

Return of Organization Exempt From Income Tax

Form 990

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: MULTIPLIER
D Employer identification number: 91-2166435
E Telephone number: 415-421-3774
G Gross receipts \$: 131,691,340.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MULTIPLIER.ORG
K Form of organization:
L Year of formation: 2001
M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature of officer: LAURA DEATON, EXECUTIVE DIRECTOR
Date:
Preparer: NICHOLE REILLY, CPA
Date: 11/04/24
Firm: AAFCPAS, INC.
Address: 50 WASHINGTON STREET, WESTBOROUGH, MA 01581

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 25,703,878. including grants of \$ 22,263,506. ) (Revenue \$ 49,365. ) 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.

4b (Code: ) (Expenses \$ 14,609,972. including grants of \$ 1,434,607. ) (Revenue \$ 1,626,011. ) 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.

4c (Code: ) (Expenses \$ 11,602,766. including grants of \$ 633,617. ) (Revenue \$ 614,939. ) 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,295,815. including grants of \$ 160,236. ) (Revenue \$ 80,428. )

4e Total program service expenses 57,212,431.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] 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			257,753.	0.	17,832.	
(2) STEPHANIE MCCLELLAN PROJECT DIRECTOR	40.00				X		242,899.	0.	14,889.	
(3) GREGORY BROWN PROJECT DIRECTOR	40.00				X		211,584.	0.	19,799.	
(4) EVAN EDWARDS PROJECT DIRECTOR	40.00				X		209,381.	0.	16,601.	
(5) LARA CROUSHORE MANAGING DIRECTOR	40.00				X		194,986.	0.	13,494.	
(6) ALISON KOBAN PROGRAM DIRECTOR	40.00				X		186,200.	0.	21,805.	
(7) CONSTANCE DE BRUN HEAD OF FINANCE	40.00			X			175,770.	0.	14,406.	
(8) PHILLIP GOVER BOARD CHAIR	1.50	X		X			0.	0.	0.	
(9) MIRIAM BILLINGER BOARD TREASURER	1.50	X		X			0.	0.	0.	
(10) BERND CORDES BOARD SECRETARY	1.50	X		X			0.	0.	0.	
(11) JONATHAN BRACK BOARD DIRECTOR	1.00	X					0.	0.	0.	
(12) ASHLEY AHEARN BOARD DIRECTOR	1.00	X					0.	0.	0.	
(13) PAULINA LOPEZ BOARD DIRECTOR	1.00	X					0.	0.	0.	
(14) KAYLA GEBECK BOARD DIRECTOR	1.00	X					0.	0.	0.	
(15) RYAN CABINTE BOARD DIRECTOR	1.00	X					0.	0.	0.	
(16) GIULIA SICCARDO BOARD DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
<b>1b Subtotal</b> .....							1,478,573.	0.	118,826.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,478,573.	0.	118,826.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 50

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDREW ZIMMERN PRODUCTIONS DBA INTUITIVE CO 4931 W. 35TH ST., STE 200, ST. LOUIS PARK, ORLATTE LLC	DOCUMENTARY FILM DESIGN & PRODUCTION	1,538,942.
1027 4TH STREET SE, WASHINGTON, DC 20003 BE BOLD MEDIA, AGRI-EPI CENTRE, EDGMOND, NEWPORT TF10 8JZ, UNITED KINGDOM	DIGITAL CAMPAIGN PROJECT ADVISORY	473,597. 410,334.
COUNCIL FIRE LLC 125 CHESTER AVE., ANNAPOLIS, MD 21403	PROJECT MANAGEMENT	359,313.
SPRINGBOARD PARTNERS LLC, 9143 SLIGO CREEK PKWY, SILVER SPRING, MD 20901	PROJECT ADVISORY	279,372.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	186,536.				
	<b>c</b> Fundraising events	<b>1c</b>	77,590.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,430,219.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	67,867,503.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,151,072.				
	<b>h Total.</b> Add lines 1a-1f			70,561,848.			
Program Service Revenue	<b>2 a</b> FEES FOR SERVICES	Business Code	541900	1,628,739.	1,628,739.		
	<b>b</b> PROGRAM PARTICIPATION FEES		900099	371,177.	371,177.		
	<b>c</b> REGISTRATION FEES		900099	357,652.	357,652.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			2,357,568.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,864,133.		1864133.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			53,052.		53,052.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	58,980.			
			(ii) Personal	0.			
				58,980.			
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		58,980.			
	<b>d</b> Net rental income or (loss)			58,980.		58,980.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	56,701,283.			
			(ii) Other				
				56,646,585.			
				54,698.			
	<b>d</b> Net gain or (loss)			54,698.		54,698.	
<b>8 a</b> Gross income from fundraising events (not including \$ 77,590. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		12,720.				
		<b>b</b> Less: direct expenses	<b>8b</b>	68,170.			
		<b>c</b> Net income or (loss) from fundraising events			-55,450.		-55,450.
<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>		1,465.				
		<b>b</b> Less: cost of goods sold	<b>10b</b>	441.			
		<b>c</b> Net income or (loss) from sales of inventory			1,024.	1,024.	
Miscellaneous Revenue	<b>11 a</b> REIMBURSEMENT	Business Code	900099	48,865.		48,865.	
	<b>b</b> OTHER		900099	20,051.	776.	19,275.	
	<b>c</b> HONORARIA		900099	11,375.	11,375.		
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			80,291.			
<b>12 Total revenue.</b> See instructions			74,976,144.	2,370,743.	0.	2043553.	

**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 ...	23,273,600.	23,273,600.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,218,366.	1,218,366.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	491,598.		491,598.	
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 .....	16,724,451.	13,793,593.	2,409,126.	521,732.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	516,892.	427,214.	73,519.	16,159.
9 Other employee benefits .....	1,533,287.	1,245,639.	240,533.	47,115.
10 Payroll taxes .....	1,322,311.	1,061,518.	220,642.	40,151.
11 Fees for services (nonemployees):				
a Management .....	540,977.	540,977.		
b Legal .....	246,173.	246,173.		
c Accounting .....	76,000.		76,000.	
d Lobbying .....	9,978.		9,978.	
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.)	10,624,252.	10,334,109.	69,070.	221,073.
12 Advertising and promotion .....	235,506.	235,506.		
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	304,897.	287,360.	17,537.	
17 Travel .....	1,455,190.	1,381,417.	63,130.	10,643.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	1,349,078.	1,304,820.	44,258.	
20 Interest .....	69,513.	69,513.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES AND EQUIPMENT</b>	1,611,081.	1,401,598.	209,483.	
b <b>OTHER EXPENSE</b>	517,535.	391,028.	126,507.	
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>62,120,685.</b>	<b>57,212,431.</b>	<b>4,051,381.</b>	<b>856,873.</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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	734,577.	<b>1</b>	3,068,971.
	<b>2</b> Savings and temporary cash investments .....	100,832.	<b>2</b>	6,422,288.
	<b>3</b> Pledges and grants receivable, net .....	10,336,262.	<b>3</b>	24,367,941.
	<b>4</b> Accounts receivable, net .....	959,811.	<b>4</b>	1,286,768.
	<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 .....	5,285,999.	<b>7</b>	240,195.
	<b>8</b> Inventories for sale or use .....	223,668.	<b>8</b>	180,926.
	<b>9</b> Prepaid expenses and deferred charges .....	323,878.	<b>9</b>	202,648.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	47,350,218.	<b>11</b>	41,049,693.
	<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 .....	12,716.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	65,327,961.	<b>16</b>	76,819,430.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,604,681.	<b>17</b>	6,708,856.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	629,923.	<b>19</b>	854,629.
	<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 .....	3,721,319.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,955,923.	<b>26</b>	7,563,485.
<b>Net Assets or Fund Balances</b>	<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 .....	8,333,046.	<b>27</b>	9,626,961.
	<b>28</b> Net assets with donor restrictions .....	50,038,992.	<b>28</b>	59,628,984.
	<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 .....	58,372,038.	<b>32</b>	69,255,945.
<b>33</b> Total liabilities and net assets/fund balances .....	65,327,961.	<b>33</b>	76,819,430.	

**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	74,976,144.
2	Total expenses (must equal Part IX, column (A), line 25)	2	62,120,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,855,459.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,372,038.
5	Net unrealized gains (losses) on investments	5	533,448.
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	-2,505,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	69,255,945.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20782920.	32680192.	37303721.	54265863.	70561848.	215594544
<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 .....	20782920.	32680192.	37303721.	54265863.	70561848.	215594544
<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) .....						36527284.
<b>6 Public support.</b> Subtract line 5 from line 4.						179067260

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	20782920.	32680192.	37303721.	54265863.	70561848.	215594544
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	244,742.	49,664.	145,344.	459,544.	1976165.	2875459.
<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.) .....	82,438.	53,976.	92,451.	165,461.	80,291.	474,617.
<b>11 Total support.</b> Add lines 7 through 10						218944820
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,222,418.
<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 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.79	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	74.70	%
<b>16a 33 1/3% support test - 2023.</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 - 2022.</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 - 2023.</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 - 2022.</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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<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 Part VI 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

**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.)

Horizontal lines for supplemental information input.



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

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-.

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	942.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	9,036.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	9,978.													
<b>d</b> Other exempt purpose expenditures .....	62,178,877.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	62,188,855.													
<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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	39,763.	52,664.	15,634.	9,978.	118,039.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	4,974.	11,300.	3,380.	942.	20,596.

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

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

2023

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 regarding 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(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structure, and non-certified historic structure), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes, (2) through (9), and Total.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	74,461,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	533,448.	
b	Donated services and use of facilities	2b	108,381.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	641,829.	
3	Subtract line 2e from line 1	3	73,819,314.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,156,830.	
c	Add lines 4a and 4b	4c	1,156,830.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	74,976,144.	

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

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

1	Total expenses and losses per audited financial statements		1	62,297,236.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	108,381.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	68,170.	
e	Add lines 2a through 2d	2e	176,551.	
3	Subtract line 2e from line 1	3	62,120,685.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	62,120,685.	

**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:**

MULTIPLIER ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC 740. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MULTIPLIER HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2023 AND 2022. MULTIPLIER'S INFORMATION AND TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

PROVISION FOR CREDIT LOSSES 1,225,000.

FUNDRAISING EXPENSES -68,170.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,156,830.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 68,170.



**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

**2023**

Open to Public  
Inspection

Name of the organization <b>MULTIPLIER</b>	Employer identification number <b>91-2166435</b>
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**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/SOUTH PACIFIC	1	3	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	1,035,406.
EUROPE	0	0	GRANTS		342,050.
EUROPE	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	761,560.
SOUTH AMERICA	0	0	GRANTS		754,212.
SOUTH AMERICA	0	2	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	834,767.
CENTRAL AMERICA & THE CARIBBEAN	0	0	GRANTS		102,420.
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	266,347.
SOUTH ASIA	0	0	PROGRAM SERVICES	GLOBAL SUSTAINABILITY	186,380.
<b>3 a Subtotal</b> .....	1	6			4,283,142.
<b>b Total from continuation sheets to Part I</b> .....	0	0			559,140.
<b>c Totals</b> (add lines 3a and 3b) .....	1	6			4,842,282.

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

Schedule F (Form 990) 2023



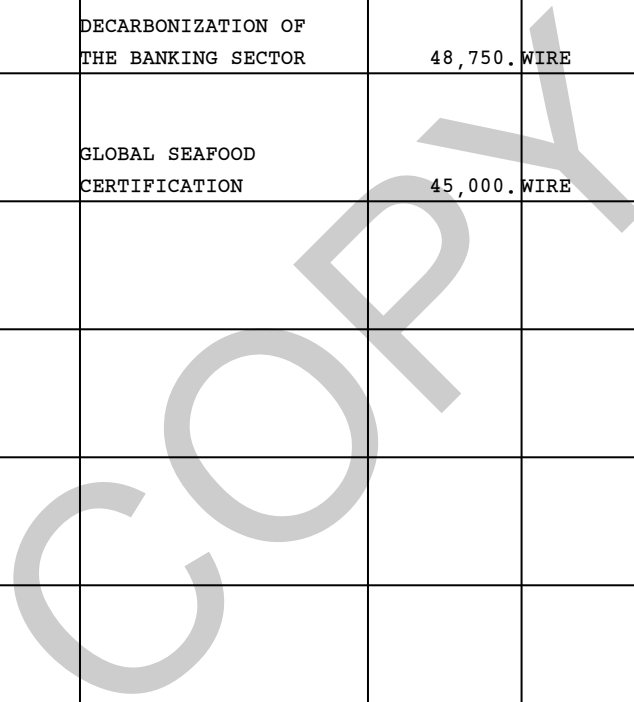
**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESILIENT OCEAN COMMUNITIES	350,084.	WIRE	0.		
		SOUTH AMERICA	TRANSITION TO REGENERATIVE AGROFORESTRY	172,464.	WIRE	0.		
		SOUTH AMERICA	PROMOTE CONSERVATION AND SUSTAINABLE DEVELOPMENT IN THE PERUVIAN AMAZON.	160,900.	WIRE	0.		
		SOUTH AMERICA	CONSERVE THREATENED HABITAT IN THE MADRE DE DIOS REGION OF THE PERUVIAN AMAZON.	20,490.	WIRE	0.		
		SOUTH AMERICA	TRANSITION TO REGENERATIVE AGROFORESTRY	10,300.	WIRE	0.		
		EUROPE	TRANSITION TO REGENERATIVE AGROFORESTRY	39,974.	WIRE	0.		
		EUROPE	DIGITAL TRACEABILITY OF GLOBAL SEAFOOD SUPPLY	203,300.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUSTAINABLE MANAGEMENT OF THE SEA IN THE EASTERN TROPICAL PACIFIC	102,420.	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 ..... 4

3 Enter total number of other organizations or entities ..... 7

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE	GLOBAL SEAFOOD CERTIFICATION	45,000.	WIRE	0.		
		EUROPE	DECARBONIZATION OF THE BANKING SECTOR	48,750.	WIRE	0.		
		EUROPE	GLOBAL SEAFOOD CERTIFICATION	45,000.	WIRE	0.		

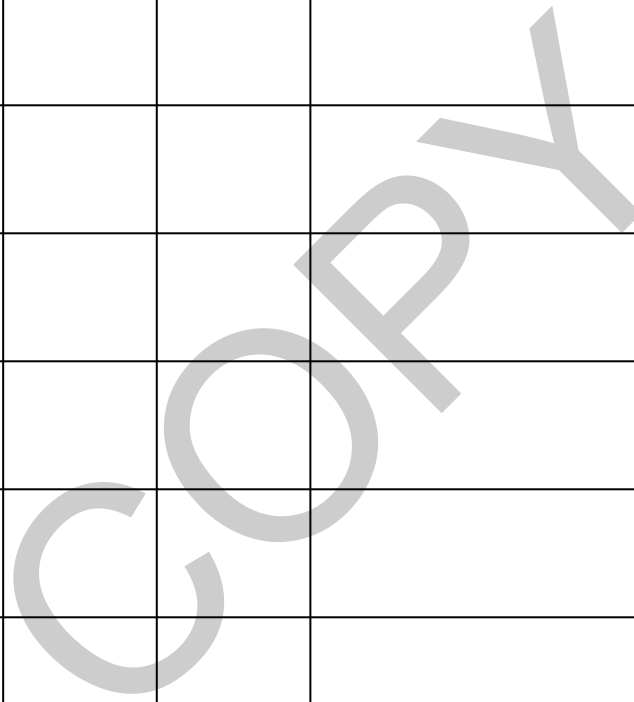




**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

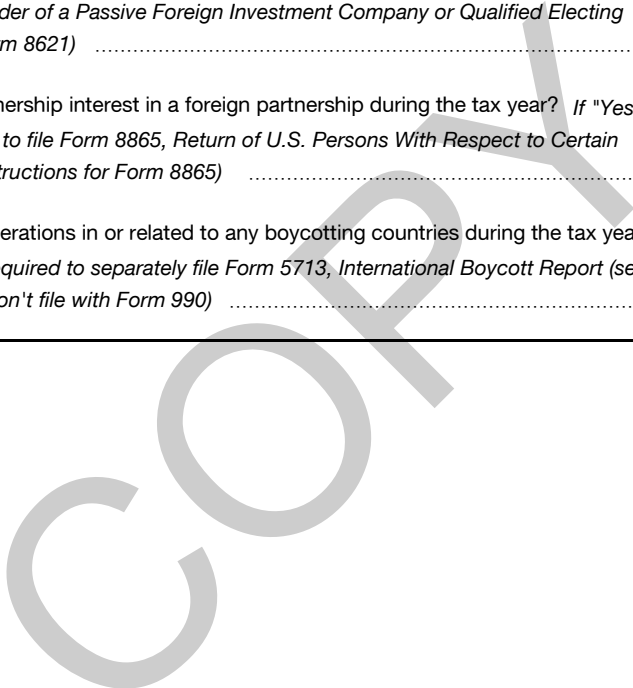
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2023



**Part V Supplemental Information**

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

**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.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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.

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNIVERSARY CELEBRATION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	90,310.		90,310.
	2	Less: Contributions	77,590.		77,590.
	3	Gross income (line 1 minus line 2)	12,720.		12,720.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,380.		1,380.
	7	Food and beverages	31,886.		31,886.
	8	Entertainment			
	9	Other direct expenses	34,904.		34,904.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			68,170.
11	Net income summary. Subtract line 10 from line 3, column (d)			-55,450.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**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

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACADIA CENTER 8 SUMMER STREET POB 583 ROCKPORT, ME 04856	01-0518193	501(C)(3)	500,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ADVANCED ENERGY INSTITUTE 1801 PENNSYLVANIA AVENUE NW SUITE 4 WASHINGTON, DC 20006	80-0373801	501(C)(3)	750,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
AINA MOMONA 4348 WAIALAE AVENUE HONOLULU, HI 96816	82-1366588	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
AMERICAN COUNCIL ON RENEWABLE ENERGY - 1150 CONNECTICUT AVE NW, #401 - WASHINGTON, DC 20036	52-2353661	501(C)(3)	781,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
AMERICAN COUNCIL ON RENEWABLE ENERGY - 1150 CONNECTICUT AVE NW, #401 - WASHINGTON, DC 20036	52-2353661	501(C)(3)	1,179,200.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
AMERICAN COUNCIL ON RENEWABLE ENERGY - 1150 CONNECTICUT AVE NW, #401 - WASHINGTON, DC 20036	52-2353661	501(C)(3)	450,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **81.**
- 3** Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) 2023



**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 SUSTAINABLE BUSINESS INSTITUTE - 712 H STREET NE PMB 42 - WASHINGTON, DC 20002	45-2384297	501(C)(3)	7,500.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016	53-0196549	501(C)(3)	135,000.	0.			IMPROVED FISHERIES GOVERNANCE AND ADVANCEMENTS IN LABOR RIGHTS
AMERICANS FOR A CLEAN ENERGY GRID 10 G STREET NE, SUITE 440 WASHINGTON, DC 20002	82-1765854	501(C)(3)	588,600.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
BINGHAMTON REGIONAL SUSTAINABILITY COALITION - 30 MAIN STREET - BINGHAMTON, NY 13905	27-0709023	501(C)(3)	37,600.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
BLUEGREEN ALLIANCE FOUNDATION 2701 UNIVERSITY AVENUE, SE, #209 MINNEAPOLIS, MN 55414	26-4086284	501(C)(3)	630,415.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
CANOPY COLLECTIVE 200 MASSACHUSETTS AVE NW SUITE 700 WASHINGTON, DC 20001		WASH. DC NON-PRO	27,500.	0.			WONDER, WHOLENESS, AND JOY ACROSS GENERATIONS OF BLACK LIFE
CITIZENS FOR LOCAL POWER 702 BROADWAY KINGSTON, NY 12401	47-3531432	501(C)(3)	47,039.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
CLEAN AIR TASK FORCE 114 STATE STREET 6TH FLOOR BOSTON, MA 02109	04-3512550	501(C)(3)	199,960.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
CLEAN GRID ALLIANCE 570 ASBURY STREET SUITE 201 ST. PAUL, MN 55104	06-1670689	501(C)(3)	43,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

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
CLIMATE RESOLVE 525 S HEWITT ST LOS ANGELES, CA 90013	46-4736278	501(C)(3)	6,000.	0.			RESILIENCE TO RISING TEMPERATURES WITH SOLAR REFLECTIVE URBAN SURFACES
CONSERVATIVE ENERGY NETWORK 101 N WASHINGTON SQUARE, STE 400A LANSING, MI 48933	81-3459199	501(C)(3)	50,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
CONSERVATIVE ENERGY NETWORK 101 N WASHINGTON SQUARE, STE 400A LANSING, MI 48933	81-3459199	501(C)(3)	977,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
CUB CONSUMER EDUCATION & RESERACH FUND - 309 W WASHINGTON STREET SUITE 800 - CHICAGO, IL 60606	20-4904719	501(C)(3)	40,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
DIGITAL HARBOR FOUNDATION 1045 LIGHT ST BALTIMORE, MD 21230	45-2536579	501(C)(3)	9,900.	0.			ADOLESCENT EDUCATION
EARTHECHO INTERNATIONAL 2107 L ST NW SUITE 300 WASHINGTON, DC 20037	95-4789334	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	350,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ECOADAPT PO BOX #11195 BAINBRIDGE ISLAND, WA 98110	26-3303629	501(C)(3)	20,000.	0.			EQUITABLE CLIMATE RESILIENCE AND SUSTAINABILITY OUTCOMES FOR COMMUNITIES
EFI FOUNDATION 900 17TH STREET NW SUITE 1100 WASHINGTON, DC 20006	87-3398574	501(C)(3)	250,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

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
ENERGY ALABAMA PO BOX 1381 HUNTSVILLE, AL 35807	47-1066687	501(C)(3)	35,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ENERGY SYSTEMS INTEGRATION GROUP PO BOX 2787 RESTON, VA 20195	54-1733337	501(C)(3)	275,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ENERGY SYSTEMS INTEGRATION GROUP PO BOX 2787 RESTON, VA 20195	54-1733337	501(C)(3)	550,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
FAIR TRADE USA 1901 HARRISON ST SUITE 1700 OAKLAND, CA 94612	41-1848081	501(C)(3)	45,000.	0.			GLOBAL SEAFOOD CERTIFICATION
FIRSTLINE SCHOOLS 300 N. BROAD ST SUITE 207 NEW ORLEANS, LA 70119	72-1409800	501(C)(3)	18,871.	0.			MEALS FOR LOW-INCOME AND FOOD-INSECURE HOUSEHOLDS
FRIENDS OF THE FUTURE 64-1032 MAMALAOA HIGHWAY KAMUELA, HI 96743	99-0296604	501(C)(3)	45,692.	0.			CONNECT PARENTS IN HAWAII WITH ACCESSIBLE SUPPORT
GEOS INSTITUTE 84 FOURTH STREET ASHLAND, OR 97520	93-0880205	501(C)(3)	20,000.	0.			EQUITABLE CLIMATE RESILIENCE AND SUSTAINABILITY OUTCOMES FOR COMMUNITIES
GREAT PLAINS TRIBAL WATER ALLIANCE PO BOX 271 PINE RIDGE, SD 57770	46-0420063	501(C)(3)	10,000.	0.			EQUITABLE CLIMATE RESILIENCE AND SUSTAINABILITY OUTCOMES FOR COMMUNITIES
GREEN 2.0 1730 RHODE ISLAND AVE NW SUITE 610 WASHINGTON, DC 20036	46-5220283	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.

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
GRIDLAB 2150 ALLSTON WAY, STE 420 BERKELEY, CA 94704	82-4198360	501(C)(3)	750,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
GRIDWORKS ORGANIATION PO BOX 5013 BERKELEY, CA 94705	27-4910811	501(C)(3)	300,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
GRIDWORKS ORGANIATION PO BOX 5013 BERKELEY, CA 94705	27-4910811	501(C)(3)	400,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
HEALTHY GULF 935 GRAVIER ST #700 NEW ORLEANS, LA 70112	72-1447742	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
INQUIRING SYSTEMS INC 887 SONOMA AVE, #23 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	72,674.	0.			SUSTAINABLE FOOD SYSTEM FROM PERSPECTIVE OF RELIGIOUS VALUES
INSTITUTE OF FOOD TECHNOLOGIS 525 W VAN BUREN STREET, SUITE 1000 CHICAGO, IL 60607	36-2136957	501(C)(3)	178,125.	0.			DIGITAL TRACEABILITY OF GLOBAL SEAFOOD SUPPLY
INSTITUTE OF FOOD TECHNOLOGISTS 525 W VAN BUREN STREET, SUITE 1000 CHICAGO, IL 60607	36-2136957	501(C)(3)	34,125.	0.			DIGITAL TRACEABILITY OF GLOBAL SEAFOOD SUPPLY
INSTITUTE OF FOOD TECHNOLOGISTS 525 W VAN BUREN STREET, SUITE 1000 CHICAGO, IL 60607	36-2136957	501(C)(3)	147,750.	0.			DIGITAL TRACEABILITY OF GLOBAL SEAFOOD SUPPLY
KISKEYA INTERNATIONAL INC 6360 UPLANDS BLVD APT N SARASOTA, FL 34243	82-4863569	501(C)(3)	30,000.	0.			TRANSITION TO REGENERATIVE AGROFORESTRY

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
KISS THE GROUND PO BOX 515381 PMB 63508 LOS ANGELES, CA 90051	46-4507696	501(C)(3)	40,000.	0.			TRANSITION TO REGENERATIVE AGROFORESTRY
LONG ISLAND PROGRESSIVE COALITION 90 PENNSYLVANIA AVENUE MASSAPEQUA, NY 11758	11-2725213	501(C)(4)	20,000.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
METRO JUSTICE OF ROCHESTER INC 389 GREGORY ST UNIT A ROCHESTER, NY 14620	16-1016916	501(C)(3)	22,000.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
MONTEREY BAY AQUARIUM/SEAFOOD WATCH PROGRAM - 886 CANNERY ROW - MONTEREY, CA 93940	94-2487469	501(C)(3)	120,900.	0.			GLOBAL SEAFOOD CERTIFICATION
MOONSHOT MISSIONS INC 5207 PORTSMOUTH RD BETHESDA, MD 20816	87-2485211	501(C)(3)	48,250.	0.			DEVELOP PROJECTS TO TRANSFORM UTILITIES
NATIONAL AUDUBON SOCIETY 225 VARICK ST NEW YORK, NY 10014	13-1624102	501(C)(3)	1,013,292.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
NATIONAL AUDUBON SOCIETY 225 VARICK ST NEW YORK, NY 10014	13-1624102	501(C)(3)	500,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
NATIONAL CAUCUS OF ENVIRONMENTAL LEGISLATORS - 1100 H ST NW, SUITE 600 - WASHINGTON, DC 20005	68-0633254	501(C)(3)	60,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
NATIONAL WILDLIFE FEDERATION 1200 G ST NW, SUITE 900 WASHINGTON, DC 20005	53-0204616	501(C)(3)	500,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

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
NATIVE CONSERVANCY 711 FIRST STREET CORDOVA, AK 99574	30-0131766	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET, 11TH FLOOR NEW YORK, NY 10011	13-2654926	501(C)(3)	500,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
NORTH AMERICAN MARINE ALLIANCE 222 MAIN STREET STOREFRONT GLOUCESTER, MA 01930	01-0516646	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
REGULATORY ASSISTANCE PROJECT 50 STATE STREET SUITE 3 MONTPELIER, VT 05620	01-0471151	501(C)(3)	100,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
RESOURCES LEGACY FUND 400 CAPITOL MALL, SUITE 2150 SACRAMENTO, CA 95814	95-4703838	501(C)(3)	500,040.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ROCKEFELLER PHILANTHROPY ADVISORS 90 CHURCH STREET, FL 1, #7082 NEW YORK, NY 10008	13-3615533	501(C)(3)	753,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	74-2244146	501(C)(3)	1,670,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE, SUITE 200 BOULDER, CO 80301	74-2244146	501(C)(3)	1,200,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
SECURING AMERICA'S FUTURE ENERGY SAFE FOUNDATION - 1111 19TH STREET NW, SUITE 406 - WASHINGTON, DC 20006	20-1727977	501(C)(3)	600,610.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

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
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET, STE.1250 OAKLAND, CA 94612	94-1153307	501(C)(3)	360,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
SOLSTICE INITIATIVE DBA ENERGY ALLIES - 160 ALEWIFE BROOK PKWY #1051 - CAMBRIDGE, MA 02138	47-1608923	501(C)(3)	20,000.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
SOUTHERN DOOR COMMUNITY LAND TRUST 133 MAIN STREET BINGHAMTON, NY 13905	87-3535149	501(C)(3)	25,000.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
SOUTHERN RENEWABLE ENERGY ASSOCIATION - 11610 PLEASANT RIDGE RD SUITE 103#176 - LITTLE ROCK, AR 72223	83-1399468	501(C)(6)	200,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
SUSTAINABLE FISHERIES PARTNERSHIP FOUNDATION - 4348 WAIALAE AVE #692 - HONOLULU, HI 96816	27-3091938	501(C)(3)	45,657.	0.			GLOBAL SEAFOOD CERTIFICATION
TAPROOT EARTH PO BOX 521217 TULSA, OK 74152	87-1961840	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
THE GREAT PLAINS INSTITUTE FOR SUSTAINABLE DEVELOPMENT - 2801 21ST AVE S, SUITE 220 - MINNEAPOLIS, MN 55407	41-1921126	501(C)(3)	750,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
THE GREAT PLAINS INSTITUTE FOR SUSTAINABLE DEVELOPMENT - 2801 21ST AVE S, SUITE 220 - MINNEAPOLIS, MN 55407	41-1921126	501(C)(3)	500,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
THE GREAT PLAINS INSTITUTE FOR SUSTAINABLE DEVELOPMENT - 2801 21ST AVE S, SUITE 220 - MINNEAPOLIS, MN 55407	41-1921126	501(C)(3)	575,500.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE

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
THE REGENERATION PROJECT DBA INTERFAITH POWER & LIGHT - 672 13TH STREET SUITE 100 - OAKLAND, CA 94612	94-3335236	501(C)(3)	9,000.	0.			CLIMATE AND OCEAN SOLUTIONS FOR COASTAL CITIES.
THE UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LANE, BUILDING 156 AUSTIN, TX 78759	74-6173027	501(C)(3)	247,500.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94139	94-3213100	501(C)(3)	20,000.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK
UNITED STATES ENERGY FOUNDATION 55 SECOND STREET, SUITE 2400 SAN FRANCISCO, CA 94105	83-1740146	501(C)(3)	2,700,000.	0.			TRANSMISSION SOLUTIONS FOR A CLEAN ENERGY FUTURE
UNIVERSITY OF MINNESOTA FOUNDATION 439 BORLAUG HALL 1991 UPPER BUFORD ST. PAUL, MN 55108	41-6042488	501(C)(3)	10,000.	0.			EQUITABLE CLIMATE RESILIENCE AND SUSTAINABILITY OUTCOMES FOR COMMUNITIES
WAYNE STATE UNIVERSITY 3901 CHRYSLER SERVICE DRIVE SUITE 2 DETROIT, MI 48201	38-3555142	501(C)(3)	6,300.	0.			SCIENCE POLICY, COMMUNICATION AND ADVOCACY EDUCATION FOR EARLY-CAREER SCIENTISTS.
WEST HARLEM ENVIRONMENTAL ACTION 1854 AMSTERDAM AVENUE 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	46,600.	0.			TRANSITION TO A CLEAN ENERGY ECONOMY IN NEW YORK



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART 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.

**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

**2023**

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>		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAURA DEATON EXECUTIVE DIRECTOR	(i)	214,155.	43,598.	0.	8,656.	9,176.	275,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE MCCLELLAN PROJECT DIRECTOR	(i)	242,899.	0.	0.	6,922.	7,967.	257,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY BROWN PROJECT DIRECTOR	(i)	191,584.	20,000.	0.	6,641.	13,158.	231,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EVAN EDWARDS PROJECT DIRECTOR	(i)	209,381.	0.	0.	7,425.	9,176.	225,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LARA CROUSHORE MANAGING DIRECTOR	(i)	189,986.	5,000.	0.	6,641.	6,853.	208,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALISON KOBAN PROGRAM DIRECTOR	(i)	176,200.	10,000.	0.	6,401.	15,404.	208,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CONSTANCE DE BRUN HEAD OF FINANCE	(i)	175,770.	0.	0.	6,005.	8,401.	190,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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	3	1,994,192.	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	X	9	6,880.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>SPONSORED CONTE</b> )	X	1	150,000.	INVOICE
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**

- 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? .....
- 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? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023



**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

**2023**

Open to Public  
Inspection

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

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

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.

EXPENSES \$ 5,295,815. INCLUDING GRANTS OF \$ 160,236. REVENUE \$ 80,428.

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

PROJECT MANAGEMENT:

PROJECT

NAME

MARVIVA

ALEJANDRA PACHECO

CERTIFICATION AND RATINGS COLLABORATION

AQUACULTURE STEWARDSHIP COUNCIL

SEAFOOD AND FISHERIES EMERGING TECHNOLOGY

BUBBA COOK & CHRISTOPHER CUSACK

CCHANGE

CCHANGE INTERNATIONAL

MAVEN'S NOTEBOOK

CHRIS AUSTIN

UPPER AMAZON CONSERVANCY

CHRIS FAGAN

REPARATION GENERATION

DAVID MAYER

NET GAINS ALLIANCE

GEORGE A. CHMAEL II

FED BY BLUE

JENNIFER BUSHMAN

MARHAVER LAB

KRISTEN MARHAVER

TRANSFORMATIVE TECH ORG

NICHOL BRADFORD

ROOT SOLUTIONS

NYA VAN LEUVAN

JUNGLEKEEPERS

REBECCA FOON

CONSERVATION & COMMUNITY INVESTMENT FORUM

STARLING RESOURCES

Name of the organization

MULTIPLIER

Employer identification number

91-2166435

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 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 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 2023.

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:

PROGRAM SERVICE EXPENSES	10,334,109.
MANAGEMENT AND GENERAL EXPENSES	69,070.
FUNDRAISING EXPENSES	221,073.
TOTAL EXPENSES	10,624,252.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	10,624,252.



Name of the organization <b>MULTIPLIER</b>	Employer identification number <b>91-2166435</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROVISION FOR CREDIT LOSSES	-1,225,000.
CUMULATIVE EFFECT ADJUSTMENT FOR ADOPTION OF ASC TOPIC 326	-1,280,000.
TOTAL TO FORM 990, PART XI, LINE 9	-2,505,000.

FORM 990, PART XII, LINE 2C:

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

