

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MULTIPLIER</b> Doing business as		<b>D</b> Employer identification number 91-2166435
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 548 MARKET STREET, PMB 81178		<b>E</b> Telephone number (415) 421-3774
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94104-5401		<b>G</b> Gross receipts \$ 61,946,506.
	<b>F</b> Name and address of principal officer: LAURA DEATON SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number

**J** Website: WWW.MULTIPLIER.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2001 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROTECT AND FOSTER A HEALTHY, SUSTAINABLE, RESILIENT, AND EQUITABLE WORLD.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 9
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>5</b> 269
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 590
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>37,303,721.</b> <b>54,265,863.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>2,387,892.</b> <b>1,941,007.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>53,832.</b> <b>-11,062.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>119,570.</b> <b>247,510.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>39,865,015.</b> <b>56,443,318.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>5,138,864.</b> <b>4,163,333.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>14,594,525.</b> <b>18,132,816.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,052,235.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>9,847,226.</b> <b>13,490,013.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>29,580,615.</b> <b>35,786,162.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>10,284,400.</b> <b>20,657,156.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>43,496,092.</b> <b>65,327,961.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>5,189,598.</b> <b>6,955,923.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>38,306,494.</b> <b>58,372,038.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	LAURA DEATON, EXECUTIVE DIRECTOR Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	KYLE GANLEY Firm's name LINDQUIST, VON HUSEN & JOYCE LLP Firm's address 301 HOWARD STREET, SUITE 850 SAN FRANCISCO, CA 94105		Check if self-employed <input type="checkbox"/> PTIN P01443362 Firm's EIN 94-1250261 Phone no. (415) 957-9999

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,892,151. including grants of \$ 89,286. ) (Revenue \$ 108,970. ) HEALTHY PLANET AND PEOPLE: BIODIVERSE PLANTS AND ANIMALS, INCLUDING HUMANS, LIVE IN BALANCED ECOSYSTEMS THAT PROVIDE THE NUTRIENTS THEY NEED AND A PLACE TO LIVE, GROW AND THRIVE.

4b (Code: ) (Expenses \$ 2,448,647. including grants of \$ 1,199,383. ) (Revenue \$ 625,156. ) SECURE NATURAL RESOURCES: NATURAL RESOURCES ACHIEVE SUSTAINABLE YIELD, KEEP HUMANS AND OTHER SPECIES ALIVE, AND SUPPORT THE WORLD'S ECONOMIES. POLICIES AND PRACTICES ARE IN PLACE TO ENSURE THAT NATURAL RESOURCES ARE NOT DEGRADED OR DEPLETED. AFTER PERIODIC DISTURBANCES WITHIN ECOSYSTEMS, RESOURCES ARE ABLE TO QUICKLY RECOVER OR RETURN TO EQUILIBRIUM.

4c (Code: ) (Expenses \$ 12,971,827. including grants of \$ 2,270,057. ) (Revenue \$ 1,211,060. ) SUSTAINABLE, EQUITABLE ECONOMIES: WORKERS, THEIR FAMILIES, AND THE COMMUNITIES IN WHICH THEY LIVE ARE SUSTAINED BY ECONOMICALLY HEALTHY LOCAL AND REGIONAL BUSINESSES. INDUSTRIES WITH CORE VALUES THAT REFLECT MINIMAL ENVIRONMENTAL IMPACT ARE FOSTERED, SUSTAINED AND ENABLED TO THRIVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 10,127,743. including grants of \$ 604,607. ) (Revenue \$ 45,000. )

4e Total program service expenses 31,440,368.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**LAURA DEATON - (415) 421-3774**  
**548 MARKET STREET, PMB 81178, SAN FRANCISCO, CA 94104-5401**

**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA DEATON EXECUTIVE DIRECTOR	40.00			X			259,308.	0.	17,347.	
(2) EVAN EDWARDS PROJECT DIRECTOR	40.00				X		219,217.	0.	16,436.	
(3) ALISON KOBAN PROJECT DIRECTOR	40.00				X		196,308.	0.	21,552.	
(4) GREGORY BROWN PROJECT DIRECTOR	40.00				X		187,109.	0.	17,532.	
(5) JOHN NORDGREN PROJECT DIRECTOR	40.00				X		180,297.	0.	20,287.	
(6) MARIAH BOYLE PROJECT DIRECTOR	40.00				X		176,342.	0.	14,215.	
(7) MELISSA BEARD CLACK BOARD SECRETARY	1.50	X		X			0.	0.	0.	
(8) JOHN CLAUSSEN BOARD TREASURER	1.50	X		X			0.	0.	0.	
(9) RYAN CABINTE BOARD CHAIRPERSON	1.50	X		X			0.	0.	0.	
(10) ASHLEY AHEARN BOARD DIRECTOR	1.00	X					0.	0.	0.	
(11) JONATHAN BRACK BOARD DIRECTOR	1.00	X					0.	0.	0.	
(12) BERND CORDES BOARD DIRECTOR	1.00	X					0.	0.	0.	
(13) PHILLIP GOVER BOARD DIRECTOR	1.00	X					0.	0.	0.	
(14) GIULIA SICCARDO BOARD DIRECTOR	1.00	X					0.	0.	0.	
(15) MIRIAM BILLINGER BOARD DIRECTOR	1.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	173,933.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,032,308.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	52,059,622.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,105,656.				
	<b>h Total.</b> Add lines 1a-1f .....		54,265,863.				
<b>Program Service Revenue</b>	<b>2 a</b> FEES FOR SERVICES	<b>Business Code</b>					
		541900	1,314,307.	1,314,307.			
	<b>b</b> PROGRAM PARTICIPATION FEES	900099	462,889.	462,889.			
	<b>c</b> REGISTRATION FEES	900099	163,811.	163,811.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,941,007.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		386,439.			386,439.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....		60,505.			60,505.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	12,600.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	12,600.				
	<b>d</b> Net rental income or (loss) .....		12,600.			12,600.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	5,100,241.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,497,742.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-397,501.				
<b>d</b> Net gain or (loss) .....		-397,501.			-397,501.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		14,390.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>	5,446.					
<b>c</b> Net income or (loss) from sales of inventory .....		8,944.	8,944.				
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER	<b>Business Code</b>					
		900099	65,420.	420.		65,000.	
	<b>b</b> MISC. REIMBURSEMENT	900099	60,226.			60,226.	
	<b>c</b> HONORARIA	900099	31,495.	31,495.			
	<b>d</b> All other revenue .....	900099	8,320.	8,320.			
<b>e Total.</b> Add lines 11a-11d .....		165,461.					
<b>12 Total revenue.</b> See instructions .....		56,443,318.	1,990,186.	0.	187,269.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,789,260.	2,789,260.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	150,000.	150,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,224,073.	1,224,073.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	290,081.		290,081.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,863,694.	12,366,935.	1,848,371.	648,388.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	431,247.	354,761.	56,992.	19,494.
9 Other employee benefits	1,387,457.	1,145,081.	182,559.	59,817.
10 Payroll taxes	1,160,337.	975,738.	136,189.	48,410.
11 Fees for services (nonemployees):				
a Management	574,851.	496,891.		77,960.
b Legal	147,652.	101,667.	45,985.	
c Accounting	50,672.		50,672.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,083,009.	7,705,314.	225,748.	151,947.
12 Advertising and promotion				
13 Office expenses	82,861.	79,369.	3,476.	16.
14 Information technology				
15 Royalties				
16 Occupancy	224,116.	221,656.	2,460.	
17 Travel	995,715.	951,354.	32,467.	11,894.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	882,372.	841,250.	23,569.	17,553.
20 Interest	68,485.	68,485.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	83,909.	24,950.	58,959.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES &amp; EQUIPMENT</b>	1,858,993.	1,638,512.	211,353.	9,128.
b <b>OTHER EXPENSE</b>	437,378.	305,072.	124,678.	7,628.
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>35,786,162.</b>	<b>31,440,368.</b>	<b>3,293,559.</b>	<b>1,052,235.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	643,263.	<b>1</b>	734,577.
	<b>2</b> Savings and temporary cash investments .....	245,264.	<b>2</b>	100,832.
	<b>3</b> Pledges and grants receivable, net .....	6,419,026.	<b>3</b>	10,336,262.
	<b>4</b> Accounts receivable, net .....	1,155,379.	<b>4</b>	959,811.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	3,793,992.	<b>7</b>	5,285,999.
	<b>8</b> Inventories for sale or use .....	264,089.	<b>8</b>	223,668.
	<b>9</b> Prepaid expenses and deferred charges .....	224,514.	<b>9</b>	323,878.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,347.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,347.	<b>10c</b> 0.	0.
	<b>11</b> Investments - publicly traded securities .....	30,731,948.	<b>11</b>	47,350,218.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	18,617.	<b>15</b>	12,716.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	43,496,092.	<b>16</b>	65,327,961.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	2,057,143.	<b>17</b>	2,604,681.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	309,415.	<b>19</b>	629,923.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,823,040.	<b>25</b>	3,721,319.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,189,598.	<b>26</b>	6,955,923.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,442,254.	<b>27</b>	8,333,046.
	<b>28</b> Net assets with donor restrictions .....	30,864,240.	<b>28</b>	50,038,992.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	38,306,494.	<b>32</b>	58,372,038.
<b>33</b> Total liabilities and net assets/fund balances .....	43,496,092.	<b>33</b>	65,327,961.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,443,318.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,786,162.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,657,156.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,306,494.
5	Net unrealized gains (losses) on investments	5	-591,612.
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	58,372,038.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	17257350.	20782920.	32680192.	37303721.	54265863.	162290046
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	17257350.	20782920.	32680192.	37303721.	54265863.	162290046
<b>5</b> 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) .....						40025517.
<b>6 Public support.</b> Subtract line 5 from line 4.						122264529

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	17257350.	20782920.	32680192.	37303721.	54265863.	162290046
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	71,661.	244,742.	49,664.	145,344.	459,544.	970,955.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				200.		200.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	25,470.	82,438.	53,976.	92,451.	165,461.	419,796.
<b>11 Total support.</b> Add lines 7 through 10						163680997
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,596,121.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.70 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	70.43 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**MULTIPLIER**

Employer identification number

**91-2166435**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>MULTIPLIER</b>	Employer identification number  <b>91-2166435</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>5,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>4,988,718.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>4,198,174.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>3,530,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>3,488,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MULTIPLIER</b>	Employer identification number  <b>91-2166435</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,748,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,533,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MULTIPLIER</b>	Employer identification number  <b>91-2166435</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	52,408 SHARES OF ALPHABET INC _____ _____ _____	\$ 4,988,718.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization	Employer identification number
<b>MULTIPLIER</b>	91-2166435

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>MULTIPLIER</b>	Employer identification number <b>91-2166435</b>
---	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	3,380.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	12,254.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	15,634.													
<b>d</b> Other exempt purpose expenditures .....	35,770,528.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	35,786,162.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2 a</b> Lobbying nontaxable amount	871,165.	1,000,000.	1,000,000.	1,000,000.	3,871,165.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,806,748.
<b>c</b> Total lobbying expenditures	17,540.	39,763.	52,664.	15,634.	125,601.
<b>d</b> Grassroots nontaxable amount	217,791.	250,000.	250,000.	250,000.	967,791.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,451,687.
<b>f</b> Grassroots lobbying expenditures	4,371.	4,974.	11,300.	3,380.	24,025.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

---



---



---



---



---



---

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>NOTES PAYABLE</b>	<b>3,721,319.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	55,863,329.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	-591,612.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	11,623.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-579,989.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	56,443,318.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	56,443,318.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	35,797,785.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	11,623.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	11,623.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	35,786,162.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	35,786,162.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. ORGANIZATION'S FEDERAL AND STATE INFORMATION RETURNS FOR THE YEARS 2018 THROUGH 2021 ARE SUBJECT TO EXAMINATION BY REGULATORY AGENCIES, GENERALLY FOR THREE YEARS AND FOUR YEARS AFTER THEY WERE FILED FOR FEDERAL AND STATE, RESPECTIVELY.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization  <b>MULTIPLIER</b>	Employer identification number  <b>91-2166435</b>
---	---

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA/ PACIFIC	1	3	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	1,017,382.
EAST ASIA/ PACIFIC	0	0	GRANTS		210,000.
EUROPE	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	483,171.
EUROPE	0	0	GRANTS		162,550.
NORTH AMERICA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	155,441.
NORTH AMERICA	0	0	GRANTS		0.
RUSSIA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	155,441.
RUSSIA	0	0	GRANTS		0.
<b>3 a Subtotal</b> .....	1	3			2,183,985.
<b>b Total from continuation sheets to Part I</b> .....	0	3			2,151,070.
<b>c Totals</b> (add lines 3a and 3b) .....	1	6			4,335,055.

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

Schedule F (Form 990) 2022

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	2	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	735,610.
SOUTH AMERICA	0	0	GRANTS		788,543.
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	253,055.
CENTRAL AMERICA & THE CARIBBEAN	0	0	GRANTS		62,980.
SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	155,441.
SOUTH ASIA	0	0	GRANTS		0.
SUBSAHARAN AFRICA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	155,441.
SUBSAHARAN AFRICA	0	0	GRANTS		0.
<b>Totals</b> .....		3			2,151,070.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT LEVERAGING LATIN AMERICAN PARTICIPATION IN INTERNATIONAL...	30,080.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPORT SUSTAINABILITY OF THE THERMAL DOME AND THE EASTERN TROPICAL...	32,900.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROVIDE COVID-19 RELIEF FUNDS FOR INDONESIAN PARTNERS.	190,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROVIDE COVID-19 RELIEF FUNDS FOR FISHERY GROUP IN WEST JAVA.	20,000.	WIRE	0.		
		EUROPE	SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND...	45,000.	WIRE	0.		
		EUROPE	SUPPORT CLIMATE SAFE LEARNING LAB.	48,750.	WIRE	0.		
		EUROPE	SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND...	45,000.	WIRE	0.		
		EUROPE	SUPPORT HIRING OF JAPANESE OUTREACH OFFICER TO EXPAND OUTREACH IN...	20,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **9**

3 Enter total number of other organizations or entities ..... **1**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PURCHASE A DATA SYSTEM: THE NATIONAL FISHERIES AND AQUACULTURE...	50,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT DIRECT COMMERCIALIZATION OF SUSTAINABLE AND LEGAL SEAFOOD IN CHILE...	204,000.	WIRE	0.		
		SOUTH AMERICA	STRENGTHEN THE RESILIENCE OF LA ISLILLA, A FISHING COMMUNITY IN...	190,025.	WIRE	0.		
		SOUTH AMERICA	SUPPORT FORMATION OF MULTI-STAKEHOLDER SUSTAINABILITY TASK FORCE TO DEFINE...	30,000.	WIRE	0.		
		SOUTH AMERICA	MAINTAIN ECOSYSTEM OF TOOLS FOR GENERAL OPERATIONS EXPENSES OF FUTURE OF FISH...	10,000.	WIRE	0.		
		SOUTH AMERICA	SUPPORT BUSINESS DEVELOPMENT FOR MAHI-MAHI AND JUMBO FLYING SQUID FISHERS.	265,795.	WIRE	0.		
		SOUTH AMERICA	SUPPORT CONSERVATION OF THREATENED HABITAT IN THE MADRE DE DIOS REGION OF THE...	38,723.	WIRE	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**PART II, COLUMN (D):**

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT LEVERAGING LATIN AMERICAN PARTICIPATION IN INTERNATIONAL... NEGOTIATIONS TOWARDS SUSTAINABLE MARINE STEWARDSHIP.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: SUPPORT SUSTAINABILITY OF THE THERMAL DOME AND THE EASTERN TROPICAL... PACIFIC SEASCAPE THROUGH DEVELOPMENT OF A GOVERNANCE MODEL.

REGION: EUROPE

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

REGION: EUROPE

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

REGION: EUROPE

**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: SUPPORT HIRING OF JAPANESE OUTREACH OFFICER TO  
EXPAND OUTREACH IN... JAPAN'S TUNA MARKETS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: PURCHASE A DATA SYSTEM: THE NATIONAL FISHERIES AND  
AQUACULTURE... SERVICE SERNAPECA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT DIRECT COMMERCIALIZATION OF SUSTAINABLE  
AND LEGAL SEAFOOD IN CHILE... THROUGHOUT THE SUPPLY CHAIN.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHEN THE RESILIENCE OF LA ISLILLA, A FISHING  
COMMUNITY IN... PAITA, PERU THROUGH IMPROVING CAPABILITIES AND ACCESS TO  
SOCIAL SERVICES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT FORMATION OF MULTI-STAKEHOLDER  
SUSTAINABILITY TASK FORCE TO DEFINE... SHARED VISION FOR SUSTAINABILITY  
IN PERU FISHERIES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: MAINTAIN ECOSYSTEM OF TOOLS FOR GENERAL OPERATIONS  
EXPENSES OF FUTURE OF FISH... GLOBAL OFFICES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORT CONSERVATION OF THREATENED HABITAT IN THE





**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	19,992.	0.			SUPPORT ALASKA NATIVE FISHERMEN/DIRECT MARKETERS TO BUILD COMMUNITY WITH SEAFOOD...
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	18,000.	0.			CREATE PROPOSAL FOR INDIVIDUAL FISHING QUOTA PURCHASE PROGRAM TO SUPPORT ENTRY LEVEL...
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	400,000.	0.			ESTABLISH A QUOTA BANK THAT GENERATES REVENUE TO ADVANCE FISHERIES ACCESS AMONG BIPOC FISHERMEN.
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	182,000.	0.			EXPAND FISHERIES ACCESS IN RURAL AND INDIGENOUS COMMUNITIES IN SOUTHEAST ALASKA THROUGH THE...
ALASKA SUSTAINABLE FISHERIES TRUST 304 BARANOF STREET SITKA, AK 99835	27-0594449	501(C)(3)	50,000.	0.			SUPPORT COLLABORATION TO CREATE A NEW NATIONAL TRUST IN THE U.S. FOR CATCH SHARES.
ALEUTIANS EAST BOROUGH 3380 C STREET SUITE 205 ANCHORAGE, AK 99503	92-0124066	501(C)(3)	20,000.	0.			RECEIVE LEGAL CONSULTATION TO DEVELOP AN INTEGRATED SOLUTION TO DELIVER CATCH DATA...

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **28.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY OF ADAPTATION PROFESSIONALS - PO BOX 980329 - YPSILANTI, MI 48198	47-3715950	501(C)(3)	15,000.	0.			PIONEER A READY-TO-FUND RESILIENCE GUIDEBOOK & TRAINING MODULE THAT BUILDS RESILIENCE INTO...
ANTIOCH UNIVERSITY NEW ENGLAND 40 AVON STREET KEENE, NH 03431	31-0536640	501(C)(3)	20,000.	0.			SUPPORT STAFF PARTICIPATION IN THE STEPS TO RESILIENCE TRAINING PROJECT.
CAPE COD COMMERCIAL FISHERMEN'S ALLIANCE - 1566 MAIN ST - CHATHAM, MA 02633	04-3138784	501(C)(3)	50,000.	0.			SUPPORT COLLABORATION TO CREATE A NEW NATIONAL TRUST IN THE U.S. FOR CATCH SHARES.
CDP NORTH AMERICA 127 WEST 26TH STREET, SUITE 300 NEW YORK, NY 10001	36-4709977	501(C)(3)	76,607.	0.			SUPPORT CITIES TO ADVANCE CLIMATE AND RESILIENCY PROJECTS WITH AN EMPHASIS ON RACIAL AND SOCIAL...
CITY OF PITTSBURGH 414 GRANT STREET PITTSBURGH, PA 15219	25-6000879	170(C)(1)	25,000.	0.			RETROFIT COMMUNITY CENTERS IN PITTSBURGH TO BE NET ZERO ENERGY READY TO SERVE VULNERABLE...
CLIMATE RESOLVE 525 S HEWITT ST LOS ANGELES, CA 90013	46-4736278	501(C)(3)	18,000.	0.			SUPPORT EFFORTS TO REDUCE THE EFFECTS OF DEADLY EXTREME HEAT IN PACIOMA, ONE OF THE HOTTEST...
COLORADO STATE UNIVERSITY FOUNDATION - P.O. BOX 1870 - FORT COLLINS, CO 80523	23-7098397	501(C)(3)	21,500.	0.			SUPPORT FOR CENTER FOR COLLABORATIVE CONSERVATION.
CONGO EDUCATION PARTNERS, INC. P.O. BOX 813 HILLSBOROUGH, NC 27278	86-2961018	501(C)(3)	20,084.	0.			SUPPORT PROTECTION OF CENTRAL AFRICA'S CONGO BASIN RAINFOREST BY BUILDING CAPACITY OF...
ECOADAPT P.O. BOX 11195 BAINBRIDGE ISLAND, WA 98110	26-3303629	501(C)(3)	15,000.	0.			SUPPORT ECOADAPT'S "HOW WILL WE KNOW WE'RE ADAPTING?" PROJECT.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR TRADE USA 1901 HARRISON ST, SUITE 1700 OAKLAND, CA 94612	41-1848081	501(C)(3)	45,000.	0.			SUPPORT STAFF PARTICIPATION IN COLLABORATIVE EFFORTS TO WORK TOWARD SHARED...
FAMILY RESOURCE CENTER OF THE REDWOODS - 494 PACIFIC AVENUE - CRESCENT CITY, CA 95531	81-2675618	501(C)(3)	28,968.	0.			SUPPORT COVID-19 DIRECT TO FISHERMEN AID GRANT WITH GOAL OF GROWING A RESILIENT AND ROBUST...
FOREFRONT 200 W. MADISON ST., 2ND FLOOR CHICAGO, IL 60606	23-7376023	501(C)(3)	8,350.	0.			SUPPORT NATIONAL SCIENCE POLICY NETWORK'S WORK TO POPULATE NEW ONLINE PLATFORM WITH SCIENCE...
GREAT PLAINS TRIBAL WATER ALLIANCE PO BOX 271 PINE RIDGE, SD 57770	20-4096132	501(C)(3)	10,000.	0.			SUPPORT STAFF PARTICIPATION IN THE STEPS TO RESILIENCE TRAINING PROJECT TO...
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	01-0504905	501(C)(3)	21,893.	0.			SUPPORT APPLICATION OF VIDEO MONITORING TECHNOLOGY TO ASSESS THE FISHERIES HABITAT...
GULF OF MEXICO REEF FISH SHAREHOLDERS ALLIANCE - 1902 WHARF RD - GALVESTON, TX 77550	26-2524327	501(C)(6)	50,000.	0.			SUPPORT COLLABORATION TO CREATE A NEW NATIONAL TRUST IN THE U.S. FOR CATCH SHARES.
HAWAII DENTAL SERVICE FOUNDATION 900 FORT STREET MALL 1900 HONOLULU, HI 96813	99-0246999	501(C)(4)	20,786.	0.			IMPROVE ORAL HEALTH OF HAWAII'S COMMUNITIES AND INCREASE ACCESS TO DENTAL CARE FOR UNDERSERVED...
HEADWATERS ECONOMICS P.O. BOX 7059 BOZEMAN, MT 59771	74-3171967	501(C)(3)	145,000.	0.			SUPPORT COMMUNITY WILDFIRE RESILIENCE IN MISSOULA COUNTY, MONTANA.
INSTITUTE OF FOOD TECHNOLOGISTS 525 W VAN BUREN STREET, SUITE 1000 CHICAGO, IL 60607	36-2136957	501(C)(3)	175,405.	0.			SUPPORT ESTABLISHMENT OF NEW ENTITY TO ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD...

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE COAST FISHERMEN'S ASSOCIATION - 93 PLEASANT STREET - BRUNSWICK, ME 04011	13-4337702	501(C)(3)	50,000.	0.			SUPPORT COLLABORATION TO CREATE A NEW NATIONAL TRUST IN THE U.S. FOR CATCH SHARES.
MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM - 886 CANNERY ROW - MONTEREY, CA 93940	94-2487469	501(C)(3)	44,500.	0.			SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.
MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM - 886 CANNERY ROW - MONTEREY, CA 93940	94-2487469	501(C)(3)	74,600.	0.			PERFORM DATA VISUALIZATION AND ANALYSIS TO SUPPORT THE GOALS OF THE...
MOONSHOT MISSIONS INC 5207 PORTSMOUTH ROAD BETHESDA, MD 20816	87-2485211	501(C)(3)	248,940.	0.			SUPPORT UNDERSERVED COMMUNITIES IN SECURING SAFE, ACCESSIBLE AND AFFORDABLE DRINKING...
MOTE MARINE LAB -CENTER FOR FISHERIES ELECTRONIC MONITORING - 1600 KEN THOMPSON PARKWAY - SARASOTA, FL 34236	59-0756643	501(C)(3)	25,000.	0.			UTILIZE ELECTRONIC MONITORING TECHNOLOGY TO PROVIDE INDUSTRY PARTICIPANTS WITH KEY...
NATIONAL WILDLIFE FEDERATION 1200 G ST NW, SUITE 900 WASHINGTON, DC 20005	53-0204616	501(C)(3)	15,000.	0.			SUPPORT FOR THE MAINSTREAMING NATURE INTO RESILIENCE SOLUTIONS PROJECT.
NEW YORK UNIVERSITY 70 WASHINGTON SQ SOUTH NEW YORK, NY 10012	13-5562308	501(C)(3)	106,800.	0.			SUPPORT THE SCOPING, DEVELOPMENT, TESTING AND DISSEMINATION OF DATA GOVERNANCE TOOLS FOR...
RURAL INVESTMENT TO PROTECT OUR ENVIRONMENT - 2316 RHODE ISLAND NE - WASHINGTON, DC 20018	86-3977878	501(C)(3)	386,501.	0.			SUPPORT ADVANCEMENT OF NATIONAL DIALOGUE FOR BIPARTISAN, COMPREHENSIVE,...
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION - 4348 WAIALAE AVENUE #692 - HONOLULU, HI 96816	27-3091938	501(C)(3)	44,343.	0.			SUPPORT STAFF PARTICIPATION IN MEETINGS ABOUT FISHERIES AND AQUACULTURE IMPROVEMENT.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE FISHERY ADVOCATES DBA FISHWISE - PO BOX 233 - SANTA CRUZ, CA 95061	57-1169538	501(C)(3)	10,000.	0.			SUPPORT SEA PACT'S SOCIAL RESPONSIBIITY WORKING GROUP AND DEVELOP PLAN TO ADDRESS HUMAN AND...
UPLIFT EDUCATION 3000 PEGASUS PARK DRIVE, SUITE 1100 DALLAS, TX 75247	75-2659683	501(C)(3)	50,000.	0.			TEACH SOCIAL EMOTIONAL LEARNING, WELL-BEING, AND CHARACTER LITERACY TO STUDENTS FOR POSITIVE...
WHOLECHAIN INC 1750 S. TELEGRAPH RD STE 310 BLOOMFIELD HILLS, MI 48302		DELAWARE CORPORA	25,000.	0.			SUPPORT FOR 2022 UNITED NATIONS OCEANS EVENT IN PORTUGAL.
WORLD WILDLIFE FUND, INC 1250 24TH STREET NW WASHINGTON, DC 20037-1193	52-1693387	501(C)(3)	240,090.	0.			SUPPORT ESTABLISHMENT OF NEW ENTITY TO ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD...

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CASH	1	25,000.	0.		SUPPORT OF DETROIT HOMEOWNER PROGRAM PILOT
CASH	1	25,000.	0.		SUPPORT OF DETROIT HOMEOWNER PROGRAM PILOT
CASH	1	25,000.	0.		SUPPORT OF DETROIT HOMEOWNER PROGRAM PILOT
CASH	1	25,000.	0.		SUPPORT OF DETROIT HOMEOWNER PROGRAM PILOT
CASH	1	25,000.	0.		SUPPORT OF DETROIT HOMEOWNER PROGRAM PILOT

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

**PART I, LINE 2:**

GRANTS ARE SUPPORTED BY GRANT AGREEMENTS SIGNED BY MULTIPLIER AND THE GRANTEE, WHICH INCLUDE A DETAILED DESCRIPTION OF EXPECTED DELIVERABLES AND/OR OUTCOMES. GRANTEE IS REQUIRED TO PROVIDE MULTIPLIER WITH PERIODIC REPORTING, AS SPECIFIED IN THE GRANT AGREEMENT, REGARDING OUTCOMES ACHIEVED WITH GRANT FUNDS DISBURSED; THIS REPORTING IS VERIFIED BY APPLICABLE PROJECT STAFF.

**PART II, LINE 1, COLUMN (H):**





**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA SUSTAINABLE FISHERIES TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ALASKA NATIVE

FISHERMEN/DIRECT MARKETERS TO BUILD COMMUNITY WITH SEAFOOD... INSECURE  
REGIONS.

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA SUSTAINABLE FISHERIES TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE PROPOSAL FOR INDIVIDUAL

FISHING QUOTA PURCHASE PROGRAM TO SUPPORT ENTRY LEVEL... FISHERIES ACCESS  
FOR BIPOC COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ALASKA SUSTAINABLE FISHERIES TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND FISHERIES ACCESS IN RURAL AND

INDIGENOUS COMMUNITIES IN SOUTHEAST ALASKA THROUGH THE... ESTABLISHMENT  
OF A GULF OF ALASKA QUOTA BANK AND LONG-TERM PARTNERSHIPS.

NAME OF ORGANIZATION OR GOVERNMENT: ALEUTIANS EAST BOROUGH

(H) PURPOSE OF GRANT OR ASSISTANCE: RECEIVE LEGAL CONSULTATION TO

DEVELOP AN INTEGRATED SOLUTION TO DELIVER CATCH DATA... FASTER AND MORE  
PRECISELY, AND AVOID BYCATCH HOTSPOTS.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN SOCIETY OF ADAPTATION PROFESSIONALS

(H) PURPOSE OF GRANT OR ASSISTANCE: PIONEER A READY-TO-FUND RESILIENCE

GUIDEBOOK & TRAINING MODULE THAT BUILDS RESILIENCE INTO... AMERICA'S  
COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: CDP NORTH AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT CITIES TO ADVANCE CLIMATE

**Part IV** Supplemental Information

AND RESILIENCY PROJECTS WITH AN EMPHASIS ON RACIAL AND SOCIAL... EQUITY.

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF PITTSBURGH

(H) PURPOSE OF GRANT OR ASSISTANCE: RETROFIT COMMUNITY CENTERS IN PITTSBURGH TO BE NET ZERO ENERGY READY TO SERVE VULNERABLE... INDIVIDUALS DURING EXTREME WEATHER AND ADVERSE CONDITIONS.

NAME OF ORGANIZATION OR GOVERNMENT: CLIMATE RESOLVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EFFORTS TO REDUCE THE EFFECTS OF DEADLY EXTREME HEAT IN PACIOMA, ONE OF THE HOTTEST... AREAS OF LOS ANGELES.

NAME OF ORGANIZATION OR GOVERNMENT: CONGO EDUCATION PARTNERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT PROTECTION OF CENTRAL AFRICA'S CONGO BASIN RAINFOREST BY BUILDING CAPACITY OF... DJOLU TECHNICAL COLLEGE TO SERVE AS A REGIONAL CENTER FOR EDUCATION, RESEARCH, TRAINING AND COMMUNITY OUTREACH.

NAME OF ORGANIZATION OR GOVERNMENT: FAIR TRADE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STAFF PARTICIPATION IN COLLABORATIVE EFFORTS TO WORK TOWARD SHARED... SUSTAINABILITY GOALS.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILY RESOURCE CENTER OF THE REDWOODS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT COVID-19 DIRECT TO FISHERMEN AID GRANT WITH GOAL OF GROWING A RESILIENT AND ROBUST... LOCAL FOOD ECONOMY AND INCREASING FOOD SECURITY IN DEL NORTE COUNTY, CA.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FOREFRONT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT NATIONAL SCIENCE POLICY

NETWORK'S WORK TO POPULATE NEW ONLINE PLATFORM WITH SCIENCE... POLICY

MEMOS.

NAME OF ORGANIZATION OR GOVERNMENT: GREAT PLAINS TRIBAL WATER ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STAFF PARTICIPATION IN THE

STEPS TO RESILIENCE TRAINING PROJECT TO... IDENTIFY NEEDS, ISSUES,

IMPACTS AND ACTIONABLE SOLUTIONS FOR BUILDING RESILIENCE IN COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: GULF OF MAINE RESEARCH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT APPLICATION OF VIDEO

MONITORING TECHNOLOGY TO ASSESS THE FISHERIES HABITAT... VALUE OF

AQUACULTURE FARMS IN THE GULF OF MAINE.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII DENTAL SERVICE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE ORAL HEALTH OF HAWAII'S

COMMUNITIES AND INCREASE ACCESS TO DENTAL CARE FOR UNDERSERVED...

POPULATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF FOOD TECHNOLOGISTS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ESTABLISHMENT OF NEW ENTITY

TO ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD... TRACEABILITY'S

STANDARDS.

NAME OF ORGANIZATION OR GOVERNMENT:

MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORM DATA VISUALIZATION AND

**Part IV** Supplemental Information

ANALYSIS TO SUPPORT THE GOALS OF THE... CERTIFICATION AND RATINGS  
COLLABORATION.

NAME OF ORGANIZATION OR GOVERNMENT: MOONSHOT MISSIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT UNDERSERVED COMMUNITIES IN  
SECURING SAFE, ACCESSIBLE AND AFFORDABLE DRINKING... WATER AND CLEAN  
WATERWAYS.

NAME OF ORGANIZATION OR GOVERNMENT:

MOTE MARINE LAB -CENTER FOR FISHERIES ELECTRONIC MONITORING

(H) PURPOSE OF GRANT OR ASSISTANCE: UTILIZE ELECTRONIC MONITORING  
TECHNOLOGY TO PROVIDE INDUSTRY PARTICIPANTS WITH KEY... CATCH HOTSPOT AND  
BYCATCH COLDSPOT MAPS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE SCOPING, DEVELOPMENT,  
TESTING AND DISSEMINATION OF DATA GOVERNANCE TOOLS FOR... STAKEHOLDERS IN  
THE BLUE ECONOMY.

NAME OF ORGANIZATION OR GOVERNMENT:

RURAL INVESTMENT TO PROTECT OUR ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ADVANCEMENT OF NATIONAL  
DIALOGUE FOR BIPARTISAN, COMPREHENSIVE,... COMMON-SENSE CLIMATE POLICY  
THAT INTEGRATES FAIR AND FORWARD-LOOKING AGRICULTURAL SOLUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

SUSTAINABLE FISHERY ADVOCATES DBA FISHWISE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SEA PACT'S SOCIAL

**Part IV** Supplemental Information

RESPONSIBIITY WORKING GROUP AND DEVELOP PLAN TO ADDRESS HUMAN AND...  
LABOR RIGHTS.

NAME OF ORGANIZATION OR GOVERNMENT: UPLIFT EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACH SOCIAL EMOTIONAL LEARNING,  
WELL-BEING, AND CHARACTER LITERACY TO STUDENTS FOR POSITIVE... IMPACT ON  
EDUCATIONAL ATTAINMENT.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD WILDLIFE FUND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT ESTABLISHMENT OF NEW ENTITY  
TO ENSURE THE IMPACT OF THE GLOBAL DIALOGUE ON SEAFOOD... TRACEABILITY'S  
STANDARDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**MULTIPLIER**

Employer identification number

**91-2166435**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA DEATON EXECUTIVE DIRECTOR	(i)	216,980.	42,328.	0.	8,437.	8,910.	276,655.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EVAN EDWARDS PROJECT DIRECTOR	(i)	214,634.	4,583.	0.	7,526.	8,910.	235,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISON KOBAN PROJECT DIRECTOR	(i)	176,100.	20,208.	0.	6,583.	14,969.	217,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY BROWN PROJECT DIRECTOR	(i)	187,109.	0.	0.	5,799.	11,733.	204,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN NORDGREN PROJECT DIRECTOR	(i)	180,297.	0.	0.	5,318.	14,969.	200,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIAH BOYLE PROJECT DIRECTOR	(i)	176,342.	0.	0.	5,742.	8,473.	190,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	5	5,005,656.	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 ( <u>SPONS. CONTENT</u> ) .....	X	1	100,000.	BOOK VALUE
26	Other ( _____ ) .....				
27	Other ( _____ ) .....				
28	Other ( _____ ) .....				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....	29			0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....				X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....				X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....				X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Schedule M (Form 990) 2022



**SCHEDULE O  
(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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 \$ 10,127,743. INCLUDING GRANTS OF \$ 604,607. REVENUE \$ 45,000.

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

PROGRAM MANAGEMENT:

PROJECT	DELEGATED MANAGEMENT
ALTER ECO FOUNDATION	ANTOINE AMBERT
CCHANGE	SCOTT RADWAY
CONSERVATION AND COMMUNITY INVESTMENT FORUM	NOAH GREENBERG
CERTIFICATION AND RATINGS COLLABORATIVE	JACKIE CAINE & LIANE ARNESS
CLEAN GRID INITIATIVE	CURTIS SEYMOUR
FED BY BLUE	JILL KAUFFMAN JOHNSON
JUNGLE KEEPERS	REBECCA FOON
MARHAVER LAB	KRISTIN MARHAVER
MARVIVA	ALEJANDRA PACHECO
MAVENS NOTEBOOK	CHRIS AUSTIN
NET GAINS ALLIANCE	GEORGE A. CHMAEL II
REPARATION GENERATION	DAVID MAYER
ROOT SOLUTIONS	NYA VAN LEUVAN
SEAFOOD & FISHERIES EMERGING TECHNOLOGY	BUBBA COOK & CHRIS CUSACK

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

Schedule O (Form 990) 2022

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

TRANSFORMATIVE TECHNOLOGIES

NICHOL 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 2022.

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

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

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

OTHER PROFESSIONAL FEES:

Name of the organization <b>MULTIPLIER</b>	Employer identification number <b>91-2166435</b>
---	---

<b>PROGRAM SERVICE EXPENSES</b>	<b>7,705,314.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>225,748.</b>
<b>FUNDRAISING EXPENSES</b>	<b>151,947.</b>
<b>TOTAL EXPENSES</b>	<b>8,083,009.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>8,083,009.</b>

FORM 990, PART XII, LINE 2C:

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