHICAGO, IL 60611	87-4212016	501C3	100,000.				PROGRAM SUPPORT

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

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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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(1) PROTECT ETHICAL PROSECUTORS FOUNDATION 2701 LAWRENCE STREET DENVER, CO 80205	99-0848506	501C3	10,000.				PROGRAM SUPPORT
(2) PROYECTO PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	95-3213958	501C3	15,000.				PROGRAM SUPPORT
(3) PUBLIC DEMOCRACY AMERICA 10001 GEORGETOWN PIKE GREAT FALLS, VA 22066	27-1017781	501C3	75,000.				PROGRAM SUPPORT
(4) PUBLIC SERVICE ALLIANCE GROUP LTD 2810 N. CHURCH ST WILMINGTON, DE 19802	33-3232516		749,000.				PROGRAM SUPPORT
(5) PURCHASER BUSINESS GROUP ON HEALTH PO BOX 45615 SAN FRANCISCO, CA 94145-0615	94-3093623	501C3	275,000.				PROGRAM SUPPORT
(6) RABIN MARTIN 1285 AVE OF AMERICAS NEW YORK, NY 10019	20-0554687		100,000.				PROGRAM SUPPORT
(7) REALIZED WORTH INC 1623 LANCASTER ST BALTIMORE, MD 21231	27-3417347		466,587.				PROGRAM SUPPORT
(8) REGENTS OF THE UNIVERSITY OF CALIFORNIA 632 W 13TH STREET MERCED, CA 95341	94-6002379	501C3	179,790.				PROGRAM SUPPORT
(9) REGENTS OF THE UNIVERSITY OF COLORADO 13001 E 17TH PL RM W1124 AURORA, CO 80045	84-6000555	501C3	249,921.				PROGRAM SUPPORT
(10) RENEWABLE ENERGY FARMERS OF AMERICA INC 800 ROOSEVELT ROAD GLEN ELLYN, IL 60137	33-2321456	501C6	500,000.				PROGRAM SUPPORT
(11) REPRESENTUS EDUCATION FUND, LLC. 296 NONOTUCK ST 3RD FL FLORENCE, MA 01062	26-3088283	501C3	150,000.				PROGRAM SUPPORT
(12) REPROHUB, INC. 4701 SW ADMIRAL WAY SEATTLE, WA 98116	88-4054882	501C3	200,000.				PROGRAM SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROCA, INC. 101 PARK STREET CHELSEA, MA 02150	22-3223641	501C3	150,000.				PROGRAM SUPPORT
(2) ROCK THE VOTE 200 MASS. AVENUE, NW WASHINGTON, DC 20001	02-0767157	501C3	100,000.				PROGRAM SUPPORT
(3) ROCKEFELLER PHILANTHROPY ADVISORS 120 BROADWAY, FLOOR 43 NEW YORK, NY 10271	13-3615533	501C3	75,000.				PROGRAM SUPPORT
(4) SAFE STATES ALLIANCE 5456 PEACHTREE BOULEVARD CHAMBLEE, GA 30341	73-1455152	501C3	100,000.				PROGRAM SUPPORT
(5) SAINT GEORGES EPISCOPAL CHURCH 915 N. OAKLAND STREET ARLINGTON, VA 22203	54-0630773	501C3	23,146.				PROGRAM SUPPORT
(6) SEATTLE ART MUSEUM 1300 1ST AVENUE SEATTLE, WA 98101	91-0640788	501C3	10,000.				PROGRAM SUPPORT
(7) SMITH FARM LTD 1632 U STREET, NW WASHINGTON, DC 20009	56-1077076	501C3	30,000.				PROGRAM SUPPORT
(8) SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM 521 VALLEY WAY MILPITAS, CA 95035	82-1426126	501C3	15,000.				PROGRAM SUPPORT
(9) SOCIAL GOOD FUND, INC. 12651 SAN PABLO RICHMOND, CA 94805	46-1323531	501C3	150,000.				PROGRAM SUPPORT
(10) SOCIETY FOR ADVANCEMENT OF VIOLENCE AND INJ 1400 NORTH PROVIDENCE ROAD MEDIA, PA 19063	42-1475883	501C3	20,000.				PROGRAM SUPPORT
(11) SOUTHERN VISION ALLIANCE P.O. BOX 51698 DURHAM, NC 27701	61-1639641	501C3	10,000.				PROGRAM SUPPORT
(12) STANISLAUS COUNTY OFFICE OF EDUCATION 1100 H STREET MODESTO, CA 95354	94-6002388	501C3	100,000.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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- 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 PROJECT 77 SANDS STREET BROOKLYN, NY 11201	52-2003442	501C3	75,000.				PROGRAM SUPPORT
(2) STATE LEADERSHIP PROJECT PO BOX 223 RALEIGH, NC 27602	83-4006980	501C3	180,000.				PROGRAM SUPPORT
(3) STAYING ALIVE FOUNDATION, INC. 1515 BROADWAY NEW YORK, NY 10036	20-0957052	501C3	215,000.				PROGRAM SUPPORT
(4) STILL RISE 1229 SLOTTER ROAD PERKASIE, PA 18944	87-0948682	501C3	10,000.				PROGRAM SUPPORT
(5) SUPPORTING INITIATIVES TO REDISTRIBUTE 440 NORTH BARRANCA AVENUE COVINA, CA 91723	27-1103057	501C3	1,250,000.				PROGRAM SUPPORT
(6) TAYLOR MADE RE-ENTRY 743 7TH STREET GRAND RAPIDS, MI 49504	88-4384737	501C3	75,000.				PROGRAM SUPPORT
(7) TEACH PLUS 1 BEACON ST, 15TH FLOOR BOSTON, MA 02108	26-3849472	501C3	15,000.				PROGRAM SUPPORT
(8) TEACHERS COLLEGE, COLUMBIA UNIVERSITY 525 WEST 120TH STREET NEW YORK, NY 10027	13-1624202	501C3	30,000.				PROGRAM SUPPORT
(9) TEMPLE UNIVERSITY 1803 N BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501C3	500,000.				PROGRAM SUPPORT
(10) TEXAS GUN SENSE PO BOX 92722 AUSTIN, TX 78709	46-2247262	501C3	75,000.				PROGRAM SUPPORT
(11) THE ADMINISTRATORS OF THE TULANE EDUCATIONA 7029 FRERET STREET NEW ORLEANS, LA 70118	72-0423889	501C3	1,000,000.				PROGRAM SUPPORT
(12) THE BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501C3	300,000.				PROGRAM SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE CAMPAIGN TO KEEP GUNS OFF CAMPUS BOX 658 CROTON FALLS, NY 10519	46-5621817	501C3	100,000.				PROGRAM SUPPORT
(2) THE CATHOLIC CHARITIES OF THE DIOCESE 200 N GLEBE RD STE 250 ARLINGTON, VA 22203	54-0515706	501C3	14,000.				PROGRAM SUPPORT
(3) THE COMMUNITY BASED PUBLIC SAFETY COLLECTIV 377 S HARRISON ST EAST ORANGE, NJ 07801	82-1719128	501C3	50,000.				PROGRAM SUPPORT
(4) THE COUNCIL ON STRATEGIC RISKS 1025 CONN. AVENUE, NW WASHINGTON, DC 20036	82-3106472	501C3	75,000.				PROGRAM SUPPORT
(5) THE CSPN PO BOX 638 DEMING, WA 98244	33-4774795	501C3	7,000.				PROGRAM SUPPORT
(6) THE CURATORS OF THE UNIVERSITY OF MISSOURI ONE UNIVERSITY BLVD SAINT LOUIS, MO 63121	43-6003859	501C3	50,000.				PROGRAM SUPPORT
(7) THE FAIRNESS PROJECT 2300 18TH STREET, NW WASHINGTON, DC 20009	37-1779557	501C4	5,100,000.				PROGRAM SUPPORT
(8) THE GATHERING FOR JUSTICE 121 WEST 36TH STREET NEW YORK, NY 10018	47-2966777	501C3	75,000.				PROGRAM SUPPORT
(9) THE HOSPICE OF DAYTON, INCORPORATED 324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501C3	115,000.				PROGRAM SUPPORT
(10) THE HUMAN POTENTIAL L.A.B. INC. PO BOX 2579 NEW PRESTON, CT 06777	99-1643026	501C3	350,000.				PROGRAM SUPPORT
(11) THE JAMAICA HOSPITAL 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	11-1631788	501C3	570,000.				PROGRAM SUPPORT
(12) THE LAVENDER FUND 1120 19TH STREET, NW WASHINGTON, DC 20036	92-1612281	501C3	75,000.				PROGRAM SUPPORT

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GLOBAL IMPACT

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

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

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OMB No. 1545-0047

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Employer identification number

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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.

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(1) THE MISSING PINK BREAST CANCER ALLIANCE INC 6371 COLLINS ROAD JACKSONVILLE, FL 32244	86-3941278	501C3	10,000.				PROGRAM SUPPORT
(2) THE NATURE CONSERVANCY 4245 FAIRFAX DRIVE ARLINGTON, VA 22203	53-0242652	501C3	400,000.				PROGRAM SUPPORT
(3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ONE SHIELDS AVENUE DAVIS, CA 95616	94-6036494	501C3	50,000.				PROGRAM SUPPORT
(4) THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501C3	1,025,000.				PROGRAM SUPPORT
(5) THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501C3	20,000.				PROGRAM SUPPORT
(6) THE UNIVERSITY OF CHICAGO HEALTH LAB 5801 S. ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501C3	198,196.				PROGRAM SUPPORT
(7) THE VOTER PROJECT FUND 1735 MARKET STREET PHILADELPHIA, PA 19103	86-3082391	501C3	550,000.				PROGRAM SUPPORT
(8) THE WOODS FOUNDATION 2647 ROCKY RIDGE LANE BIRMINGHAM, AL 35216	85-2898990	501C3	27,500.				PROGRAM SUPPORT
(9) THINK OF US 700 PENN. AVENUE, SE WASHINGTON, DC 20003	82-1157215	501C3	200,000.				PROGRAM SUPPORT
(10) TRACE MEDIA INC. PO BOX 24532 BROOKLYN, NY 11202	47-4175513	501C3	100,000.				PROGRAM SUPPORT
(11) TRANSGENDER LAW CENTER PO BOX 741803 LOS ANGELES, CA 90074	05-0544006	501C3	75,000.				PROGRAM SUPPORT
(12) TRUSTEES OF COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501C3	300,000.				PROGRAM SUPPORT

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

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Schedule I (Form 990) (Rev. 12-2024)

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Rev. December 2024)

Department of the Treasury
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Name of the organization

GLOBAL IMPACT

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

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(1) TULARE COUNTY OFFICE OF EDUCATION 6200 S MOONEY BLVD VISALIA, CA 93277	94-2191905		100,000.				PROGRAM SUPPORT
(2) UNITE FOR HER 22 EAST KING STREET MALVERN, PA 19355	26-4444438	501C3	10,000.				PROGRAM SUPPORT
(3) UNITED COMMUNITY MINISTRIES 7511 FORDSON ROAD ALEXANDRIA, VA 22306	54-0850780	501C3	10,000.				PROGRAM SUPPORT
(4) UNITED NATIONS FOUNDATION, INC 1750 PENN. AVENUE, NW WASHINGTON, DC 20006	58-2368165	501C3	91,130.				PROGRAM SUPPORT
(5) UNITE-LA, INC 1055 WILSHIRE BLVD LOS ANGELES, CA 90017	82-0576380	501C3	15,000.				PROGRAM SUPPORT
(6) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO, CA 94103	94-6036493	501C3	125,000.				PROGRAM SUPPORT
(7) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7000 FANNIN STREET HOUSTON, TX 77030	74-1761309	501C3	249,982.				PROGRAM SUPPORT
(8) UNIVERSITY OF WASHINGTON 400 GERBERDING HALL SEATTLE, WA 98195	91-6001537	GOVT	250,000.				PROGRAM SUPPORT
(9) URBAN PEACE INSTITUTE 1910 W. SUNSET BLVD LOS ANGELES, CA 90026	36-4816075	501C3	500,000.				PROGRAM SUPPORT
(10) UTEC CENTER FOR EXCELLENCE 35 WARREN STREET LOWELL, MA 01852	38-3669532	501C3	10,000.				PROGRAM SUPPORT
(11) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH STREET RICHMOND, VA 23284	54-6001758	501C3	324,000.				PROGRAM SUPPORT
(12) WAVE EDUCATIONAL FUND, INC. 4100 W RIVER LANE MILWAUKEE, WI 53209	39-1917076	501C3	75,000.				PROGRAM SUPPORT

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**SCHEDULE I
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Rev. December 2024)

Department of the Treasury
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Name of the organization

GLOBAL IMPACT

**Grants and Other Assistance to Organizations,
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(1) WESPAC FOUNDATION 77 TARRYTOWN ROAD WHITE PLAINS, NY 10607	13-3109400	501C3	75,000.				PROGRAM SUPPORT
(2) WESTERN LEADERSHIP INC. 30 NORTH GOULD STREET SHERIDAN, WY 82801	33-4356642	501C3	54,000.				PROGRAM SUPPORT
(3) WILLIAM J. BRENNAN JR. CENTER FOR JUSTICE 120 BROADWAY 17TH FLOOR NEW YORK, NY 10271	13-3839293	501C3	25,000.				PROGRAM SUPPORT
(4) WINWARD FUND 1828 L STREET, NW WASHINGTON, DC 20036	47-3522162	501C3	500,000.				PROGRAM SUPPORT
(5) WOMEN DONORS NETWORK PO BOX 2930 CA SAN FRANCISCO, CA 94126	05-0542397	501C3	140,348.				PROGRAM SUPPORT
(6) WOODSON BRANCH NATURE SCHOOL 14555 US HIGHWAY 25/70 MARSHALL, NC 28753	26-2861397	501C3	24,720.				PROGRAM SUPPORT
(7) WORLD CENTRAL KITCHEN 200 MASS. AVENUE, NW WASHINGTON, DC 20001	27-3521132	501C3	25,000.				PROGRAM SUPPORT
(8) YALE UNIVERSITY 2 WHITNEY AVENUE NEW HAVEN, CT 06510	06-0646973	501C3	249,996.				PROGRAM SUPPORT
(9) YOUTH LEADERSHIP INSTITUTE 1600 BRYANT STREET SAN FRANCISCO, CA 94141	68-0184712	501C3	15,000.				PROGRAM SUPPORT
(10) ZENTROPI, INC 548 MARKET STREET SAN FRANCISCO, CA 94104	33-1788780		80,000.				PROGRAM SUPPORT
(11) ACTION AGAINST HUNGER - USA ONE WHITEHALL STREET NEW YORK, NY 10004	13-3327220	501C3	24,222.				WORKPLACE GIVING
(12) ALIGHT 615 1ST AVE NE MINNEAPOLIS, MN 55413-2681	36-3241033	501C3	15,982.				WORKPLACE GIVING

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
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(1) AMERICAN JEWISH WORLD SERVICE, INC. 45 WEST 36TH STREET NEW YORK, NY 10018	22-2584370	501C3	27,271.				WORKPLACE GIVING
(2) AMERICAN NEAR EAST REFUGEE AID, INC. 1522 K STREET WASHINGTON, DC 20005	52-0882226	501C3	31,796.				WORKPLACE GIVING
(3) AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501C3	40,769.				WORKPLACE GIVING
(4) ASHOKA 1000 WILSON BLVD ARLINGTON, VA 22209	51-0255908	501C3	8,044.				WORKPLACE GIVING
(5) BILL, HILLARY AND CHELSEA CLINTON 55 WEST 125TH STREET NEW YORK, NY 10027	31-1580204	501C3	6,808.				WORKPLACE GIVING
(6) CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501C3	14,543.				WORKPLACE GIVING
(7) CHILDREN INTERNATIONAL P.O. BOX 219055 KANSAS CITY, MO 64121	44-6005794	501C3	16,799.				WORKPLACE GIVING
(8) CHURCH WORLD SERVICE, INC. 28606 PHILLIPS STREET ELKHART, IN 46514	13-4080201	501C3	7,298.				WORKPLACE GIVING
(9) CMMB PO BOX 37041 BOONE, IA 50037-0041	13-5602319	501C3	33,403.				WORKPLACE GIVING
(10) COMPASSION INTERNATIONAL INCORPORATED 12290 VOYAGER PKWY COLORADO SPRINGS, CO	36-2423707	501C3	28,896.				WORKPLACE GIVING
(11) COOPERATIVE FOR ASSISTANCE AND RELIEF 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501C3	43,374.				WORKPLACE GIVING
(12) EPISCOPAL RELIEF AND DEVELOPMENT 815 2ND AVE 7TH FLOOR NEW YORK, NY 10017	73-1635264	501C3	36,421.				WORKPLACE GIVING

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	41-1601449	501C3	62,544.				WORKPLACE GIVING
(2) FINCA INTERNATIONAL, INC. 1101 14TH STREET, NW WASHINGTON, DC 20005	13-3240109	501C3	22,140.				WORKPLACE GIVING
(3) FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501C3	74,651.				WORKPLACE GIVING
(4) GIRL SCOUTS OF THE UNITED STATES 420 FIFTH AVENUE NEW YORK, NY 10018-2798	13-1624016	501C3	16,862.				WORKPLACE GIVING
(5) HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501C3	80,721.				WORKPLACE GIVING
(6) HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLZ NEW YORK, NY 10017	13-5562162	501C3	39,665.				WORKPLACE GIVING
(7) HIAS, INC. PO BOX 97077 WASHINGTON, DC 20090-7077	13-5633307	501C3	34,129.				WORKPLACE GIVING
(8) HOPE FOR HAITI, INC. 1021 5TH AVENUE NORTH NAPLES, FL 34101	59-3564329	501C3	20,097.				WORKPLACE GIVING
(9) HUMAN RIGHTS WATCH, INC. 350 FIFTH AVE NEW YORK, NY 10118	13-2875808	501C3	21,306.				WORKPLACE GIVING
(10) INTERNATIONAL MEDICAL CORPS 1919 SANTA MONICA BLVD SANTA MONICA, CA	95-3949646	501C3	15,156.				WORKPLACE GIVING
(11) INTERNATIONAL ORTHODOX CHRISTIAN PO BOX 17398 BALTIMORE, MD 21297	25-1679348	501C3	31,176.				WORKPLACE GIVING
(12) INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SAN DIEGO, CA 92120	33-0412751	501C3	21,490.				WORKPLACE GIVING

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL RESCUE COMMITTEE, INC. 122 EAST 42ND ST NEW YORK, NY 10168-1289	13-5660870	501C3	150,895.				WORKPLACE GIVING
(2) ISLAMIC RELIEF USA 3655 WHEELER AVENUE ALEXANDRIA, VA 22304	95-4453134	501C3	72,212.				WORKPLACE GIVING
(3) MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501C3	10,165.				WORKPLACE GIVING
(4) MERCY CORPS P.O. BOX 37800 BOONE, IA 50037-4800	91-1148123	501C3	33,896.				WORKPLACE GIVING
(5) OPERATION SMILE, INC. 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453	54-1460147	501C3	37,061.				WORKPLACE GIVING
(6) OXFAM-AMERICA, INC. 77 N. WASHINGTON STREET BOSTON, MA 02114	23-7069110	501C3	58,289.				WORKPLACE GIVING
(7) PARTNERS IN HEALTH A NONPROFIT 888 COMMONWEALTH AVE BOSTON, MA 02215	04-3567502	501C3	35,418.				WORKPLACE GIVING
(8) PRISON FELLOWSHIP INTERNATIONAL 44180 RIVERSIDE PARKWAY LANSLOWNE, VA 20176	51-0247185	501C3	16,674.				WORKPLACE GIVING
(9) PROJECT HOPE 255 CARTER HALL LANE MILLWOOD, VA 22646	53-0242962	501C3	15,265.				WORKPLACE GIVING
(10) REFUGEES INTERNATIONAL 2001 S STREET, NW WASHINGTON, DC 20009	52-1224516	501C3	20,468.				WORKPLACE GIVING
(11) RISE AGAINST HUNGER 615 HILLSBOROUGH STREET RALEIGH, NC 27603	16-1541024	501C3	8,004.				WORKPLACE GIVING
(12) SALVATION ARMY WORLD SERVICE OFFICE 615 SLATERS LANE ALEXANDRIA, VA 22314	13-2923701	501C3	86,398.				WORKPLACE GIVING

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY FAIRFIELD, CT 06825	06-0726487	501C3	131,175.				WORKPLACE GIVING
(2) SEE INTERNATIONAL 5638 HOLLISTER AVE SANTA BARBARA, CA 93117	31-1682275	501C3	9,378.				WORKPLACE GIVING
(3) SIGHTSAVERS INC. ONE BOSTON PLACE STE 2600 BOSTON, MA 02108	47-4657747	501C3	11,601.				WORKPLACE GIVING
(4) UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501C3	201,428.				WORKPLACE GIVING
(5) UNITARIAN UNIVERSALIST SERVICE 130 PROSPECT STREET CAMBRIDGE, MA 02139	04-6186012	501C3	10,721.				WORKPLACE GIVING
(6) UNITED METHODIST COMMITTEE ON RELIEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-5562279	501C3	69,091.				WORKPLACE GIVING
(7) UNRWA USA NATIONAL COMMITTEE INC. P.O. BOX 18697 WASHINGTON, DC 20036	20-2714426	501C3	14,598.				WORKPLACE GIVING
(8) WATER FOR PEOPLE 7100 E BELLEVIEW AVE GREENWOOD VILLAGE, CO	84-1166148	501C3	37,900.				WORKPLACE GIVING
(9) WOMEN FOR WOMEN INTERNATIONAL PO BOX 9224 CENTRAL ISLIP, NY 11722-9224	52-1838756	501C3	17,552.				WORKPLACE GIVING
(10) WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET CHICAGO, IL 60607	20-5080679	501C3	7,487.				WORKPLACE GIVING
(11) WORLD FOOD PROGRAM USA 1725 I STREET, NW WASHINGTON, DC 20006	13-3843435	501C3	49,345.				WORKPLACE GIVING
(12) WORLD RELIEF 7 EAST BALTIMORE STREET BALTIMORE, MD 21202	23-6393344	501C3	9,039.				WORKPLACE GIVING

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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) WORLD RENEW 2850 KALAMAZOO AVE GRAND RAPIDS, MI 49560	38-1708140	501C3	8,904.				WORKPLACE GIVING
(2) WORLD VISION INC. P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501C3	89,919.				WORKPLACE GIVING
(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) (Rev. 12-2024)

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	1	50,000.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

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

**Open to Public
Inspection**

Employer identification number

52-1273585

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **9**

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT JACKSON PRESIDENT AND CEO	(i)	521,393.	100,000.	NONE	10,350.	21,010.	652,753.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 KATHERINE HUBBARD FISCAL SPONSORS MANAGEMENT	(i)	332,913.	NONE	NONE	10,208.	31,095.	374,216.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 NATHANIEL HELLER VP & MANAGING DIRECTOR	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	310,693.	40,000.	NONE	8,250.	26,511.	385,454.	NONE
4 WAYNE JONAS MANAGING DIRECTOR	(i)	309,200.	10,000.	NONE	9,586.	3,098.	331,884.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 DAVID PARK FISCAL SPONSORS MANAGEMENT	(i)	261,778.	12,407.	NONE	8,401.	38,944.	321,530.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SARA ENRIQUE LOMELIN EXECUTIVE DIRECTOR	(i)	257,847.	10,000.	NONE	8,310.	33,540.	309,697.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 STEPHANIE SCHOLZ VP HR & ADMINISTRATION	(i)	225,056.	35,000.	NONE	8,097.	32,400.	300,553.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 WILLIAM WATTERSON FISCAL SPONSORS MANAGEMENT	(i)	200,000.	65,000.	NONE	7,950.	16,568.	289,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 CHRISTINA HADDEN MANAGING DIR., FINANCE & ACCTG	(i)	205,350.	30,000.	NONE	7,348.	30,623.	273,321.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 BRITTANY CRAIG MANAGING DIRECTOR	(i)	173,741.	17,500.	NONE	5,859.	18,846.	215,946.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	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

2024

**Open to Public
Inspection**

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52-1273585

PART III, LINE 4D:

IN-COUNTRY PROGRAM DESIGN AND DELIVERY SERVICES:

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

PART VI, SECTION B, LINE 11B:

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

PART V, SECTION B, LINE 12C:

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2024

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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 JUNE 2025.

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, 2024.

PART XI, LINE 9:

-524,761 PRIOR YEAR FMV PLEDGE ADJUSTMENT.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

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

=====

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

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

FUNDRAISING AND PARTNERSHIP SERVICES: GLOBAL IMPACT PARTNERS AND SUPPORTS NONPROFITS WITH FUNDRAISING STRATEGY, FUNDRAISING IMPLEMENTATION, AND WORKPLACE FUNDRAISING SERVICES TO HELP THEM ACHIEVE THEIR GOALS.

LINE 4B, PROGRAM SERVICE

EMPLOYEE ENGAGEMENT AND CSR SERVICES: GLOBAL IMPACT PARTNERS AND SUPPORTS COMPANIES AND LOCAL, STATE, AND FEDERAL GOVERNMENTS TO PROVIDE CORPORATE GIVING STRATEGIES, WORKPLACE PROGRAM DESIGN, PHILANTHROPIC FUND PROCESSING AND DISTRIBUTION, AND EMPLOYEE ASSISTANCE FUNDS.

LINE 4C, PROGRAM SERVICE

FINANCE AND BUSINESS SERVICES: GLOBAL IMPACT PARTNERS AND SUPPORTS PROJECTS WITH FISCALLY SPONSORED NONPROFIT STATUS, FUNDRAISING SUPPORT AND PROJECT MANAGEMENT, GRANTMAKING DEVELOPMENT AND MANAGEMENT, AND IT AND HR SERVICES.

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Name of the organization

GLOBAL IMPACT

Employer identification number

52-1273585

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RABIN MARTIN P.O BOX 771633 SAINT LOUIS, MO 63177	CONSULTING SERVICES	892,639.
BARINGA CONSULTING LIMITED 62 BUCKINGHAM GATE LONDON ENGLAND UNITED KINGDOM SW1E 6AJ	CONSULTING SERVICES	778,267.
GLOBAL HEALTH STRATEGIES EMERGING ECONOM 18/1, SHAHEED BHAWAN ARUNA ASAF ALI MARG NEW DELHI INDIA 110067	CONSULTING SERVICES	749,200.
GROUP M 7TH & 8TH FLOOR, WING A, THE ORB MUMBAI MAHARASHTRA INDIA 400099	CONSULTING SERVICES	589,568.
GUAJOLOTE LLC 6309 DAHLONEGA ROAD BETHESDA, MD 20816	CONSULTING SERVICES	548,184.

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	29,387,230.	29,176,504.	58,455.	152,271.
IT CONSULTING	721,170.	715,920.	1,447.	3,803.
SHARED SERVICES	298,575.	296,402.	599.	1,574.
RECRUITING	190,438.	189,052.	382.	1,004.
PAYROLL FEES	103,556.	96,504.	6,999.	53.
TEMP HELP	85,162.	84,542.	171.	449.
FISCAL SPONSOR MGMT FEES	76,817.	76,258.	154.	405.
 TOTALS	 ----- 30,862,948. =====	 ----- 30,635,182. =====	 ----- 68,207. =====	 ----- 159,559. =====

Name of the organization

Employer identification number

GLOBAL IMPACT

52-1273585

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSES	794,322.	1,558,571.
TOTALS	----- 794,322. =====	----- 1,558,571. =====

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	1,822,157.	2,018,448.	FMV
TOTALS	1,822,157.	2,018,448.	

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	1,496,779.	516,427.
TOTALS	----- 1,496,779. =====	----- 516,427. =====

**SCHEDULE R
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

GLOBAL IMPACT

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 2300 N. ST, NW, SUITE 501A WASHINGTON, DC 20037	SOCIAL SVCS	PA	501(C)(3)	7	GLOBAL	X	
(2) CAPITAL FOR GOOD 47-5485529 2300 N. ST, NW, SUITE 501A WASHINGTON, DC 20037	SUPPORT ORG	PA	501(C)(3)	7	GLOBAL	X	
(3) CFG IMPACT 46-0549699 2300 N. ST, NW, SUITE 501A WASHINGTON, DC 20037	SUPPORT ORG	PA	501(C)(3)	12- TYPE 1	GLOBAL	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) (Rev. 12-2024)

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	-261,573.	6,282,464.	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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) GENEVA GLOBAL INC.	L	298,575.	ACTUAL
(2) GENEVA GLOBAL INC.	M	746,847.	ACTUAL
(3) GENEVA GLOBAL INC	N,O	688,361.	ACTUAL
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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