Form **990**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

▶ 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.

Inspection

and ending

3 c	heck if	C Name of organization	[Employer identifi	cation number
X	Addre chang	MULTIPLIER			
Ē	Name chang			91-21664	35
	Initial returr		/suite E	Telephone numbe	
	Final returr	5/8 MADKET CTDEET DMD 81178		(415) 42	
	termii			Gross receipts \$	40,179,474.
	Amen		Ī	H(a) Is this a group re	eturn
	Appli-	F Name and address of principal officer:LAURA DEATON		for subordinates	
	pendi	SAME AS C ABOVE	F	H(b) Are all subordinates in	ncluded? Yes No
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
		te: ► WWW.MULTIPLIER.ORG		H(c) Group exemption	
			Year of	formation: 2001 N	A State of legal domicile: CA
Pa	ırt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PROTE	ECT	AND FOSTER	A HEALTHY,
Governance		SUSTAINABLE, RESILIENT AND EQUITABLE WORLD.			
ern	2	Check this box if the organization discontinued its operations or disposed of			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			253
₹	6	Total number of volunteers (estimate if necessary)			570
٩cı		Total unrelated business revenue from Part VIII, column (C), line 12			200.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
		0	2	Prior Year 2,680,192.	Current Year 37,303,721.
ne	8	Contributions and grants (Part VIII, line 1h)		1,664,011.	2,387,892.
Revenue	9	Program service revenue (Part VIII, line 2g)		37,365.	53,832.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		66,275.	119,570.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,447,843.	39,865,015.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,141,487.	5,138,864.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	0,428,125.	14,594,525.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 1,389,950.		•	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,405,338.	9,847,226.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	4,974,950.	29,580,615.
		Revenue less expenses. Subtract line 18 from line 12		9,472,893.	
Ses			_	nning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,782,469.	43,496,092.
d Bes		Total liabilities (Part X, line 26)		6,955,598.	5,189,598.
	22	Net assets or fund balances. Subtract line 21 from line 20	2	7,826,871.	38,306,494.
Pa	ırt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and si			y knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer ha	as any knowledge.	
		Cignahum of affican		Dete	
Sign		Signature of officer		Date	
Her	е	LAURA DEATON, EXECUTIVE DIRECTOR Type or print name and title			
			Dat	- In	II PTIN
Paid	ı	Print/Type preparer's name ALEXIS H. WONG	المرا	if	
	ı oarer			self-employ	94-1250261
	Only	Firm's name LINDQUIST, VON HUSEN & JOYCE LLP Firm's address 301 HOWARD STREET, SUITE 850		FIIIII S EIN	74_T77070T
JJ 6	Jilly	SAN FRANCISCO, CA 94105		Phone no (A	15) 957-9999
Mav	the I	RS discuss this return with the preparer shown above? See instructions		Ti none no. (±	X Yes No
y	1				

	()	2166435	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	,		
	TO ACCELERATE IMPACT FOR INITIATIVES FOCUSED ON PROTECTING		
	FOSTERING A HEALTHY, SUSTAINABLE, RESILIENT, AND EQUITABLE	MOKTD.	
2	Did the examination undertake any eignificant program conjuge during the year which were not listed on the		
2	, , , , , , , , , , , , , , , , , , , ,	Vec	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L res	LZI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vos	X No
3	If "Yes," describe these changes on Schedule O.		LAT INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by expense	2
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.	total expenses,	ana
4a	2 700 574	512,	404.
	HEALTHY PLANET AND PEOPLE: BIODIVERSE PLANTS AND ANIMALS, I		
	HUMANS, LIVE IN BALANCED ECOSYSTEMS THAT PROVIDE THE NUTRIE		
	NEED AND A PLACE TO LIVE, GROW AND THRIVE.		
4b		298,	
	SECURE NATURAL RESOURCES: NATURAL RESOURCES ACHIEVE SUSTAIN		
	KEEP HUMANS AND OTHER SPECIES ALIVE, AND SUPPORT THE WORLD'		
	POLICIES AND PRACTICES ARE IN PLACE TO ENSURE THAT NATURAL		S
		WITHIN	
	ECOSYSTEMS, RESOURCES ARE ABLE TO QUICKLY RECOVER OR RETURN	<u> 10 </u>	
	EQUILIBRIUM.		
40	Code:) (Expenses \$ 11,979,437. including grants of \$ 3,785,677.) (Revenue \$	1 570	280.
40	SUSTAINABLE, EQUITABLE ECONOMIES: WORKERS, THEIR FAMILIES,	AND THE	
	COMMUNITIES IN WHICH THEY LIVE ARE SUSTAINED BY ECONOMICALL		V
	LOCAL AND REGIONAL BUSINESSES. INDUSTRIES WITH CORE VALUES		
	MINIMAL ENVIRONMENTAL IMPACT ARE FOSTERED, SUSTAINED AND EN		
	THRIVE.		
	 · 		

4d Other program services (Describe on Schedule O.)
(Expenses \$ 2,129,071 • including grants of \$

4e Total program service expenses ► 26,006,458 •

888,000 •) (Revenue \$

40,854.)

Form 990 (2021) MULTIPLIER 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)?		v	
•	If "Yes," complete Schedule A	1 2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		. v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	44.	Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u> </u>

Form 990 (2021) MULTIPLIER 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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		
	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	╁
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • •		┢▔
UZ.	Cohodulo N. Dort II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			╁
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	 		├
5 7		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a		 -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			┢▔
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		 -
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ JU		
	Check if Schedule O contains a response or note to any line in this Part V			
	C. Con Cada C Contain Ca (Coponido de Hoto to delly lino in tino i dit V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 285		163	140
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	(garnoung) withings to prize withers:	IC		—

MULTIPLIER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		252							
	filed for the calendar year ending with or within the year covered by this return	2a	253		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					Х				
	, , , , , , , , , , , , , , , , , , , ,			3a		Λ				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		X				
L	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	accou	пту?	4a						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	+c (EBAD)							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	a 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?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			6a						
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired							
	to file Form 8282?			7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrad	t?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х				
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э							
				8						
9	Sponsoring organizations maintaining donor advised funds.									
a				9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	100								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b								
11	Section 501(c)(12) organizations. Enter:	IUD								
'' a	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1 Iu								
	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)	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	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 Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					,				
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.					v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form 990 (2021) MULTIPLIER

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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. 9 **b** 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA 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. X Upon request X Own website Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records LAURA DEATON - (415) 421-3774 548 MARKET STREET, PMB 81178, SAN FRANCISCO, 94104-5401

Form 990 (2021) MULTIPLIER 91-2166435 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	, unle cer an	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	يو			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tr	tional		nploye	st con yee	_	1099-NEC)		and related organizations
	line)	ndivid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LAURA DEATON	40.00	┢	Ī	Ť						
EXECUTIVE DIRECTOR		1		Х				251,136.	0.	18,810.
(2) JOHN NORDGREN	40.00									
PROJECT DIRECTOR						Х		183,325.	0.	25,084.
(3) CYNTHIA KOEHLER	40.00									
PROJECT DIRECTOR						Х		195,723.	0.	6,545.
(4) KATHARINE WILKINSON	40.00									
PROJECT DIRECTOR						Х		160,000.	0.	15,406.
(5) MARIAH BOYLE	40.00									
PROJECT DIRECTOR						Х		153,400.	0.	15,256.
(6) DIANE BAILEY	40.00								_	
PROJECT DIRECTOR						Х		132,496.	0.	34,711.
(7) MELISSA BEARD CLACK	1.50	ļ								
SECRETARY	1 50	Х		Х				0.	0.	0.
(8) RYAN CABINTE	1.50	ļ							•	
TREASURER	1	Х		Х				0.	0.	0.
(9) JOHN CLAUSSEN	1.50	١							0	•
CHAIRPERSON	1 00	Х		Х				0.	0.	0.
(10) JONATHAN BRACK	1.00	ļ ,,							0	_
DIRECTOR	1 00	Х						0.	0.	0.
(11) BERND CORDES	1.00	ļ ,,							0	_
DIRECTOR	1.00	Х						0.	0.	0.
(12) PHILLIP GOVER	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(13) GIULIA SICCARDO	1.00	x						0.	0.	0.
DIRECTOR (14) MIRIAM BILLINGER	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) ASHLEY AHEARN	1.00	122						0.	•	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
		+						-	•	
		1								

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	a Hi	igne	st C	compensated Employe	es (continuea)					
	(A)	(B)			(0	C)			(D)	(E)		1	(F)		
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		E۶	stimate	∍d	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	ar	nount	of	
		week	_	cer an	na a a	irecto	or/trus	itee)	from	from related		1	other		
		(list any	Individual trustee or director						the	s		pensa			
		hours for	or dir	gy.			ated		organization	(W-2/1099-MIS	sC/		rom the		
		related organizations	ustee	truste		a)	bens		(W-2/1099-MISC/	1099-NEC)		_	anizat		
		below	lal tri	onal		oloye	ee a		1099-NEC)				d relat		
		line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons	
		,	드	드	Ð	<u>\$</u>	포 등	윤				 			
												1			
							-					<u> </u>			
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												1			
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												1			
							\vdash								
												1			
1h	Subtotal	<u> </u>							1,076,080.		0.	11	5,8	12.	
	Subtotal Total from continuation sheets to Part VI	II Section A							0.		0.		- , , , , , , , , , , , , , , , , , , ,	0.	
	Total (add lines 1b and 1c)								1,076,080.		0.	11	5,8		
2	Total number of individuals (including but n							20 r		000 of reportable			-,-		
_	compensation from the organization	iot iiiriited to ti	1036	iiste	su a	DOV	c) wi	10 1	eceived more than proc	,,000 or reportable	C			31	
	compensation from the organization												Yes	No	
3	Did the organization list any former officer,	director trust	ا مم	60V 6	amn	love	رم م	r hic	sheet compensated emr	Novee on	ľ				
3	line 1a? If "Yes," complete Schedule J for s											3		х	
4	For any individual listed on line 1a, is the su								har companyation from			3			
4	and related organizations greater than \$15	=		-					•	ine organization			х		
-	-										- 1	4			
5	Did any person listed on line 1a receive or a	=				-		elat	ted organization or indivi	dual for services		_		х	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scheaui	e J ī	or si	ucn	pers	son .					5		Λ	
	· · · · · · · · · · · · · · · · · · ·		-l	l -				4		\$100,000 of a am		-4:			
1	Complete this table for your five highest co										ipens	ation	rom		
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitri	or w	ıtmır		year.					
	(A) Name and business	address							(B) Description of s	ervices	C	(C Compe		ın	
PT MOORES ROWLAND BALI, JL. SUNSET ROAD								_	Description of services				Compensation		
	100 D, KUTA, DENPASAI						Q T 7	╮╎	PROJECT MANA	CEMENT		/11	410,515.		
	NCIL FIRE LLC, 424 FO							<u> </u>	EVOCECI MANA	GEMEN I		_ _	, 5	<u>тэ.</u>	
COL	MCID FIRE DDC, 424 FO	OWIII DII	لت،	ر لم ت	, ,	נדכ	ٺ								

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PT MOORES ROWLAND BALI, JL. SUNSET ROAD		
NO. 100 D, KUTA, DENPASAR, BALI, INDONESIA	PROJECT MANAGEMENT	410,515.
COUNCIL FIRE LLC, 424 FOURTH STREET, STE		
C2, ANNAPOLIS, MD 21403	PROJECT MANAGEMENT	380,996.
MOONSHOT LLC		
	PROJECT MANAGEMENT	288,000.
SCOTT RADWAY, 155 QUEEN STREET, BRISBANE,		
QUEENSLAND, AUSTRALIA	PROJECT MANAGEMENT	223,509.
QUANTIFIED VENTURES LLC		
6410 RUFFIN RD, CHEVY CHASE, MD 20815	PROJECT ADVISORY	200,000.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 15		
	·	- 000 (****)

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			Check if Schedule O	conta	ains a ı	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D) Revenue excluded
								Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
									1911911911191		sections 512 - 514
nts nts	1 8	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	b	Membership dues			1b	108,512.				
	(С	Fundraising events			1c					
	(d	Related organizations			1d					
	•	е	Government grants (contr	ibuti	ons)	1e	2,470,361.				
	1	f	All other contributions, gifts,	grant	s, and						
ğ ¥			similar amounts not included	abov	⁄е	1f	34,724,848.				
g	(g	Noncash contributions included in	lines	1a-1f	1g \$	1,405,780.				
<u>8</u> 0	I	h	Total. Add lines 1a-1f					37,303,721.			
							Business Code				
Se	2 8		FEES FOR SERVICES				541900	2,027,946.			
Program Service Revenue	ı	b	PROGRAM PARTICIPATI	ON F	FEES		900099	297,145.	297,145.		
n Si	•	С	REGISTRATION FEES				900099	62,801.	62,801.		
ran ev	(d									
og	•	е									
ه ا	1	f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					2,387,892.			
	3		Investment income (include	ding o	divider	nds, intere	est, and				
		other similar amounts)						79,198.			79,198.
	4		Income from investment of	ment of tax-exempt bond p		roceeds >					
	5		Royalties			53,466.			53,466.		
					.,	Real	(ii) Personal				
	6 a	а	Gross rents	6a		12,680.					
			Less: rental expenses	6b		0.					
			Rental income or (loss)	6с		12,680.					
			Net rental income or (loss) 				12,680.			12,680.
	7 a		Gross amount from sales of		· · ·	ecurities	(ii) Other				
			assets other than inventory	7a	2	228,122.					
	ı		Less: cost or other basis		_						
ther Revenue			and sales expenses	7b		253,488.					
eve			Gain or (loss)	7с		25,366.					
٦			Net gain or (loss)				······ •	-25,366.			-25,366.
the	8 8		Gross income from fundraising	ng eve	ents (n						
0			including \$			of					
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from								
	9 7		Gross income from gamin								
			Part IV, line 19								
			Net income or (loss) from								
			Gross sales of inventory,								
	10 6		and allowances			I .	21,744.				
			Less: cost of goods sold								
			Net income or (loss) from					-39,227.	-39,227.		
		_	11051/10 01 (1030) 110111	Ja:00	- O1 111V	. J. 1. O. y	Business Code	,==	,==7.		
sno «	11 :	а	HONORARIA				900099	73,250.	73,250.		
nue			OTHER				900099	10,418.	,=		10,418.
Miscellaneous Revenue			MISC. REIMBURSEMENT				900099	8,581.			8,581.
<u>Iš</u> c		_	All other revenue				900099	402.	202.	200.	,
2			Total. Add lines 11a-11d					92,651.			
	12		Total revenue. See instruction					39,865,015.	2,422,117.	200.	138,977.

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 respon			. ,	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	3,602,672.	3,602,672.		
2	Grants and other assistance to domestic	3700270720	3,002,072		
2					
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1,536,192.	1,536,192.		
	individuals. See Part IV, lines 15 and 16	1,330,132.	1,330,192.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	293,263.		293,263.	
•	trustees, and key employees	293,203.		293,203.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	11,800,701.	9,717,625.	1,178,930.	004 146
7	Other salaries and wages	11,000,/01.	3,111,043.	1,110,930.	904,146.
8	Pension plan accruals and contributions (include	250 227	206,687.	22 154	10 206
_	section 401(k) and 403(b) employer contributions)	258,227. 1,294,399.	957,107.	33,154. 180,454.	18,386. 156,838.
9	Other employee benefits	947,935.	797,514.	93,171.	57,250.
10	Payroll taxes	741,733.	131,314.	93,⊥/⊥•	51,450.
11	Fees for services (nonemployees):	950,536.	950,536.		
	Management				
	Legal	20,103.	20,103.	47 042	
	Accounting	47,042.	20 100	47,042.	
	Lobbying	29,100.	29,100.		
	Professional fundraising services. See Part IV, line 17	6 700		6 700	
f	Investment management fees	6,790.		6,790.	
g	Other. (If line 11g amount exceeds 10% of line 25,	6 249 600	F 006 060	109,800.	222 021
	column (A), amount, list line 11g expenses on Sch O.)	6,248,690.	5,906,069.	109,000.	232,821.
12	Advertising and promotion	83,851.	78,195.	5,656.	
13	Office expenses	03,031.	/8,193.	5,030.	
14	Information technology				
15	Royalties	228,158.	218,896.	9,262.	
16	Occupancy	303,084.	303,020.	9,262.	
17	Travel	303,004.	303,020.	04.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	106 /112	100 051	1 200	5,153.
19	Conferences, conventions, and meetings	196,412. 58,706.	189,951. 58,706.	1,308.	5,153.
20	Interest	30,700.	50,700.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,488.	6,442.	55,046.	
23	Other expanses Itamize expanses not covered	01,400.	0,444.	33,040.	
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 0.) SUPPLIES & EQUIPMENT	1,291,426.	1,124,594.	159,062.	7,770.
a	OTHER EXPENSE	321,840.	303,049.	11,205.	7,770.
a -	OTHER EXTENSE	J41,040•	303,043.	11,203.	7,300•
c C					
d	All other expenses				
	All other expenses	29,580,615.	26,006,458.	2,184,207.	1,389,950.
25 26	Joint costs. Complete this line only if the organization	25,500,015	20,000, 400	2,101,201	1,303,330.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	IT TOILOWING SUP 98-2 (ASC 958-720)				F 000 (0004)

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Form 990 (2021)
Part X Balance Sheet

MULTIPLIER

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,417.	1	643,263
	2	Savings and temporary cash investments			245,200.	2	245,264
	3	Pledges and grants receivable, net			7,302,922.	3	6,419,026
	4	Accounts receivable, net			682,767.	4	1,155,379
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified p				
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net			4,105,209.	7	3,793,992
Assets	8	Inventories for sale or use			175,841.	8	264,089
Ä	9	Prepaid expenses and deferred charges			214,061.	9	224,514
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	15,347.			
	b	Less: accumulated depreciation	10b	15,347.	0.	10c	0
	11	Investments - publicly traded securities		21,888,514.	11	30,731,948	
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			133,538.	15	18,617
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	34,782,469.	16	43,496,092
	17	Accounts payable and accrued expenses			2,201,449.	17	2,057,143
	18	Grants payable			450 505	18	200 445
	19	Deferred revenue	153,707.	19	309,415		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the		_		22	
_	23	Secured mortgages and notes payable to uni		_	1 206 400	23	
	24	Unsecured notes and loans payable to unrela		_	1,286,400.	24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	1es 17-24). Complete Part X	3,314,042.	25	2,823,040
		of Schedule D			6,955,598.		5,189,598
	26	Total liabilities. Add lines 17 through 25			0,933,390.	26	3,109,390
es		Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33.	песк пе	re 🖊 🔼			
anc	27				4,224,143.	27	7,442,254
3ali	28	Net assets with donor restrictions			23,602,728.	28	30,864,240
nd I	20	Organizations that do not follow FASB ASC			23700277200	20	30,001,210
Ē		and complete lines 29 through 33.	, 950, Ci	eck liefe			
ō	29	Capital stock or trust principal, or current fund	de			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			27,826,871.	32	38,306,494
_	33	Total liabilities and net assets/fund balances			34,782,469.	33	43,496,092

Form **990** (2021)

Form 990 (2021) MULTIPLIER 91-2166435 Page **12**

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,86		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 58		
3	Revenue less expenses. Subtract line 2 from line 1	3				00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27	,82		
5	Net unrealized gains (losses) on investments	5		19	5,2	23.
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	38	,30	6, <u>4</u>	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	t			
	Act and OMB Circular A-133?		<u> </u>	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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

Open to Public Inspection

Employer identification number Name of the organization MULTIPLIER 91-2166435 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(/i)
	(Complete only if you checke			~	on failed to qualify	under Part III. If the	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support			1			
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	15605000	15055050		20600100	2522554	105500001
	, , , , , , , , , , , , , , , , , , , ,	17695908.	17257350.	20782920.	32680192.	37303721.	125720091
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge	17695908	17257350	20782920	32680192	37303721.	125720091
	Total. Add lines 1 through 3	17055500.	17237330.	20702520.	52000152.	37303721.	123720071
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)						36560152.
6	Public support. Subtract line 5 from line 4.						89159939.
	ction B. Total Support			•	•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	17695908.	17257350.	20782920.	32680192.	37303721.	125720091
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	24,642.	71,661.	244,742.	49,664.	145,344.	536,053.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					200.	200.
10	Other income. Do not include gain						
	or loss from the sale of capital	00.060	05 450	00 400	F2 0F6	00 451	227 204
	assets (Explain in Part VI.)	82,969.	25,470.	82,438.	53,976.	92,451.	
	Total support. Add lines 7 through 10						126593648
	Gross receipts from related activities,						,998,940.
13	First 5 years. If the Form 990 is for the	-			-		
50	organization, check this box and stor						P
	Public support percentage for 2021 (column (f))		14	70.43 %
	Public support percentage for 2021 (Public support percentage from 2020)					15	70.43 % 67.55 %
	a 33 1/3% support test - 2021. If the						
102	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to				*	vi now the organiz	
k	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets tl						

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 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

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	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
formed, 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 bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization'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	1					
3 received from disqualified person	s					
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes N	
1	
'	
2	
3a	
Sa	
3b	
3c	
4a	
4b	
4c	
5a	
5b 5c	
6	
7	
8	
9a	
9b	
35	
9c	
10a	
10b	

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	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		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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		
a	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.

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	
Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ora	anization (see
	instructions).	, 0		,

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509	(a)(2) Supporting Orga	onizationa		1-2100433 Page 7
Par	•	(a)(s) Supporting Orga	anizations _{(continu}	<u>ied)</u>	0 IV
	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		١	
	organizations, in excess of income from activity	as of supported organization	20	3	
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es of supported organization	15	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI \		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	<u> </u>	•	
•	(provide details in Part VI). See instructions.	no organization to respondit	•	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>a</u>	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

	MU	LTIPLIER	91-2166435
Organiz	ation type (check o	ne):	
Filers of	f:	Section:	
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.
General	Rule		
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules		
X	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	d that received from any one
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, sconal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	entific,
	year, contributions is checked, enter hourpose. Don't cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it refer etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>
answer '	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, grequirements of Schedule B (Form 990).	**

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

MULTIPLIER

91-2166435

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 3,976,773.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,910,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 2,267,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,201,383.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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91-2166435

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$ <u>1,164,150.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,155,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,295,811.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,295,233.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tambig additioning and Tit	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

MULTIPLIER

91-2166435

art II	Noncash Property (see instructions). Use duplicate copies of Part	t 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
	PPP LOAN FORGIVENESS		
11			
			12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(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

MULTIPLIER

91-2166435

о.	e duplicate copies of Part III if additional		
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			— ——————————————————————————————————
		() =	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt l	(b) Ful pose of glit	(c) Use of gift	(a) Description of now gift is field
_ _			
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7 ID ± <i>4</i>	Relationship of transferor to transferee
l l	ii alisielee s liallie, auuless, a	IIU ZIF T T	neialionaliib oi li analei oi lo li analei ee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.	(b) Purpose of gift		
No. om irt I	(b) Purpose of gift		
No. om art I	(b) Purpose of gift	(c) Use of gift	
No. om art I	(b) Purpose of gift		
No. om art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	
No. om art I		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
No. om art I		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
art I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rt I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rt I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
No. om art I No. om art I No. om art I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rt I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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.

	ne of organ	nization	tions. Complete Fart III.		Emp	loyer identification number
		${ t MULTIPL}$				91-2166435
Pa	rt I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 of	organization.
2	Political of	campaign activity expendit	ration's direct and indirect polit ures gn activities		▶\$	S
Pa	rt I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the	amount of any excise tax	incurred by the organization ur	nder section 4955	▶ \$)
2	Enter the	amount of any excise tax	incurred by organization manage	gers under section 4955	5 ▶\$	
3	If the org	anization incurred a section	n 4955 tax, did it file Form 4720	0 for this year?		Yes No
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV.				
			janization is exempt un			(c)(3).
1	Enter the	amount directly expended	d by the filing organization for s	ection 527 exempt func	tion activities > \$	
2			ization's funds contributed to c	•		
						<u> </u>
3		· ·	s. Add lines 1 and 2. Enter here			
_	line 17b					Yes No
4 5	Enter the made par contribut	e names, addresses and er yments. For each organiza ions received that were pr	1120-POL for this year?	EIN) of all section 527 po aid from the filing organi o a separate political org	olitical organizations to whic zation's funds. Also enter tl janization, such as a separa	ch the filing organization ne amount of political
	political a			1		(a) A
		(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

	nedule C (Form 990) 2021 MULTI			166435 Page 2
Pá		on is exempt under section 501(c)(3) and fi	led Form 5768 (el	ection under
	section 501(h)).			
A (Check 🕨 📖 if the filing organization belor	gs to an affiliated group (and list in Part IV each affiliated	d group member's nam	e, address, EIN,
	expenses, and share of exce	ss lobbying expenditures).		
В	Check 🕨 📖 if the filing organization chec	ked box A and "limited control" provisions apply.		
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lobbying expenditures to influence put	olic opinion (grassroots lobbying)	11,300.	
-	b Total lobbying expenditures to influence a le	gislative body (direct lobbying)	41,364.	
	c Total lobbying expenditures (add lines 1a an	d 1b)	52,664.	
			29,527,951.	
	e Total exempt purpose expenditures (add line	es 1c and 1d)	29,580,615.	_
		ount from the following table in both columns.	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% o	of line 1f	250,000.	
	h Subtract line 1g from line 1a. If zero or less,		0.	
	i Subtract line 1g from line 1a. If zero or less,		0.	
	•	er line 1h or line 1i, did the organization file Form 4720		
		er line 111 of line 11, did the organization lile 1 offit 4720	Γ	Yes No
	reporting section 43 in tax for this year?	4-Year Averaging Period Under Section 501(h)	L	
	(Some organizations that made	a section 501(h) election do not have to complete all	of the five columns be	elow.
	, -	the separate instructions for lines 2a through 2f \		

	Lobbying Expenditures During 4-Year Averaging Period												
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total								
2a Lobbying nontaxable amount	1,000,000.	871,165.	1,000,000.	1,000,000.	3,871,165.								
b Lobbying ceiling amount (150% of line 2a, column(e))					5,806,748.								
c Total lobbying expenditures	4,002.	17,540.	39,763.	52,664.	113,969.								
d Grassroots nontaxable amount	250,000.	217,791.	250,000.	250,000.	967,791.								
e Grassroots ceiling amount (150% of line 2d, column (e))					1,451,687.								
f Grassroots lobbying expenditures	2,094.	4,371.	4,974.	11,300.	22,739.								

Schedule C (Form 990) 2021

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 ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
of the	lobbying activity.	Yes On 501(c) the prior yea on 501(c) "No" OF cal	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i Did the patinities in line 1 course the averagination to be not described in section 501(a)(2)?				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	EIII-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5). or se	ection	
- 0.11	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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	, ui			
а	Current year		2a		
	Carryover from last year				
	Total		l _		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		—		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	IV Supplemental Information				
Provi	de 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	
instru	ctions); 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

Open to Public Inspection

Name of the organization

MULTIPLIER

Employer identification number 91-2166435

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	n of a conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
_	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	•	I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by tr	ne organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is leasted	
4 5	Does the organization have a written policy regarding the peri		f
3	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	tan and volunteer nears devoted to morntoning, inspecting,	mandling of violations, and emorning co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
•	\$	ing of violations, and officially concert	ation outsine during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	C	
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or G	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	/// A		•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C		rt Hie	torical Tr	ASSIIFAS (or Other		210043	
									ueu)
3	Using the organization's acquisition, accession	on, and other record	is, chec	k arry or trie	rollowing tria	it make sign	ilicant use o	i its	
_	collection items (check all that apply):	_	. \Box						
a	Public exhibition	(hange progra	am			
b	Scholarly research	•	• 📖	Other					
C	Preservation for future generations					,		D 13/111	
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit or								п
Do	to be sold to raise funds rather than to be ma							Yes O	No_
Pai	t IV Escrow and Custodial Arrang	•	ete if the	organizatio	n answered	"Yes" on Fo	rm 990, Part	IV, line 9, or	
4-	reported an amount on Form 990, Par			4			to a decad		
та	Is the organization an agent, trustee, custodic								
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:				Amount	,
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
_	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on Fo					-		Yes	No
Par	If "Yes," explain the arrangement in Part XIII.								
Pai	T V Endowment Funds. Complete if	the organization ar			(c) Two year		Three years ba	ack (a) Four	veare hack
	<u></u>	(a) Current year	(0) F	rior year	(C) TWO year	is back (u)	Tillee years be	ack (e) i oui	years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance		L						
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) held as:				
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	·	%							
_	The percentages on lines 2a, 2b, and 2c show	•							
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ind administe	ered for the	organization	Г	Yes No
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizar							3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.					
Pai			O Dort IV	/ lino 11a G	Soo Form 000) Dort V lin	. 10		
	Complete if the organization answered				1		1	(4) D - 1	
	Description of property	(a) Cost or o			or other	(c) Accu		(d) Book	value
_	Land	basis (investi	nent)	Dasis	(other)	depre	ciation		
	Land								
	Buildings								
	Leasehold improvements			1	5,347.	1	5,347.		^
d	Equipment				J, J4/•		J,J4/•		0.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	Scriedule D (FOITH 990) 202 I	MODITIBLE	
Г	Part VII Investments	- Other Securities	

Investments - Other Securities. Complete if the organization answered "Yes" or	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)		
Fotal . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" or		
(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" or		
(a) D	escription	(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" o	n Form 990, Part IV, line	
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) INTEREST PAYABLE		25,768
(3) NOTES PAYABLE		2,797,272
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	2,823,040
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footpote t	o the organization's financial statements that reports the

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... X

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With	n Revenue per R	eturı	n.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	3		1	40,211,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		405 000		
а	Net unrealized gains (losses) on investments		195,223.		
b	Donated services and use of facilities		150,856.		
С	Recoveries of prior year grants				
d	/	2d			246 050
е	Add lines 2a through 2d			2e	346,079
3	Subtract line 2e from line 1			3	39,865,015.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)		_5	39,865,015.
Pa	rt XII Reconciliation of Expenses per Audited Financia		h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part I				00 504 454
1	Total expenses and losses per audited financial statements			1	29,731,471.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	150,856.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	150,856.
3	Subtract line 2e from line 1			3	29,580,615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	29,580,615.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			1; Parl	t X, line 2; Part XI,
PAI	RT X, LINE 2:				
OR	GANIZATION BELIEVES THAT IT HAS APPRO	PRIATE SUPI	PORT FOR AN	у т	AX
POS	SITIONS TAKEN, AND AS SUCH, DOES NOT	HAVE ANY UI	NCERTAIN TA	ХР	OSITIONS
THZ	AT ARE MATERIAL TO THE FINANCIAL STAT	TEMENTS. ORG	GANIZATION'	S F	EDERAL AND
ST	ATE INFORMATION RETURNS FOR THE YEARS	3 2017 THROU	JGH 2020 AR	E S	UBJECT TO
EXA	AMINATION BY REGULATORY AGENCIES, GEN	ERALLY FOR	THREE YEAR	S A	ND FOUR
YE	ARS AFTER THEY WERE FILED FOR FEDERAL	AND STATE	, RESPECTIV	ELY	•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

91-2166435 MULTIPLIER Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 000 Post I	V line 1/h		•	Č	
Form 990, Part I' 1 For grantmakers. Does		a maintain raca:	rds to substantiate the amount of its gr	ants and other assistance	
			the selection criteria used to award the		Yes No
the grantees engionity i	or the grants or a	assistance, and	the selection criteria used to award thi	e grants or assistance? [22	i res Linc
2 For grantmakers. Desc	cribe in Part V the	organization's	procedures for monitoring the use of it	e grante and other assistance ou	tside the
United States.	SIDC IIII ait V tiit	organization s	procedures for mornioning the dae of h	s grants and other assistance of	itside trie
	he following Par	t L line 3 table o	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of				(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	independent contractors	gram services, investments, grants to		for and investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA &					
THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	192,622
CENTRAL AMERICA &					
THE CARIBBEAN	0	0	GRANTS		37,600
THE CARIBBEAN	<u> </u>	0	GRANIS		37,000
EAST ASIA/ PACIFIC	1	2	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	1,120,844
EAST ASIA/ PACIFIC	0	0	GRANTS		361,500
ELIDODE	0		DDOGDAM GEDYLGEG	CIODAL GUGMATNADTITMY	200 864
EUROPE	ļ	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	200,864
EUROPE	0	0	GRANTS		129,500
					1
SOUTH AMERICA	0	2	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	944,029
COLUMN AMEDICA			CD ANIMC		066 000
SOUTH AMERICA	1	0	GRANTS		966,098
3 a Subtotal b Total from continuation	1	· · · · · · · · · · · · · · · · · · ·			3,953,057
sheets to Part I	0		1		423,889
c Totals (add lines 3a					====,===
- I otalo (add iii los da	1	I			

4,376,946.

and 3b)

Schedule F (Form 990) MULTIPLIER 91-2166435 Page

Schedule F (Form 990) MULTIPLIER 91-2166435 Pa									
Part I Continuation	on of Activitie	s per Regio	n. (Schedule F (Form 990), Part I, line	3)	<u> </u>				
(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	106,093.				
SUBSAHARAN AFRICA	0	0	GRANTS		19,995.				
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	99,267.				
101111 111111111111			I NOOLULE BEAVIOLE		33,201.				
NORTH AMERICA	0	0	GRANTS		0.				
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	99,267.				
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS		0.				
SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	99,267.				
SOUTH ASIA	0	0	GRANTS		0.				
Totals	>	1			423,889.				

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)
			TO PROVIDE COVID-19					
		EAST ASIA AND THE						
		PACIFIC	INDONESIAN PARTNERS.	321,500.	WIRE	0.		
			TO SUPPORT	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			SUSTAINABLE AND LEGAL					
			SEAFOOD IN CHILE					
		SOUTH AMERICA	THROUGHOUT THE	314,000.	,WIRE	0.		
			TO ESTABLISH A COMMON					
			VISION FOR					
			SUSTAINABLE MARINE					
		SOUTH AMERICA	RESOURCES IN PERU	164,880.	.WIRE	0.		
			TO SUPPORT BUSINESS					
			DEVELOPMENT FOR					
			MAHI-MAHI AND JUMBO					
		SOUTH AMERICA	FLYING SQUID FISHERS.	152,368.	,WIRE	0.		
			TO SUPPORT					
			IMPLEMENTATION OF THE					
		SOUTH AMERICA	SIA QUALITY PROJECT.	45,000.	WIRE	0.		
			TO PROMOTE COCOA AND					
			ADDITIONAL VALUE					
			CHAINS TO PROVIDE					
		SOUTH AMERICA	ADDITIONAL INCOME	130,000.	WIRE	0.		
			TO SUPPORT STAFFING					
			COSTS FOR					
			CETIFICATIONS AND					
			RATINGS	84,500.	,WIRE	0.		
			TO SUPPORT COCOA					
			FARMERS IN THEIR					
			EFFORTS TO	45.000	WIDE			
2 Enter total number of			SUSTAINABLY	45,000.		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

3 Enter total number of other organizations or entities

11 4 Schedule F (Form 990) 2021

Page 2

<u>Schedule F (Form 990)</u> <u>MULTIPLIER</u> 91-2166435 <u>Page 2</u>

Correduc	F (F0IIII 990)		<u> </u>	J1 2100433					Page Z
Part II	Continuation o	f Grants and Other	nd Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)						
1 (a) Nam	e 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)
				TO SUPPORT THE					
				IMPLEMENTATION OF 5					
				DEMONSTRATION UNITS					
			EUROPE	OF SAFTA	45,000.	WIRE	0.		
				TO SUPPORT THE	,				
				JUNGLEKEEPERS PERU					
				RANGER PROGRAM AND					
			SOUTH AMERICA	ASSOCIATED EXPENSES.	41,850.	WIRE	0.		
				TO SUPPORT STAFF	,				
				PARTICIPATION IN					
				MEETINGS ABOUT					
			EUROPE	FISHERIES AND	39,000.	WIRE	0.		
				TO DEVELOP A ROADMAP					
				FOR MULTISPECIES					
				SURIMI IMPROVEMENT					
			EUROPE	FOR COMPLEX	7,500.	WIRE	0.		
				TO RESTORE DEGRADED					
				ECOSYSTEMS IN QUINOA					
				PRODUCTION, BASED ON					
			SOUTH AMERICA	THE IMPLEMENTATION	38,000.	WIRE	0.		
				TO CONTRIBUTE TO					
				IMPROVED MARINE					
			CENTRAL AMERICA	ENFORCEMENT CAPACITY					
			AND THE CARIBBEAN	FOR EFFECTIVE	37,600.	WIRE	0.		
				TO SUPPORT NEEDS					
				RELATED TO COVID-19					
			EAST ASIA AND THE	IMPACTS ON GRANTEES					
			PACIFIC	WORK.	20,000.	WIRE	0.		
				TO SUPPORT COVID-19					
				RELATED NEEDS OF THE					
			EAST ASIA AND THE	COMMUNITIES GRANTEE					
			PACIFIC	PARTNERS WITH.	20,000.	WIRE	0.		
							_		
				TO SUPPORT STRATEGIC					
			SUB-SAHARAN	OBJECTIVES OF THE					
			AFRICA	2021 ACADEMIC YEAR.	19,995.	WIRE	0.		

<u>Schedule F (Form 990)</u> <u>MULTIPLIER</u> 91-2166435 Page 2

	F (FOIII 990)		<u> </u>				00433		Page Z
Part II	Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne 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)
				TO DEVELOP AND PILOT					
				A FIRST VERSION OF					
				THE SUSTAINABLE EEL					
			EUROPE	GROUP	6,000.	WIRE	0.		

Schedule F (Form 990) 2021 MULTIPLIER 91-2166435 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

<u>Schedule F (Form 990) 2021</u> **MULTIPLIER** 91-2166435 Page 4

Schedule F	- (Form 990) 2021 MODITEDIEK	91-21004
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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 MULTIPLIER 91-2166435 Page 5

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 SUPPORT SUSTAINABLE AND LEGAL SEAFOOD IN CHILE THROUGHOUT THE... SUPPLY CHAIN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO ESTABLISH A COMMON VISION FOR SUSTAINABLE

MARINE RESOURCES IN PERU ... BY FOSTERING COLLABORATION BETWEEN

COMMUNITY, INDUSTRY, GOVERNMENT, AND NGOS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE COCOA AND ADDITIONAL VALUE CHAINS TO PROVIDE ADDITIONAL INCOME... AND CREATE MORE JOBS.

REGION: EUROPE

(D) PURPOSE OF GRANT: TO SUPPORT STAFFING COSTS FOR CETIFICATIONS AND RATINGS... COLLABORATION PROJECT MANAGEMENT.

REGION: EUROPE

Schedule F (Form 990) 2021 MULTIPLIER 91-2166435 Page 5

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.

(D) PURPOSE OF GRANT: TO SUPPORT COCOA FARMERS IN THEIR EFFORTS TO SUSTAINABLY... INCREASE FARM PRODUCTIVITY.

REGION: EUROPE

(D) PURPOSE OF GRANT: TO SUPPORT THE IMPLEMENTATION OF 5 DEMONSTRATION
UNITS OF SAFTA ... AGROFORESTRY SYSTEMS IN TOME-ACU.

REGION: EUROPE

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

REGION: EUROPE

(D) PURPOSE OF GRANT: TO DEVELOP A ROADMAP FOR MULTISPECIES SURIMI

IMPROVEMENT FOR COMPLEX... FISHERIES INVOLVED IN TROPICAL SURIMI

PRODUCTION.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO RESTORE DEGRADED ECOSYSTEMS IN QUINOA

PRODUCTION, BASED ON THE IMPLEMENTATION... AND MANAGEMENT OF SUSTAINABLE

DIVERSIFIED SYSTEMS IN THE BOLIVIAN ALTIPLANO.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: TO CONTRIBUTE TO IMPROVED MARINE ENFORCEMENT

CAPACITY FOR EFFECTIVE ... MARINE SPATIAL PLANNING (MSP) IMPLEMENTATION

IN THE GREAT GULF OF CHIRIQUI(GGCH).

REGION: EUROPE

	inves	stmen	ts vs.	expendi	tures p	per re	Part I, line gion); Part applicable	II, line	1 (acc	ounting	g meth	od); l	Part III	(accou	nting n	nethod	d); and	Part I	II, colui	mn (c)	
(D)	PURPO	SE	OF	GRAN	1T :	то	DEVEI	OP	AND	PII	TOL	A	FIRS	ST V	ERS	ION	OF	TH:	E		
SUST	AINAB	LE	EEI	L GRO	OUP.	• •	SUSTA	INZ	ABIL	ITY	STA	AND	ARD	FOR	TH	ΕA	NGU:	ILL	A		
ROST	RATA	(AM	IER.	ICAN	EEI	١).															

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

Open to Public Inspection

		GO LO WWW.I	15.90V/F01111990 10	i the latest lillori	nation.		mopoduom
Name of the organization	ID.						Employer identification number
MULTIPLIE							91-2166435
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than s	_					Yes" on Form 990, Par	t IV, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO SUPPORT ORGANIZATION'S
PROJECT EQUITY							MISSION TO STRENGTHEN
585 EL DORADO AVENUE							SMALL BUSINESSES AND LIFT
OAKLAND, CA 94611	86-2938689	501(C)(3)	1,000,000.	0.			UP LOW-WAGE WORKERS
							TO PROVIDE SUPPORT FOR
WORLD WILDLIFE FUND, INC							THE ESTABLISHMENT OF A
1250 24TH STREET NW							NEW PRE-COMPETITIVE
WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	395,200.	0.			INDUSTRY-LED ENTITY TO
							TO PROVIDE SUPPORT FOR
INSTITUTE OF FOOD TECHNOLOGISTS							THE ESTABLISHMENT OF A
525 W VAN BUREN STREET, STE 1000							NEW PRE-COMPETITIVE
CHICAGO, IL 60607	36-2136957	501(C)(3)	263,200.	0.			INDUSTRY-LED ENTITY TO
							TO TRANSITION 4-6 KP
DEMOCRACY AT WORK INSTITUTE							SUPPLIER COMPANIES TO
PO BOX 170701							WORKER OWNERSHIP ACROSS
SAN FRANCISCO, CA 94117	27-5265123	501(C)(3)	220,162.	0.			KPS REGIONS, WITH A
							TO HELP SMALL AND
ALASKA SUSTAINABLE FISHERIES TRUST							INDEPENDENT FISHERMEN
304 BARANOF STREET							WEATHER THE COVID-19
SITKA, AK 99835	27-0594449	501(C)(3)	197,640.	0.			CRISIS BY FUNDING THE
							TO POSITION GRANTEE TO
DEL PASO BOULEVARD FOUNDATION INC							HELP SMALL AND
1219 DEL PASO BLVD.							INDEPENDENT FISHERMEN TO
SACRAMENTO, CA 95815	20-5541333	501(C)(3)	150,000.	0.			WEATHER THE COVID-19
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table			<u> </u>	▶ 35

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

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO HELP SMALL AND
MAINE COAST FISHERMEN'S							INDEPENDENT FISHERMEN
ASSOCIATION - 93 PLEASANT STREET -							WEATHER THE COVID-19
BRUNSWICK, ME 04011	13-4337702	501(C)(3)	124,873.	0.			CRISIS THROUGH THE
							TO HELP SMALL AND
MASSACHUSETTS AQUACULTURE							INDEPENDENT FISHERMEN
ASSOCIATION INC - PO BOX 186 -							WEATHER THE COVID-19
WEST CHATHAM, MA 02669	04-3401377	501(C)(6)	108,050.	0.			CRISIS WITH FOCUS ON
							TO HELP SMALL AND
SLOW MONEY SAN LUIS OBISPO							INDEPENDENT FISHERMEN
1288 11TH STREET							WEATHER THE COVID-19
LOS OSOS, CA 93402	82-2069002	501(C)(3)	100,400.	0.			CRISIS, WITH FOCUS ON
							FOR THE MONTEREY BAY
MONTEREY BAY AQUARIUM/SEAFOOD							AQUARIUM'S SEAFOOD WATCH
WATCH PROGRAM - 886 CANNERY ROW -							PROGRAM TO CARRY OUT DATA
MONTEREY, CA 93940	94-2487469	501(C)(3)	75,000.	0.			VISUALIZATION AND
,			,				TO SUPPORT STAFF
MONTEREY BAY AQUARIUM/SEAFOOD							PARTICIPATION IN MEETINGS
WATCH PROGRAM - 886 CANNERY ROW -							ABOUT FISHERIES AND
MONTEREY, CA 93940	94-2487469	501(C)(3)	18,135.	0.			AQUACULTURE IMPROVEMENT.
,			<u> </u>				TO SUPPORT STAFF
MONTEREY BAY AQUARIUM/SEAFOOD							PARTICIPATION IN MEETINGS
WATCH PROGRAM - 886 CANNERY ROW -							ABOUT FISHERIES AND
MONTEREY, CA 93940	94-2487469	501(C)(3)	20,865.	0.			AQUACULTURE IMPROVEMENT.
			, .	-			TO FUND THE GRANTEES
AMERICAN SOCIETY OF ADAPTATION							PIONEERING A READY TO
PROFESSIONALS - PO BOX 980329 -							FUND RESILIENCE GUIDEBOOK
YPSILANTI, MI 48198	47-3715950	501(C)(3)	60,000.	0.			& TRAINING FOR US
			11,111				
ECOADAPT							TO FUND THE ECOADAPT'S
PO BOX 11195							"HOW WILL WE KNOW WERE
BAINBRIDGE ISLAND, WA 98110	26-3303629	501(C)(3)	60,000.	0.			ADAPTING?" PROJECT.
	20 0000029			· · · · · · · · · · · · · · · · · · ·			TO FUND THE GRANTEES
ANTIOCH UNIVERSITY NEW ENGLAND							CO-DESIGN AND INTEGRATION
40 AVON STREET							OF DIVERSITY, EQUITY, AND
KEENE NH 03431	31-0536640	501(C)(3)	60,000.	0.			INCLUSION INTO CLIMATE
VEENE' NU AST	31-0330040	Por(c)(3)	1 00,000.	١.			THETOSION INTO CLIMATE

MULTIPLIER 91-2166435

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) TO FUND THE GRANTEES NATIONAL WILDLIFE FEDERATION MAINSTREAMING NATURE INTO 11100 WILDLIFE CENTER DRIVE RESILIENCE SOLUTIONS PROJECT. RESTON, VA 20190 53-0204616 501(C)(3) 60,000 0 TO SUPPORT STAFF TRANSFAIR USA (DBA FAIR TRADE USA) PARTICIPATION IN MEETINGS 1901 HARRISON STREET NO. 1700 ABOUT FISHERIES AND OAKLAND, CA 94612 41-1848081 501(C)(3) 18,135 0 AOUACULTURE IMPROVEMENT. TO SUPPORT STAFF TRANSFAIR USA (DBA FAIR TRADE USA) PARTICIPATION IN MEETINGS ABOUT FISHERIES AND 1901 HARRISON STREET NO. 1700 OAKLAND, CA 94612 41-1848081 501(C)(3) 20,865 0 AOUACULTURE IMPROVEMENT. TO EDUCATE ORGANIZE AND GOOD OLD LOWER EAST SIDE INC. MOBILIZE A SUSTAINABLE 169 AVENUE B ENERGY FUTURE AND NEW YORK, NY 10009 13-2915659 0 EQUITABLE DISTRIBUTION... 501(C)(3) 14,000 TO FUND BASE BUILDING GOOD OLD LOWER EAST SIDE INC LEADERSHIP DEVELOPMENT 169 AVENUE B AND ORGANIZING IN EDA 0 CAMPAIGNS, LOCAL ... NEW YORK, NY 10009 13-2915659 501(C)(3) 13,500 TO FUND BASE BUILDING CITIZENS FOR LOCAL POWER (AKA LEADERSHIP DEVELOPMENT. COMMUNITIES FOR LOCAL POWER) - 702 AND ORGANIZING IN EDA BROADWAY - KINGSTON NY 12401 501(C)(3) CAMPAIGNS LOCAL ... 47-3531432 20,000 0 TO EDUCATE ORGANIZE AND CITIZENS FOR LOCAL POWER (AKA MOBILIZE A SUSTAINABLE COMMUNITIES FOR LOCAL POWER) - 702 ENERGY FUTURE AND BROADWAY - KINGSTON NY 12401 47-3531432 501(C)(3) 9 000 0 EOUITABLE DISTRIBUTION... TO COLLABORATE WITH SUSTAINABLE FISHERIES PARTNERSHIP MEMBERS OF THE FOUNDATION - 4348 WAIALAE AVENUE CERTIFICATION AND RATINGS #692 - HONOLULU, HI 96816 27-3091938 501(C)(3) 7,500 0 COLLABORATION TO... TO SUPPORT STAFF SUSTAINABLE FISHERIES PARTNERSHIP PARTICIPATION IN MEETINGS ABOUT FISHERIES AND FOUNDATION - 4348 WAIALAE AVENUE #692 - HONOLULU, HI 96816 27-3091938 501(C)(3) 0 AOUACULTURE IMPROVEMENT. 20 865

Page 1

Schedule I (Form 990)

MULTIPLIER

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION - 4348 WAIALAE AVENUE #692 - HONOLULU, HI 96816	27-3091938	501(c)(3)	18,135.	0.			TO SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.
EXTRA TABLE PO BOX 17318 HATTIESBURG, MS 39404		501(C)(3)	30,000.	0.			FOR THE SEA TO SUPPER PROGRAM TO SUPPORT THE WORK OF FISHERMEN, DOCKSIDE WORKERS, FOOD
COASTAL QUEST 2625 ALCATRAZ AVE. #609 BERKELEY, CA 94705	31-1678716	501(C)(3)	20,000.	0.			TO SUPPORT ENGAGEMENT OF INDUSTRY LEADERSHIP IN DISCUSSION OF BARRIERS TO GENDER EQUALITY IN THE
AMERICAN SUSTAINABLE BUSINESS INSTITUTE - 712 H STREET NE, PMB 42 - WASHINGTON, DC 20002	45-2384297	501(C)(3)	9,000.	0.			TO EDUCATE, ORGANIZE AND MOBILIZE A SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION
LONG ISLAND PROGRESSIVE COALITION 90 PENNSYLVANIA AVENUE MASSAPEQUA, NY 11758	11-2849848	501(C)(4)	12,000.	0.			TO EDUCATE, ORGANIZE AND MOBILIZE A SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION
LONG ISLAND PROGRESSIVE COALITION 90 PENNSYLVANIA AVENUE MASSAPEQUA, NY 11758	11-2849848	501(C)(4)	18,000.	0.			TO FUND BASE BUILDING, LEADERSHIP DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL
WEST HARLEM ENVIRONMENTAL ACTION 1854 AMSTERDAM AVENUE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	20,000.	0.			TO FUND BASE BUILDING, LEADERSHIP DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL
WEST HARLEM ENVIRONMENTAL ACTION 1854 AMSTERDAM AVENUE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	15,000.	0.			TO EDUCATE, ORGANIZE AND MOBILIZE A SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	15,000.	0.			TO FUND BASE BUILDING, LEADERSHIP DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL

Schedule I (Form 990)

Schedule I (Form 990) MODITELLE							1-2100433 Page 1
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO EDUCATE, ORGANIZE AND
TIDES CENTER							MOBILIZE A SUSTAINABLE
PO BOX 29907							ENERGY FUTURE AND
SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	14,000.	0.			EQUITABLE DISTRIBUTION
							TO FUND BASE BUILDING,
METRO JUSTICE OF ROCHESTER INC							LEADERSHIP DEVELOPMENT,
1115 E. MAIN ST.							AND ORGANIZING IN EDA
ROCHESTER, NY 14609	16-1016916	501(C)(3)	22,000.	0.			CAMPAIGNS, LOCAL
							TO EDUCATE, ORGANIZE AND
METRO JUSTICE OF ROCHESTER INC							MOBILIZE A SUSTAINABLE
1115 E. MAIN ST.							ENERGY FUTURE AND
ROCHESTER, NY 14609	16-1016916	501(C)(3)	17,000.	0.			EQUITABLE DISTRIBUTION
PROJECT SOUTH - GULF COAST CENTER							TO SUPPORT ESTABLISHMENT
FOR LAW AND POLICY - 9 GAMMON AVE							OF THE OCEAN JUSTICE
- ATLANTA, GA 30344	58-1956686	501(C)(3)	50,000.	0.			FORUM.
							TO WORK WITH INCLUSIVE
KISS THE GROUND							EMPOWERMENT OF
PO BOX 515381 PMB 63508							SMALLHOLDER FARMS TO
LOS ANGELES, CA 90051-6681	46-4507696	501(C)(3)	45,000.	0.			TRANSFORM THEIR FARMS
							TO SUPPORT THE CA BIPOC
MANDELA MARKETPLACE INC							FARMER/LAND STEWARD
1344 7TH STREET							RELIEF FUND COLLABORATIVE
OAKLAND, CA 94607	11-3754129	501(C)(3)	36,400.	0.			(NOW THE PEOPLES LAND
							TO PROMOTE REGENERATIVE
KISKEYA INTERNATIONAL INC							AGROFORESTRY AMONGST
6360 UPLANDS BLVD. APT N							CACAO PRODUCERS AND
SARASOTA, FL 34243	82-4863569	501(C)(3)	34,000.	0.			FARMERS IN THE
							TO SUPPORT DEVELOPMENT OF
NEW YORK UNIVERSITY							CUSTOMIZED, PURPOSE
70 WASHINGTON SQ SOUTH							DRIVEN DATA GOVERNANCE
NEW YORK, NY 10012-1019	13-5562308	501(C)(3)	31,700.	0.			STRATEGIES AND
							TO FUND THE MONTEREY BAY
MONTEREY BAY FISHERIES TRUST							COMMUNITY SEAFOOD
99 PACIFIC STREET, SUITE 575C							PROGRAM TO SUPPORT THE
MONTEREY, CA 93940	47-1978379	501(C)(3)	30,000.	0.			WORK OF FISHERMEN AND

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRONGER AMERICA THROUGH SEAFOOD							TO FUND THE AQUACULTURE
1209 ORANGE STREET							CLIMATE INITIATIVE
WILMINGTON, DE 19801	82-3703426	501(C)(6)	30,000.	0.			PROJECT.
							TO ORGANIZE AND IMPLEMENT
REEF FISH CONSERVATION AND							FIVE MODERATED WORKSHOPS
EDUCATION FOUNDATION - 1902 WHARF							TO BRING TOGETHER
ROAD - GALVESTON, TX 77550	81-4057000	501(C)(3)	29,480.	0.			COMMERCIAL WILD
•			,				TO FUND BASE BUILDING,
BINGHAMTON REGIONAL SUSTAINABILITY							LEADERSHIP DEVELOPMENT,
COALITION - 106 HIGHLAND AVE -							AND ORGANIZING IN EDA
BINGHAMTON, NY 13905-4044	27-0709023	501(C)(3)	15,000.	0.			CAMPAIGNS, LOCAL
·							TO EDUCATE, ORGANIZE AND
BINGHAMTON REGIONAL SUSTAINABILITY							MOBILIZE A SUSTAINABLE
COALITION - 30 MAIN STREET -							ENERGY FUTURE AND
BINGHAMTON, NY 13905	27-0709023	501(C)(3)	14,000.	0.			EQUITABLE DISTRIBUTION
							TO OBTAIN TWO SPECIES
AMERICAN UNIVERSITY							NETWORK DATA EXPORTS FROM
4400 MASSACHUSETTS AVE NW							THE ARTIS DATABASE TO BE
WASHINGTON, DC 20016	53-0196549	501(C)(3)	11,000.	0.			USED WITHIN A
EARTH DAY NETWORK							TO SUPPORT EARTH DAY
1752 N STREET NW, SUITE 700							NETWORK'S REGENERATIVE
WASHINGTON DC 20036	13-3798288	501(C)(3)	10,000.	0.			AGRICULTURE CAMPAIGN.
WISHINGTON, BC 20030	13 3730200	501(0)(3)	10,000.	••			TO SUPPORT GRANTEES
PLANTING JUSTICE							MISSION OF SUPPORTING
319 105TH AVENUE							COMMUNITIES WITH SKILLS
OAKLAND, CA 94603	27-0334905	501(C)(3)	10,000.	0.			AND RESOURCES FOR FOOD
OINCHIND, CIT 54005	27 0334303	501(0)(3)	10,000.	••			IND RESOURCES FOR FOOD

91-2166435 MULTIPLIER Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 MULTIPLIER					91-2166435	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 a	ssistance
Part IV Supplemental Information. Provide the information red	I quired in Part I, lin	e 2; Part III, columr	I n (b); and any other a	l dditional information.		
PART I, LINE 2:						
GRANTS ARE SUPPORTED BY GRANT AGRI	EEMENTS S	IGNED BY M	MULTIPLIER	AND THE		
GRANTEE, WHICH INCLUDE A DETAILED	DESCRIPT	ION OF EXE	PECTED DELI	VERABLES		
AND/OR OUTCOMES. GRANTEE IS REQUI	RED TO P	ROVIDE MUI	TIPLIER WI	TH PERIODIC		
REPORTING, AS SPECIFIED IN THE GRA	ANT AGREE	MENT, REGA	ARDING OUTC	OMES ACHIEVED		
WITH GRANT FUNDS DISBURSED; THIS I	REPORTING	IS VERIFI	ED BY APPL	ICABLE		
PROJECT STAFF						

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT EQUITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ORGANIZATION'S MISSION TO

STRENGTHEN SMALL BUSINESSES AND LIFT UP LOW-WAGE WORKERS... AND

COMMUNITIES OF COLOR THROUGH THE POWER OF EMPLOYEE OWNERSHIP

NAME OF ORGANIZATION OR GOVERNMENT: WORLD WILDLIFE FUND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE

ESTABLISHMENT OF A NEW PRE-COMPETITIVE INDUSTRY-LED ENTITY TO... SECURE

THE FUTURE AND ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD

TRACEABILITYS STANDARDS.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF FOOD TECHNOLOGISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE

ESTABLISHMENT OF A NEW PRE-COMPETITIVE INDUSTRY-LED ENTITY TO... SECURE

THE FUTURE AND ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD

TRACEABILITYS STANDARDS.

NAME OF ORGANIZATION OR GOVERNMENT: DEMOCRACY AT WORK INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRANSITION 4-6 KP SUPPLIER

COMPANIES TO WORKER OWNERSHIP ACROSS KPS REGIONS, WITH A... FOCUS ON

BALTIMORE/MID-ATLANTIC STATES AND OAKLAND/NORTHERN CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA SUSTAINABLE FISHERIES TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SMALL AND INDEPENDENT

FISHERMEN WEATHER THE COVID-19 CRISIS BY FUNDING THE... SABLEFISH AND

SOCKEYE PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: DEL PASO BOULEVARD FOUNDATION INC

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO POSITION GRANTEE TO HELP SMALL

AND INDEPENDENT FISHERMEN TO WEATHER THE COVID-19... CRISIS WITH FOCUS ON

SEAFOOD DISTRIBUTION, FOOD SECURITY AND ORGANIZATIONAL EXECUTION

CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT: MAINE COAST FISHERMEN'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SMALL AND INDEPENDENT

FISHERMEN WEATHER THE COVID-19 CRISIS THROUGH THE... FISHERMEN FEEDING

MAINERS PROGRAMS WITH FOCUS ON SEAFOOD DISTRIBUTION, FOOD SECURITY AND

ORGANIZATIONAL EXECUTION CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT:

MASSACHUSETTS AQUACULTURE ASSOCIATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SMALL AND INDEPENDENT

FISHERMEN WEATHER THE COVID-19 CRISIS WITH FOCUS ON... SEAFOOD

DISTRIBUTION, FOOD SECURITY AND ORGANIZATIONAL EXECUTION CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT: SLOW MONEY SAN LUIS OBISPO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SMALL AND INDEPENDENT

FISHERMEN WEATHER THE COVID-19 CRISIS, WITH FOCUS ON... SEAFOOD

DISTRIBUTION, FOOD SECURITY AND ORGANIZATIONAL EXECUTION CAPACITY.

NAME OF ORGANIZATION OR GOVERNMENT:

MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE MONTEREY BAY AQUARIUM'S

SEAFOOD WATCH PROGRAM TO CARRY OUT DATA VISUALIZATION AND ... ANALYSIS TO

SUPPORT THE GOALS OF THE CERTIFICATION AND RATINGS COLLABORATION.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN SOCIETY OF ADAPTATION PROFESSIONALS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE GRANTEES PIONEERING A

READY TO FUND RESILIENCE GUIDEBOOK & TRAINING FOR US... COMMUNITIES

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: ANTIOCH UNIVERSITY NEW ENGLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE GRANTEES CO-DESIGN AND

INTEGRATION OF DIVERSITY, EQUITY, AND INCLUSION INTO CLIMATE...

RESILIENCE PLANNING PROJECT.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD OLD LOWER EAST SIDE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD OLD LOWER EAST SIDE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT:

CITIZENS FOR LOCAL POWER (AKA COMMUNITIES FOR LOCAL POWER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV | Supplemental Information

CITIZENS FOR LOCAL POWER (AKA COMMUNITIES FOR LOCAL POWER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COLLABORATE WITH MEMBERS OF THE

CERTIFICATION AND RATINGS COLLABORATION TO... CREATE A ROADMAP FOR

MULTI-SPECIES SURIMI IMPROVEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: EXTRA TABLE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SEA TO SUPPER PROGRAM TO

SUPPORT THE WORK OF FISHERMEN, DOCKSIDE WORKERS, FOOD... PROCESSORS, AND

TRANSPORTERS, AND PROVIDE AN ESTIMATED 21,753 ADDITIONAL MEALS OF SHRIMP

TO HUNGRY MISSISSIPPIANS.

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL QUEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ENGAGEMENT OF INDUSTRY

LEADERSHIP IN DISCUSSION OF BARRIERS TO GENDER EQUALITY IN THE... SEAFOOD

INDUSTRY AND CO-CREATION OF SOLUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN SUSTAINABLE BUSINESS INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN SUSTAINABLE BUSINESS INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT: LONG ISLAND PROGRESSIVE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: LONG ISLAND PROGRESSIVE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT: WEST HARLEM ENVIRONMENTAL ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT: WEST HARLEM ENVIRONMENTAL ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

Part IV Supplemental Information

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: METRO JUSTICE OF ROCHESTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

NAME OF ORGANIZATION OR GOVERNMENT: METRO JUSTICE OF ROCHESTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A

SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION... OF THE BENEFITS

DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT: KISS THE GROUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK WITH INCLUSIVE EMPOWERMENT
OF SMALLHOLDER FARMS TO TRANSFORM THEIR FARMS... TO REGENERATIVE
AGRICULTURE.

NAME OF ORGANIZATION OR GOVERNMENT: MANDELA MARKETPLACE INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CA BIPOC FARMER/LAND

STEWARD RELIEF FUND COLLABORATIVE (NOW THE PEOPLES LAND... FUND) IN

PROVIDING COVID-19 RELIEF FOR BLACK, INDIGENOUS, AND POC FARMERS AND LAND

STEWARDS.

Part IV | Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: KISKEYA INTERNATIONAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE REGENERATIVE AGROFORESTRY

AMONGST CACAO PRODUCERS AND FARMERS IN THE... DOMINICAN REPUBLIC.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DEVELOPMENT OF

CUSTOMIZED, PURPOSE DRIVEN DATA GOVERNANCE STRATEGIES AND... PLATFORMS

AND FACILITATION OF NETWORKS OF DATA STEWARDS FOR THE BLUE ECONOMY

INITIATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: MONTEREY BAY FISHERIES TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE MONTEREY BAY COMMUNITY

SEAFOOD PROGRAM TO SUPPORT THE WORK OF FISHERMEN AND... FOOD WORKERS AND

PROVIDE 6,900 ADDITIONAL MEALS DELIVERED TO FAMILIES IN MONTEREY COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT:

REEF FISH CONSERVATION AND EDUCATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ORGANIZE AND IMPLEMENT FIVE

MODERATED WORKSHOPS TO BRING TOGETHER COMMERCIAL WILD ... HARVEST

FISHERMEN, FINFISH AQUACULTURE REPRESENTATIVES, AND SEAFOOD SUPPLY CHAIN

PARTNERS IN COASTAL COMMUNITIES ACROSS THE GULF.

NAME OF ORGANIZATION OR GOVERNMENT:

BINGHAMTON REGIONAL SUSTAINABILITY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BASE BUILDING, LEADERSHIP

DEVELOPMENT, AND ORGANIZING IN EDA CAMPAIGNS, LOCAL ... CAMPAIGNS AND

INITIATIVES FOR ENERGY DEMOCRACY.

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT:
BINGHAMTON REGIONAL SUSTAINABILITY COALITION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, ORGANIZE AND MOBILIZE A
SUSTAINABLE ENERGY FUTURE AND EQUITABLE DISTRIBUTION OF THE BENEFITS
DERIVED THEREFROM; FUNDS WILL BE FOCUSED ON GENERAL SUPPORT.
NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO OBTAIN TWO SPECIES NETWORK DATA
EXPORTS FROM THE ARTIS DATABASE TO BE USED WITHIN A DASHBOARD TO
BETTER UNDERSTAND GLOBAL SEAFOOD TRADE AND MARKET LEVERAGE POINTS.
NAME OF ORGANIZATION OR GOVERNMENT: PLANTING JUSTICE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRANTEES MISSION OF
SUPPORTING COMMUNITIES WITH SKILLS AND RESOURCES FOR FOOD SOVEREIGNTY
AND EMPOWERING FORMER RESIDENTS THROUGH ECONOMIC JUSTICE SO THEY MAY STAY
HOME AND KEEP FAMILIES TOGETHER.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

MULTIPLIER

Questions Regarding Compensation

Employer identification number 91-2166435

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Deculations section F2 4059 6(c)2	0	1	I

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Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 MULTIPLIER 91-2166435 Page 2

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	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LAURA DEATON	(i)	211,641.	39,495.	0.	7,582.	11,228.	269,946.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JOHN NORDGREN	(i)	183,325.	0.	0.	5,757.	19,327.	208,409.	0.	
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CYNTHIA KOEHLER	(i)	180,000.	15,723.	0.	5,875.	670.	202,268.	0.	
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KATHARINE WILKINSON	(i)	160,000.	0.	0.	4,800.	10,606.	175,406.	0.	
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MARIAH BOYLE	(i)	153,400.	0.	0.	4,650.	10,606.	168,656.	0.	
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DIANE BAILEY	(i)	132,496.	0.	0.	4,403.	30,308.		0.	
PROJECT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021	MULTIPLIER	91-2166435	Page 3
Part III Supplemental Inform			
Provide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	6b, 7, and 8, and for Part II. Also complete this part for any additional inform	ation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization MULTIPLIER Employer identification number 91-2166435

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermin	_	ts
4	Art Marko of ort		literns contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	6	110 547	DOOK WATEE			
9	Securities - Publicly traded	Α	0	110,547.	BOOK VALUE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FOD PPP LOAN)	X	1	1,295,233.	BOOK VALUE			
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		Х
32a	Does the organization hire or use third parties							
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.	` '		-	•			

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SCHEDULE 0 (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 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 \$ 2,129,071. INCLUDING GRANTS OF \$ 888,000. REVENUE \$ 40,854.					
FORM 990, PART VI, SECTION A, LINE 3:					
PROGRAM MANAGEMENT:					
PROJECT NAME	DELEGATED MANAGEMENT				
ALTER ECO FOUNDATION	ANTOINE AMBERT				
CCHANGE	SCOTT RADWAY				
CERTIFICATION AND RATINGS COLLABORATIVE	JACKIE CAINE & JULES COOKES				
COLUMBIA REDIVIVA	JIM NORTON				
CONGO EDUCATION PARTNERS	INGRID SCHULZE				
CONSERVATION & COMMUNITY INVESTMENT FORUMS	NOAH GREENBERG				
FED BY BLUE	JILL KAUFFMAN JOHNSON				
JUNGLE KEEPERS	REBECCA FOON				
MARHAVER LAB	KRISTEN MARHAVER				
MARVIVA FOUNDATION	ALEJANDRA PACHECO				
MAVEN'S NOTEBOOK	CHRIS AUSTIN				
MOONSHOT MISSIONS	GEORGE HAWKINS				
NET GAINS ALLIANCE	GEORGE A. CHMAEL II				
PIGGY BANK	BRADY LOWE				

 Schedule O (Form 990) 2021
 Page 2

Name of the organization MULTIPLIER	Employer identification number 91-2166435
POPE CREEK WEED PROJECT	CAROL KUNZE
REPERATION GENERATION	DAVID MAYER
ROOT SOLUTIONS	NYA VAN LEUVAN
SEA PACT	ROBERT JOHNSON
SUSTAINING OUR URBAN LANDSCAPE	SUSANNAH BURLEY
TRANSFORMATIVE TECHNOLOGIES	NICHOLE BRADFORD
UPPER AMAZON CONSERVANCY	CHRIS FAGAN

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 2021.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2021 Page **2**

Name of the organization MULTIPLIER	Employer identification number 91-2166435
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	5,906,069
MANAGEMENT AND GENERAL EXPENSES	109,800
FUNDRAISING EXPENSES	232,821
TOTAL EXPENSES	6,248,690
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,248,690
FORM 990, PART XII, LINE 2C:	
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING AN INDI	EPENDENT
ACCOUNTANT HAS NOT CHANGED FROM PRIOR YEAR.	