

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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 MULTIPLIER		D Employer identification number 91-2166435	
	Doing business as		E Telephone number (415) 421-3774	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	405 14TH STREET		G Gross receipts \$ 34,461,508.	
	City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612-2705		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: LAURA DEATON SAME AS C ABOVE		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		
J Website: WWW.MULTIPLIER.ORG		H(c) Group exemption number ▶		
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: 2001	M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROTECT AND FOSTER A HEALTHY, SUSTAINABLE, RESILIENT AND EQUITABLE WORLD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	600
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	20,782,920.	32,680,192.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	871,940.	1,664,011.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	233,635.	37,365.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,694.	66,275.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,917,189.	34,447,843.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	818,674.	7,141,487.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,697,360.	10,428,125.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,069,789.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,889,723.	7,405,338.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,405,757.	24,974,950.
19 Revenue less expenses. Subtract line 18 from line 12	7,511,432.	9,472,893.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	22,919,471.	34,782,469.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,565,493.	6,955,598.
		18,353,978.	27,826,871.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	LAURA DEATON, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	ALEXIS H. WONG		
Preparer Use Only	Firm's name ▶ LINDQUIST, VON HUSEN & JOYCE LLP	Firm's EIN ▶ 94-1250261	Check if self-employed <input type="checkbox"/> PTIN P00604756
	Firm's address ▶ 301 HOWARD STREET, SUITE 850 SAN FRANCISCO, CA 94105	Phone no. (415) 957-9999	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ACCELERATE IMPACT FOR INITIATIVES FOCUSED ON PROTECTING AND FOSTERING A HEALTHY, SUSTAINABLE, RESILIENT, AND EQUITABLE WORLD.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,145,245. including grants of \$ 247,000.) (Revenue \$ 777,808.) HEALTHY PLANET AND PEOPLE: BIODIVERSE PLANTS AND ANIMALS, INCLUDING HUMANS, LIVE IN BALANCED ECOSYSTEMS THAT PROVIDE THE NUTRIENTS THEY NEED AND A PLACE TO LIVE, GROW AND THRIVE.

4b (Code:) (Expenses \$ 7,062,900. including grants of \$ 1,210,618.) (Revenue \$ 199,314.) SECURE NATURAL RESOURCES: NATURAL RESOURCES ACHIEVE SUSTAINABLE YIELD, KEEP HUMANS AND OTHER SPECIES ALIVE, AND SUPPORT THE WORLD'S ECONOMIES. POLICIES AND PRACTICES ARE IN PLACE TO ENSURE THAT NATURAL RESOURCES ARE NOT DEGRADED OR DEPLETED. AFTER PERIODIC DISTURBANCES WITHIN ECOSYSTEMS, RESOURCES ARE ABLE TO QUICKLY RECOVER OR RETURN TO EQUILIBRIUM.

4c (Code:) (Expenses \$ 10,877,347. including grants of \$ 5,328,134.) (Revenue \$ 581,826.) SUSTAINABLE, EQUITABLE ECONOMIES: WORKERS, THEIR FAMILIES, AND THE COMMUNITIES IN WHICH THEY LIVE ARE SUSTAINED BY ECONOMICALLY HEALTHY LOCAL AND REGIONAL BUSINESSES. INDUSTRIES WITH CORE VALUES THAT REFLECT MINIMAL ENVIRONMENT IMPACT ARE FOSTERED, SUSTAINED AND ENABLED TO THRIVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,072,062. including grants of \$ 355,736.) (Revenue \$ 154,000.)

4e Total program service expenses 22,157,554.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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?	X	
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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
LAURA DEATON - (415) 421-3774
405 14TH STREET, SUITE # 164, OAKLAND, CA 94612

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA DEATON EXECUTIVE DIRECTOR	40.00			X			241,866.	0.	20,352.	
(2) JOHN NORDGREN PROJECT DIRECTOR	40.00				X		180,052.	0.	35,231.	
(3) CYNTHIA KOEHLER PROJECT DIRECTOR	40.00				X		180,000.	0.	6,053.	
(4) DIANE BAILEY PROJECT DIRECTOR	40.00				X		129,095.	0.	33,623.	
(5) SHAHED SELBE PROJECT DIRECTOR	40.00				X		149,411.	0.	11,904.	
(6) KURT SHICKMAN PROJECT DIRECTOR	40.00				X		138,890.	0.	15,273.	
(7) MELISSA BEARD CLACK SECRETARY	1.50	X		X			0.	0.	0.	
(8) RYAN CABINTE TREASURER	1.50	X		X			0.	0.	0.	
(9) JOHN CLAUSSEN CHAIRPERSON	1.50	X		X			0.	0.	0.	
(10) BERND CORDES DIRECTOR	1.00	X					0.	0.	0.	
(11) GUILIA SICCARDO DIRECTOR	1.00	X					0.	0.	0.	
(12) ROBIN NAKAO DIRECTOR	1.00	X					0.	0.	0.	
(13) ASHLEY AHEARN DIRECTOR	1.00	X					0.	0.	0.	
(14) MIRIAM BILLINGER DIRECTOR	1.00	X					0.	0.	0.	
(15) PHIL GOVER DIRECTOR	1.00	X					0.	0.	0.	
(16) JONATHAN BRACK DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal							1,019,314.	0.	122,436.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,019,314.	0.	122,436.	

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 **24**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COUNCIL FIRE LLC, 424 FOURTH STREET, SUITE C2, ANNAPOLIS, MD 21403	PROJECT MANAGEMENT	350,930.
MOONSHOT LLC 5207 PORTSMOUTH ROAD, BETHESDA, MD 20816	PROJECT MANAGEMENT	288,453.
PT MOORES ROWLAND BALI, NO D KUTA, JL, SUNSET ROAD NO100, KUTA, BALI, INDONESIA	PROJECT MANAGEMENT	247,856.
CALIFORNIA ENVIROMENTAL ASSOCIATES, 235 MONTGOMERY ST#950, SAN FRANCISCO, CA 94104	PROJECT ADVISORY	187,581.
ANDREW KRICUM ENVIRONMENTAL CONSULTING 6 PATRIOT COURT, ERIAL, NJ 08081	PROJECT ADVISORY	140,850.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	117,313.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	610,816.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,952,063.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,685.				
	h Total. Add lines 1a-1f		32,680,192.				
Program Service Revenue	2 a FEES FOR SERVICES	Business Code					
		541900	1,376,338.	1,376,338.			
	b PROGRAM PARTICIPATION FEES	900099	167,560.	167,560.			
	c REGISTRATION FEES	900099	111,613.	111,613.			
	d SPONSORSHIP	900099	8,500.	8,500.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,664,011.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,776.			36,776.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		99.			99.	
	6 a Gross rents	6a	(i) Real	12,200.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	12,200.				
	d Net rental income or (loss)		12,200.			12,200.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,254.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	13,665.				
	c Gain or (loss)	7c	589.				
d Net gain or (loss)		589.			589.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER	Business Code					
		900099	41,370.	41,370.			
	b MISC. REIMBURSEMENT	900099	10,635.	5,596.		5,039.	
	c OTHER EVENT INCOME	900099	1,971.	1,971.			
	d All other revenue						
e Total. Add lines 11a-11d		53,976.					
12 Total revenue. See instructions		34,447,843.	1,712,948.	0.	54,703.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,449,644.	6,449,644.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	691,843.	691,843.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,022.		290,022.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,307,583.	6,912,983.	750,619.	643,981.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,923.	131,639.	22,030.	18,254.
9 Other employee benefits	1,029,973.	832,502.	107,910.	89,561.
10 Payroll taxes	628,624.	514,405.	59,944.	54,275.
11 Fees for services (nonemployees):				
a Management	892,855.	892,855.		
b Legal	12,000.	12,000.		
c Accounting	33,500.		33,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,869,030.	4,505,326.	135,913.	227,791.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	370,315.	215,456.	154,741.	118.
17 Travel	175,519.	172,606.	1,503.	1,410.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,858.	45,053.	585.	24,220.
20 Interest	8,833.		8,833.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,191.	2,191.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & EQUIPMENT	722,840.	584,409.	131,862.	6,569.
b OTHER EXPENSE	248,397.	194,642.	50,145.	3,610.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,974,950.	22,157,554.	1,747,607.	1,069,789.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	237,741.	1	34,417.
	2 Savings and temporary cash investments	146,538.	2	245,200.
	3 Pledges and grants receivable, net	4,547,589.	3	7,302,922.
	4 Accounts receivable, net	203,391.	4	682,767.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,407,441.	7	4,105,209.
	8 Inventories for sale or use		8	175,841.
	9 Prepaid expenses and deferred charges	135,549.	9	214,061.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,347.		
	b Less: accumulated depreciation	10b 15,347.	10c	0.
	11 Investments - publicly traded securities	14,086,296.	11	21,888,514.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	152,735.	15	133,538.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,919,471.	16	34,782,469.	
Liabilities	17 Accounts payable and accrued expenses	1,206,327.	17	2,201,449.
	18 Grants payable		18	
	19 Deferred revenue	63,597.	19	153,707.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,286,400.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,295,569.	25	3,314,042.
	26 Total liabilities. Add lines 17 through 25	4,565,493.	26	6,955,598.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,674,962.	27	4,224,143.
	28 Net assets with donor restrictions	14,679,016.	28	23,602,728.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,353,978.	32	27,826,871.
33 Total liabilities and net assets/fund balances	22,919,471.	33	34,782,469.	

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	34,447,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,974,950.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,472,893.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,353,978.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,826,871.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization MULTIPLIER	Employer identification number 91-2166435
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16809399.	17695908.	17257350.	20782920.	32680192.	105225769
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16809399.	17695908.	17257350.	20782920.	32680192.	105225769
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)						33705228.
6 Public support. Subtract line 5 from line 4.						71520541.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	16809399.	17695908.	17257350.	20782920.	32680192.	105225769
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,133.	24,642.	71,661.	244,742.	49,664.	392,842.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,497.	82,969.	25,470.	82,438.	53,976.	263,350.
11 Total support. Add lines 7 through 10						105881961
12 Gross receipts from related activities, etc. (see instructions)					12	4,109,323.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	67.55 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	61.61 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization MULTIPLIER	Employer identification number 91-2166435
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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	<hr/> <hr/> <hr/>	\$ <u>7,226,296.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,266,353.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,505,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,167,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,003,594.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,680,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MULTIPLIER	Employer identification number 91-2166435
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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	<hr/> <hr/> <hr/>	\$ <u>1,325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>665,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MULTIPLIER	Employer identification number 91-2166435
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization	Employer identification number 91-2166435
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MULTIPLIER

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 info. once.) ▶ \$ _____
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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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

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

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

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

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

Name of organization MULTIPLIER	Employer identification number 91-2166435
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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.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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)	4,974.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,789.													
c	Total lobbying expenditures (add lines 1a and 1b)	39,763.													
d	Other exempt purpose expenditures	24,974,950.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	25,014,713.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a	Lobbying nontaxable amount	973,413.	1,000,000.	871,165.	1,000,000.	3,844,578.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,766,867.
c	Total lobbying expenditures	29,202.	4,002.	17,540.	39,763.	90,507.
d	Grassroots nontaxable amount	243,353.	250,000.	217,791.	250,000.	961,144.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,441,716.
f	Grassroots lobbying expenditures	12,325.	2,094.	4,371.	4,974.	23,764.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization MULTIPLIER Employer identification number 91-2166435

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the tax year (2a-2d). Also includes questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for reporting revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		15,347.	15,347.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	8,833.
(3) NOTES PAYABLE	3,305,209.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,314,042.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	34,686,855.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	239,012.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	239,012.
3	Subtract line 2e from line 1	3	34,447,843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	34,447,843.

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

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

1	Total expenses and losses per audited financial statements	1	25,213,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	239,012.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	239,012.
3	Subtract line 2e from line 1	3	24,974,950.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,974,950.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. ORGANIZATION'S FEDERAL AND STATE INFORMATION RETURNS FOR THE YEARS 2016 THROUGH 2019 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

MULTIPLIER

91-2166435

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
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	83,971.
CENTRAL AMERICA & THE CARIBBEAN	0	0	GRANTS		211,560.
EAST ASIA/ PACIFIC	1	3	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	548,014.
EAST ASIA/ PACIFIC	0	0	GRANTS		42,112.
EUROPE	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	5,000.
EUROPE	0	0	GRANTS		123,652.
SOUTH AMERICA	0	3	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	113,357.
SOUTH AMERICA	0	0	GRANTS		205,270.
3 a Subtotal	1	7			1,332,936.
b Total from continuation sheets to Part I	0	1			168,124.
c Totals (add lines 3a and 3b)	1	8			1,501,060.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUBSAHARAN AFRICA	0	1	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	58,874.
SUBSAHARAN AFRICA	0	0	GRANTS		74,250.
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	0.
NORTH AMERICA	0	0	GRANTS		35,000.
Totals		1			168,124.

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)
		SOUTH AMERICA	TO PROMOTE NEW VALUE CHAINS IN ADDITION TO COCOA IN ECUADOR, TO GENERATE ...	130,000.	WIRE	0.		
		NORTH AMERICA	COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL ...	35,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GRANT COVERS STRATEGIC OBJECTIVES OF THE 2020 ACADEMIC YEAR	74,250.	WIRE	0.		
		EUROPE	SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND ...	84,500.	WIRE	0.		
		EUROPE	SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND ...	39,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO SUPPORT COVID-19 RELATED NEEDS OF THE COMMUNITY'S GRANTEE PARTNERS AND ...	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TO SUPPORT COVID-19 RELATED NEEDS OF THE COMMUNITY'S GRANTEE PARTNERS AND ...	20,000.	WIRE	0.		
		SOUTH AMERICA	TO SUPPORT ACQUISITION AND PROTECTION OF LAND IN MADRE DE DIOS ...	75,270.	WIRE	0.		

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 **9**

3 Enter total number of other organizations or entities **9**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & SOUTH AMERICA	TO LEVERAGE LATIN AMERICAN PARTICIPATION IN INTERNATIONAL ...	211,560.	WIRE	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

MULTIPLIER ENTERS INTO AGREEMENTS WITH ORGANIZATIONS LOCATED INTERNATIONALLY. THE AGREEMENTS DOCUMENT SPECIFIC RESPONSIBILITIES RELATED TO THE INDIVIDUAL FIELD PROJECTS AND PROGRESS RELATED TO THE GOALS AND RESPONSIBILITIES IS REPORTED REGULARLY. THE ORGANIZATION VERIFIES THAT THE PROGRESS ON THE GOALS HAS BEEN ACHIEVED IN COMPLIANCE WITH THE AGREEMENTS.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE NEW VALUE CHAINS IN ADDITION TO COCOA IN ECUADOR, TO GENERATE ... SUSTAINABILITY.

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL ... CAPACITY.

REGION: EUROPE

(D) PURPOSE OF GRANT: SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND ... AQUACULTURE IMPROVEMENT.

REGION: EUROPE

(D) PURPOSE OF GRANT: SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND ... AQUACULTURE IMPROVEMENT.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT COVID-19 RELATED NEEDS OF THE

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.

COMMUNITY'S GRANTEE PARTNERS AND ... IN-COUNTRY STAFF.

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: TO SUPPORT COVID-19 RELATED NEEDS OF THE
COMMUNITY'S GRANTEE PARTNERS AND ... IN-COUNTRY STAFF.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT ACQUISITION AND PROTECTION OF LAND IN
MADRE DE DIOS ... REGION OF PERU.

REGION: CENTRAL AMERICA & SOUTH AMERICA

(D) PURPOSE OF GRANT: TO LEVERAGE LATIN AMERICAN PARTICIPATION IN
INTERNATIONAL ... NEGOTIATIONS TOWARDS SUSTAINABLE MARINE STEWARDSHIP AND
FOR COVID-19 COMMUNITY RELIEF.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MULTIPLIER** Employer identification number **91-2166435**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	1,376,776.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
CAPE COD COMMERCIAL FISHERMEN'S ALLIANCE - 1566 MAIN ST - CHATHAN, MA 02633	04-3138784	501(C)(3)	1,162,544.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
THE WAVE FOUNDATION 2000 NE 67TH AVE PORTLAND, OR 97213	84-3224211	501(C)(3)	472,470.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MARTHA'S VINEYARD FISHERMEN'S PRESERVATION TRUST - PO BOX 96 - MENEMSHA, MA 02552	45-3546941	501(C)(3)	456,138.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MAINE COAST FISHERMEN'S ASSOCIATION - 93 PLEASANT ST - BRUNSWICK, ME 04011	13-4337702	501(C)(3)	424,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
REEF FISH CONSERVATION AND EDUCATION FOUNDATION - 1902 WHARF RD - GALVESTON, TX 77550	81-4057000	501(C)(3)	384,028.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50.**

3 Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACT NOW COALITION 340 SOUTH LEMON AVE #6683 WALNUT, CA 91789	85-0613766	501(C)(3)	235,000.	0.			COVID-19 RESPONSE: MEET SURGING DEMAND BY STATES FOR LIVE DASHBOARD; EXPAND COMMUNITY ...
SUSTAINING OUR URBAN LANDSCAPE 4505 S CLAIBORNE AVE, NEW ORLEANS, LA 70125	83-2426653	501(C)(3)	176,909.	0.			SUPPORT DEVELOPMENT OF A RESILIENT AND ENVIRONMENTALLY EQUITABLE NEW ORLEANS BY ...
CAPE COD COMMERCIAL FISHERMEN'S ALLIANCE - 1566 MAIN ST - CHATHAN, MA 02633	04-3138784	501(C)(3)	150,106.	0.			IMPLEMENT STRATEGIES THAT ADVANCE THE LONG-TERM OUTCOME OF IMPROVED ACCOUNTABILITY FOR ...
COASTSIDE HOPE 99 AVE. ALHAMBRA PO BOX 1089 EL GRANADA, CA 94018	51-0199747	501(C)(3)	141,230.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
INNOVATIVE HEALTH SOLUTIONS PO BOX 183 BENICIA, CA 94510-0183	45-3957719	501(C)(3)	100,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	89,334.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION - 4348 WAIALAE AVE #692 - HONOLULU, HI 96816	27-3091938	501(C)(3)	85,000.	0.			SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.
DUKE UNIVERSITY 210 SCIENCE DR DURHAM, NC 27708	56-0532129	501(C)(3)	74,830.	0.			SUPPORT GOVERNANCE OF FISHERIES DATA UNDER MAGNUSON STEVENS AND RELATED DATA LAWS AND ...
MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM - 886 CANNERY ROW - MONTEREY, CA 93940	94-2487469	501(C)(3)	70,198.	0.			SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMERCIAL FISHERMEN OF SANTA BARBARA - 6 HARBOR WAY #155 - SANTA BARBARA, CA 93109	95-2916932	501(C)(3)	65,527.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MONTEREY BAY FISHERIES TRUST 99 PACIFIC ST MONTEREY, CA 93940	47-1978379	501(C)(3)	62,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
EXTRA TABLE 3905 HARDY ST HATTIESBURG, MS 39402	27-3779135	501(C)(3)	54,190.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MOTE CENTER FOR FISHERIES ELECTRONIC MONITORING - 1600 KEN THOMPSON PARKWAY - SARASOTA, FL 34236	59-0756643	501(C)(3)	50,238.	0.			MAP THE NETWORK FROM DATA SOURCES TO END-USER GROUPS IN THE GULF OF MEXICO REGION AND ...
AMERICAN FORESTS 1220 L STREET NW, SUITE 750 WASHINGTON, DC 20005	53-0196544	501(C)(3)	50,000.	0.			TO FUND THE GREENING SOLUTIONS FOR EXTREME HEAT PROJECT
BONNEVILLE ENVIRONMENTAL FOUNDATION - 1500 SW 1ST ST, SUITE 885 - PORTLAND, OR 97201	93-1248274	501(C)(3)	50,000.	0.			TO FUND THE TREELINE - RESILIENT PNW RIPARIAN CLIMATE CORRIDORS PROJECT.
GEOS INSTITUTE 84 FOURTH ST ASHLAND, OR 97520	93-0880205	501(C)(3)	50,000.	0.			TO FUND THE CLIMATE RESILIENCE STRATEGIES DATABASE FOR THE RESILIENCE ECOSYSTEM ...
LOCAL GOVERNMENT COMMISSION 980 9TH ST. #1700 SACRAMENTO, CA 95814	94-2791699	501(C)(3)	50,000.	0.			TO FUND THE EMBEDDING EQUITY IN ADAPTATION PROJECT.
EARTH ECONOMICS 107 N TACOMA AVE TACOMA, WA 98403	20-1843411	501(C)(3)	49,283.	0.			TO FUND THE QUANTIFYING AND MAPPING VALUES AT RISK IN OUR NATIONAL FORESTS PROJECT.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEADWATERS ECONOMICS PO BOX 7059 BOZEMAN, MT 59771	74-3171967	501(C)(3)	40,000.	0.			INCREASE LOCAL CAPACITY FOR NEIGHBORHOOD LEVEL PLANNING TO REDUCE CLIMATE CHANGE.
FAIR TRADE USA 1901 HARRISON ST, SUITE 1700 OAKLAND, CA 94612	41-1848081	501(C)(3)	39,000.	0.			SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.
GULF STATES MARINE FISHERIES COMMISSION - 2404 GOVERNMENT STREET - OCEAN SPRINGS, MS 39564	72-6012779	501(C)(5)	37,915.	0.			ADVANCE ELECTRONIC REPORTING IN THE FOR-HIRE FISHING INDUSTRY ACROSS THE COUNTRY AND ...
NORTHERN ARIZONA UNIVERSITY FOUNDATION INC - PO BOX 4094 - FLAGSTAFF, AZ 86001	86-0193726	501(C)(3)	37,898.	0.			SUPPORT INSTITUTE FOR TRIBAL ENVIRONMENTAL PROFESSIONALS REDESIGNING INTERACTIVE ONLINE ...
CAPE BARNABAS INC 4022 CLIFFSIDE RD KODIAK, AK 99615	14-1963255	501(C)(3)	25,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MOVEMENT STRATEGY CENTER 436 14TH ST #500 OAKLAND, CA 94612	20-1037643	501(C)(3)	25,000.	0.			SUPPORT OF BLACK, INDIGENOUS, AND PEOPLE OF COLOR FARMERS AND LAND STEWARDS IMPACTED BY ...
OUZINKIE COMMUNITY HOLDING INC 4022 CLIFFSIDE RD KODIAK, AK 99615	27-3464977	501(C)(3)	25,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
CONSERVATION INTERNATIONAL - CENTER FOR OCEANS - 2011 CRYSTAL DRIVE, SUITE 600 - ARLINGTON, VA 22202	52-1497470	501(C)(3)	24,744.	0.			FUND THE INTEGRATING SOCIAL RESPONSIBILITY IN FISHERY IMPROVEMENT PROJECTS.
ASPIRATION 1201 THIRD AVE, 40TH FLOOR SEATTLE, WA 98101	91-2106274	501(C)(3)	21,000.	0.			SUPPORT THE CIVIC SCIENCE STORIES PROJECT IN USING THE SCIENCE FUTURES TOOLKIT FOR ...

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVATION INTERNATIONAL - CENTER FOR OCEANS - 2011 CRYSTAL DRIVE, SUITE 600 - ARLINGTON, VA 22202	52-1497470	501(C)(3)	20,000.	0.			TO SUPPORT COVID-19 RELATED NEEDS OF GRANTEE'S LOCAL COMMUNITY PARTNERS.
ENVIRONMENTAL DEFENSE FUND NY 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	20,000.	0.			TO SUPPORT COVID-19 RELATED NEEDS OF GRANTEE'S LOCAL COMMUNITY PARTNERS.
HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY - 1601 EL CAMINO REAL, SUITE 101 - BELMONT, CA 94002	94-3395945	501(C)(3)	20,000.	0.			EDUCATE AFFORDABLE AND MARKET RATE HOUSING DEVELOPERS, COMMUNITY LEADERS AND ...
PLANTING JUSTICE 319 105TH AVE OAKLAND, CA 94603	27-0334905	501(C)(3)	20,000.	0.			TO EMPOWER FORMERLY INCARCERATED PEOPLE WITH THE SKILLS AND RESOURCES FOR FOOD SOVEREIGNTY,...
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION - 4348 WAIALAE AVE #692 - HONOLULU, HI 96816	27-3091938	501(C)(3)	20,000.	0.			TO SUPPORT COVID-19 RELATED NEEDS OF GRANTEE'S LOCAL COMMUNITY PARTNERS.
CONSERVATION INTERNATIONAL - CENTER FOR OCEANS - 2011 CRYSTAL DRIVE, SUITE 600 - ARLINGTON, VA 22202	52-1497470	501(C)(3)	15,000.	0.			SUPPORT FOR INTERIM ADVISORY BOARD LEADERSHIP FOR THE CONSERVATION ALLIANCE FOR SEAFOOD ...
ALASKA MARINE CONSERVATION COUNCIL PO BOX 286 HOMER, AK 99603	92-0155875	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
BELLINGHAM SEAFEAST 4716 FIR TREE WAY BELLINGHAM, WA 98229	81-1297222	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
FOOD ROOTS 113 MAIN AVE TILLAMOOK, OR 97141	20-5371832	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALF MOON BAY COMMERCIAL FISHERIES TRUST - PO BOX 872 - HALF MOON BAY, CA 94019	47-4501396	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MCCLELLANVILLE COMMUNITY FOUNDATION - 405 PINCKNEY ST - MCCLELLANVILLE, SC 29458	85-1454107	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MISSISSIPPI COALITION FOR VIETNAMESE AMERICAN FISHER FOLKS - 1636 POPPS FERRY RD., ST. 223 - BILOXI, MS 39532	46-5088193	501(C)(4)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
MISSISSIPPI COMMERCIAL FISHERIES UNITED, INC - 6421 BEATLINE RD - LONG BEACH, MS 39560	81-2108431	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
NEWPORT FISHERMEN'S WIVES PO BOX 971 NEWPORT, OR 97365	93-6090014	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
PORT OF PORT ORFORD PO BOX 490 PORT ORFORD, OR 97465	93-6013567	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
SAN DIEGO FISHERMEN'S WORKING GROUP - 11103 HIGHWAY 67 - LAKESIDE, CA 92040	27-3978857	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
SOUTH CAROLINA SEAFOOD ALLIANCE 1220 PENNY CIRCLE MT. PLEASANT, SC 29464	01-0633214	501(C)(3)	12,000.	0.			COVID-19 RELIEF TO FISHING COMMUNITIES TO BUILD FISHERY ORGANIZATIONAL CAPACITY.
CONSERVATION INTERNATIONAL - CENTER FOR OCEANS - 2011 CRYSTAL DRIVE, SUITE 600 - ARLINGTON, VA 22202	52-1497470	501(C)(3)	10,323.	0.			UPDATE THE SOCIAL RESPONSIBILITY ASSESSMENT TOOL (SRAT) FOR THE SEAFOOD SECTOR.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITHSONIAN INSTITUTION 1000 JEFFERSON DR SW WASHINGTON, DC 20560	53-0206027	501(C)(3)	5,300.	0.			EMERGENCY RESPONSE TO CARIBBEAN CORAL DISEASE.

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 noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACT NOW COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: COVID-19 RESPONSE: MEET SURGING

DEMAND BY STATES FOR LIVE DASHBOARD; EXPAND COMMUNITY ... MODELERS AND
MODEL MORE INSTRUMENTED POLICY LEVELS AND POTENTIAL IMPACTS.

NAME OF ORGANIZATION OR GOVERNMENT: SUSTAINING OUR URBAN LANDSCAPE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT DEVELOPMENT OF A RESILIENT
AND ENVIRONMENTALLY EQUITABLE NEW ORLEANS BY ... REFORESTING OF THE URBAN

Part IV Supplemental Information

LANDSCAPE.

NAME OF ORGANIZATION OR GOVERNMENT:

CAPE COD COMMERCIAL FISHERMEN'S ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT STRATEGIES THAT ADVANCE THE LONG-TERM OUTCOME OF IMPROVED ACCOUNTABILITY FOR ... DATA MODERNIZATION, INCLUDING IMPROVEMENT OF INDUSTRY ACCESS TO FISHERY-DEPENDENT DATA.

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT GOVERNANCE OF FISHERIES DATA UNDER MAGNUSON STEVENS AND RELATED DATA LAWS AND ... POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT:

MOTE CENTER FOR FISHERIES ELECTRONIC MONITORING

(H) PURPOSE OF GRANT OR ASSISTANCE: MAP THE NETWORK FROM DATA SOURCES TO END-USER GROUPS IN THE GULF OF MEXICO REGION AND ... FIND LINKAGES BETWEEN THE USE OF HUMAN AND ELECTRONICALLY OBSERVED DATA.

NAME OF ORGANIZATION OR GOVERNMENT: GEOS INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE CLIMATE RESILIENCE STRATEGIES DATABASE FOR THE RESILIENCE ECOSYSTEM ... PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT:

GULF STATES MARINE FISHERIES COMMISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCE ELECTRONIC REPORTING IN THE FOR-HIRE FISHING INDUSTRY ACROSS THE COUNTRY AND ... PROMOTE CROSS REGIONAL CONSISTENCY IN DATA COLLECTION AND INTEROPERABILITY AMONG

Part IV Supplemental Information

REGIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN ARIZONA UNIVERSITY FOUNDATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INSTITUTE FOR TRIBAL ENVIRONMENTAL PROFESSIONALS REDESIGNING INTERACTIVE ONLINE ... LEARNING MODULES TO BUILD INDIGENOUS CLIMATE HEALTH SOLUTIONS PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: MOVEMENT STRATEGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF BLACK, INDIGENOUS, AND PEOPLE OF COLOR FARMERS AND LAND STEWARDS IMPACTED BY ... THE COVID-19 PANDEMIC.

NAME OF ORGANIZATION OR GOVERNMENT: ASPIRATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE CIVIC SCIENCE STORIES PROJECT IN USING THE SCIENCE FUTURES TOOLKIT FOR ... DISCUSSIONS RE HOW SCIENCE CAN EVOLVE TO BE MORE INCLUSIVE, EQUITABLE AND IMPACTFUL.

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING LEADERSHIP COUNCIL OF SAN MATEO COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE AFFORDABLE AND MARKET RATE HOUSING DEVELOPERS, COMMUNITY LEADERS AND ... INFLUENCERS ABOUT THE ECONOMIC, HEALTH, SAFETY, AND ENVIRONMENTAL IMPACT OF ELECTRIFICATION.

NAME OF ORGANIZATION OR GOVERNMENT: PLANTING JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER FORMERLY INCARCERATED PEOPLE WITH THE SKILLS AND RESOURCES FOR FOOD SOVEREIGNTY, ... ECONOMIC JUSTICE AND COMMUNITY HEALING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CONSERVATION INTERNATIONAL - CENTER FOR OCEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR INTERIM ADVISORY BOARD
LEADERSHIP FOR THE CONSERVATION ALLIANCE FOR SEAFOOD ... SOLUTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA DEATON EXECUTIVE DIRECTOR	(i)	202,727.	39,139.	0.	7,339.	13,013.	262,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN NORDGREN PROJECT DIRECTOR	(i)	180,052.	0.	0.	5,757.	29,474.	215,283.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CYNTHIA KOEHLER PROJECT DIRECTOR	(i)	180,000.	0.	0.	5,400.	653.	186,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DIANE BAILEY PROJECT DIRECTOR	(i)	129,095.	0.	0.	4,275.	29,348.	162,718.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAHED SELBE PROJECT DIRECTOR	(i)	149,411.	0.	0.	0.	11,904.	161,315.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KURT SHICKMAN PROJECT DIRECTOR	(i)	138,890.	0.	0.	4,213.	11,060.	154,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MULTIPLIER

Employer identification number
91-2166435

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESILIENT COMMUNITIES: COMMUNITIES ARE PREPARED TO ANTICIPATE, PREVENT

AND MINIMIZE THREATS TO THEIR CITIZENS, BUSINESSES, INFRASTRUCTURE,

ENVIRONMENT, AND ECONOMIES. COMMUNITY-BASED APPROACHES PROACTIVELY

ADDRESS RESILIENCE TO THE IMPACTS OF CLIMATE CHANGE AND OTHER NATURAL

DISASTERS, ECONOMIC STABILITY AND SOCIAL EQUITY.

EXPENSES \$ 1,072,062. INCLUDING GRANTS OF \$ 355,736. REVENUE \$ 154,000.

FORM 990, PART VI, SECTION A, LINE 3:

PROGRAM MANAGEMENT:

PROJECT NAME

DELEGATED MANAGEMENT

CONGO EDUCATION PARTNERS

INGRID SCHULZE

COLUMBIA REDIVIVA

JIM NORTON

COMMUNITY CONSERVATION INVESTMENT FORUMS

NOAH GREENBERG

ROOT SOLUTIONS

NYA VAN LEUVAN

ALTER ECO FOUNDATION

ANTOINE AMBERT

BAY AREA RESILIENT BY DESIGN

ALLISON BROOKS

BUILDING CODES ASSISTANCE PROJECT

MAUREEN GUTTMAN

CERTIFICATION AND RATINGS COLLABORATIVE

JACKIE CAINE & JULES COOKES

CHANGESCALE

CRAIG STRONG

INTERTIDAL AGENCY

KATE WING

ECONOMIC EQUITY NETWORK

LORI BAMBERGER

JUNGLE KEEPERS

REBECCA FOON

MARHAVER LAB

KRISTIN MARHAVER

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MULTIPLIER	Employer identification number 91-2166435
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MARVIVA	ALEJANDRA PACHECO
MAVEN'S NOTEBOOK	CHRIS AUSTIN
MOONSHOT PARTNERS	GEORGE HAWKINS
NET GAINS ALLIANCE	GEORGE A. CHMAEL II
PIGGY BANK	BRADY LOWE
SEA PACT	ROBERT JOHNSON
SUSTAINING OUR URBAN LANDSCAPE	SUSANNAH BURLEY
TRANSFORMATIVE TECHNOLOGIES	NICHOL BRADFORD
UPPER AMAZON CONSERVANCY	CHRIS FAGAN
WORKING CIRCLE PROACTIVE STEWARDSHIP	KARIN VARDAMAN

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AND PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

A WRITTEN COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED ANNUALLY TO THE BOARD OF DIRECTORS AND CHIEF EMPLOYED EXECUTIVE STAFF/EXECUTIVE DIRECTOR, ALL OF WHOM SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION FOR THE CHIEF EMPLOYED EXECUTIVE/EXECUTIVE DIRECTOR. AS PART OF THIS PROCESS, THE BOARD OF DIRECTORS REVIEWS COMPARABILITY DATA, DETERMINES COMPENSATION IS JUST AND REASONABLE, AND APPROVES COMPENSATION ANNUALLY OR MORE FREQUENTLY AS NEEDED AND DOCUMENTED BY THE BOARD. LAST REVIEW WAS IN DEC 2020.

Name of the organization MULTIPLIER	Employer identification number 91-2166435
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER MISC PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	4,505,326.
MANAGEMENT AND GENERAL EXPENSES	135,913.
FUNDRAISING EXPENSES	227,791.
TOTAL EXPENSES	4,869,030.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,869,030.

FORM 990, PART XII, LINE 2C

THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.