

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)

2023

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization MOORE IMPACT INC. D Employer identification number 84-4714243 E Telephone number (917)647-2090 G Gross receipts \$ 11,585,848. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: MOOREPHILANTHROPY.COM K Form of organization: L Year of formation: 2020 M State of legal domicile: CO

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer YVONNE L. MOORE, PRESIDENT dated 11/07/2024. Preparer MARQUS WHITE dated 11/07/24. Preparer Use Only: SAX LLP, 1040 AVENUE OF THE AMERICAS-16TH FL, NEW YORK, NY 10018.

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 [ ]

1 Briefly describe the organization's mission: TO PROVIDE AGILE, THOUGHTFUL, AND EXPANSIVE SUPPORT TO INIDVIDUALS, FAMILIES, AND ORGANIZATIONS IN ORDER TO HELP CHANGEMAKERS SOLVE SOME OF THE WORLD'S GREATEST CHALLENGES.

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 \$ 10,327,411. including grants of \$ 8,218,285. ) (Revenue \$ 101,236. ) IN 2023, MOORE IMPACT DISBURSED APPROXIMATELY \$8.2 MILLION IN GRANTS TO BLACK, BROWN, AND NATIVE-LED NONPROFITS NATIONWIDE AND GLOBALLY, FOCUSING ON REGIONS OFTEN NEGLECTED BY PHILANTHROPY LIKE THE WEST, MIDWEST, AND SOUTHERN UNITED STATES. MOORE IMPACT ALSO HELPED THE ORGANIZATION'S FISCALLY SPONSORED PROJECTS BUILD THEIR INTERNAL INFRASTRUCTURE, ENABLING THEM TO CONTINUE TO SCALE AND MAKE A SIGNIFICANT IMPACT FOR COMMUNITIES DIRECTLY IMPACTED BY RACIAL, SOCIAL, AND ECONOMIC INJUSTICE. FROM INVESTING IN ORGANIZATIONS WORKING TO DISMANTLE SYSTEMIC RACISM AND BUILD A MORE JUST, EQUITABLE WORLD TO WORKING WITH OUR PARTNERS TO RESOURCE COMMUNITY-LED SOLUTIONS THAT WILL HELP SOLVE SOME OF THE WORLD'S GREATEST CHALLENGES, MOORE IMPACT IS HELPING BUILD THE WEALTH AND INFLUENCE OF COMMUNITIES OF COLOR.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 10,327,411.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NY, CO, MD, NJ, RI, CA, DC, VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
YVONNE MOORE - (917) 647-2090  
2590 WELTON STREET, STE 200, DENVER, CO 80205

**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) YVONNE L. MOORE PRESIDENT	30.00 10.00	X		X				200,115.	65,000.	18,843.
(2) LORELEI WILLIAMS EXECUTIVE DIRECTOR, WMG/BF	40.00					X		226,594.	0.	17,870.
(3) MONICA K. LEWIS DIR OF STRATEGY, OPS & LEGAL	40.00					X		184,628.	0.	15,023.
(4) MONICA T. BROWN DIRECTOR OF SPECIAL PROJECTS	40.00					X		130,071.	0.	13,305.
(5) HAFEEZA RASHED DIRECTOR OF PROGRAM & PART	40.00					X		137,688.	0.	3,729.
(6) ALMA MARTINEZ GRANTS MANAGER	40.00					X		104,357.	0.	10,788.
(7) FELICE DENNY CHAIR	4.00	X		X				0.	0.	0.
(8) AYO ROACH TREASURER	3.00	X		X				0.	0.	0.
(9) MARCI MCLENDON SECRETARY	3.00	X		X				0.	0.	0.
(10) MADELINE HOLDER DIRECTOR	2.00	X						0.	0.	0.
(11) ELAN MOORE-JONES DIRECTOR	2.00	X						0.	0.	0.
(12) YONDELL E. MOORE JR. DIRECTOR	2.00	X						0.	0.	0.
(13) RAYMOND MEADOWS DIRECTOR	2.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,474,848.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		11,474,848.			
Program Service Revenue	<b>2 a</b>	FEE FOR SERVICE	<b>Business Code</b>				
			541900	101,236.	101,236.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		101,236.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		9,764.		9,764.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		11,585,848.	101,236.	0.	9,764.	

**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	7,291,085.	7,291,085.		
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	927,200.	927,200.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,374.	77,831.	77,831.	66,712.
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	1,218,698.	621,965.	477,489.	119,244.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,501.	14,656.	11,198.	2,647.
9 Other employee benefits	100,108.	50,598.	39,104.	10,406.
10 Payroll taxes	104,205.	50,775.	40,210.	13,220.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,100.		31,100.	
c Accounting	106,141.		106,141.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,475,473.	1,014,683.	373,170.	87,620.
12 Advertising and promotion	2,950.		2,950.	
13 Office expenses	25,410.	12,385.	9,804.	3,221.
14 Information technology				
15 Royalties				
16 Occupancy	9,899.	4,825.	3,819.	1,255.
17 Travel	129,161.	58,122.	51,665.	19,374.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	48,588.	23,682.	18,746.	6,160.
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>UNPAID UNCONDITIONAL GR</b>	650,000.		650,000.	
b <b>EVENTS</b>	141,577.	141,577.		
c <b>OTHER EXPENSES</b>	23,508.	9,978.	10,935.	2,595.
d <b>DUES &amp; SUBSCRIPTIONS</b>	23,244.	23,244.		
e All other expenses	19,081.	4,805.	13,026.	1,250.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>12,578,303.</b>	<b>10,327,411.</b>	<b>1,917,188.</b>	<b>333,704.</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 .....	8,611,685.	<b>1</b>	8,432,420.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	2,275,193.	<b>3</b>	997,761.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<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 .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<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 .....		<b>11</b>		
	<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 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		10,886,878.	<b>16</b>	9,430,181.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	96,055.	<b>17</b>	42,848.	
	<b>18</b> Grants payable .....	685,000.	<b>18</b>	205,000.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<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 .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		781,055.	<b>26</b>	247,848.
<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 .....		2,999,853.	<b>27</b>	2,588,451.
	<b>28</b> Net assets with donor restrictions .....		7,105,970.	<b>28</b>	6,593,882.
	<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 .....		10,105,823.	<b>32</b>	9,182,333.
<b>33</b> Total liabilities and net assets/fund balances .....		10,886,878.	<b>33</b>	9,430,181.	

**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	11,585,848.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,578,303.
3	Revenue less expenses. Subtract line 2 from line 1	3	-992,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,105,823.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	68,965.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,182,333.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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 _____		



**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.") .....		159,800.	12181056.	19022689.	11474848.	42838393.
<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 .....		159,800.	12181056.	19022689.	11474848.	42838393.
<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) .....						34130339.
<b>6 Public support.</b> Subtract line 5 from line 4.						8708054.

**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 .....		159,800.	12181056.	19022689.	11474848.	42838393.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....				1,224.	9,764.	10,988.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						42849381.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	290,015.
<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 checked="" 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>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<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 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, merchandise sold or services performed; 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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

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>		
<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.

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

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

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**MOORE IMPACT INC.**

Employer identification number

**84-4714243**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

**MOORE IMPACT INC.**

**84-4714243**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,375,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,094,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,149,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MOORE IMPACT INC.</b>	Employer identification number  <b>84-4714243</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>MOORE IMPACT INC.</b>	Employer identification number  <b>84-4714243</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE 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 MOORE IMPACT INC. Employer identification number 84-4714243

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and reporting requirements (yes/no questions).

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

Form with sections 1a-1b and 2. 1a: Footnote for public service. 1b: Amounts for art collection (revenue/assets). 2: Amounts for financial gain (revenue/assets).

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
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.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	11,585,848.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	11,585,848.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	11,585,848.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	12,578,303.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	12,578,303.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	12,578,303.

**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:

THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL, UNCERTAIN TAX POSITIONS. TAX FILINGS FOR THE PERIOD ENDING DECEMBER 31, 2020 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

**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>MOORE IMPACT INC.</b>	Employer identification number <b>84-4714243</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
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,			GRANTMAKING		163,450.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			GRANTMAKING		763,750.
<b>3 a</b> Subtotal .....	0	0			927,200.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			927,200.

**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)
		LIBERIA	PROGRAM SUPPORT	6,650.	WIRE	0.		
		LIBERIA	PROGRAM SUPPORT	10,450.	WIRE	0.		
		LIBERIA	PROGRAM SUPPORT	19,000.	WIRE	0.		
		LIBERIA	PROGRAM SUPPORT	28,500.	WIRE	0.		
		UNITED KINGDOM	GENERAL OPERATING SUPPORT	50,000.	WIRE	0.		
		UNITED KINGDOM	GENERAL OPERATING SUPPORT	50,000.	WIRE	0.		
		UNITED KINGDOM	GENEAL OPERATING SUPPORT	150,000.	WIRE	0.		
		LIBERIA	PROGRAM SUPPORT	50,000.	WIRE	0.		

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

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

<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)
		UNITED KINGDOM	GENERAL OPERATING SUPPORT	50,000.	WIRE	0.		
		UNITED KINGDOM	GENERAL OPERATING SUPPORT	463,750.	WIRE	0.		
		SOUTH AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
		NIGERIA	GENERAL OPERATING SUPPORT	25,000.	WIRE	0.		



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE ORGANIZATION REQUIRES GRANTEES SUBMIT NARRATIVE AND FINANCIAL REPORTS AT THE END OF THE GRANT PERIOD. THESE REPORTS DESCRIBE PROGRESS MADE TOWARD ACHIEVING THE GRANT PURPOSE, AND ALL EXPENDITURES OF GRANT FUNDS. THE REPORTS ARE REVIEWED BY THE ORGANIZATION TO ENSURE COMPLIANCE AND USED TO DETERMINE WHETHER ADDITIONAL FUNDING WILL BE APPROVED.

**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 **MOORE IMPACT INC.** Employer identification number **84-4714243**

**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
ASHE CULTURAL ARTS 1712 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1266819	501 C (3)	1,005,000.	0.			TO SUPPORT THE ANCESTORS SAY: SING THE WATER SONGS.
HOWARD UNIVERSITY 2600 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501 C (3)	957,700.	0.			TO SUPPORT THE ESTABLISHMENT AND OPERATION OF THE CENTER FOR MUSIC AND
OVERTOWN YOUTH CENTER 100 S. BISCAYNE BLVD. 8TH FLOOR MIAMI, FL 33131	65-1048896	501 C (3)	300,000.	0.			TO SUPPORT THE FOLLOWING: IN-SCHOOL PROGRAM SERVICES, AFTER SCHOOL PROGRAM SERVICES, HONEY
THE AFRICA CENTER 1280 FIFTH AVE NEW YORK, NY 10029	13-3137461	501 C (3)	150,000.	0.			TO SUPPORT THE CENTERS RESEARCH, PLANNING, PRODUCTION AND DELIVERY OF THE MOVEMENTS IN THE
THE MARSHALL PROJECT 156 WEST 56TH STREET, 3RD FLOOR NEW YORK, NY 10019	46-4353634	501 C (3)	150,000.	0.			FOR GENERAL OPERATING SUPPORT
CHICAGO FREEDOM SCHOOL 719 S. STATE STREET FLOOR 4 CHICAGO, IL 60605	20-4735643	501 C (3)	130,000.	0.			TO SUPPORT ORGANIZING, MUTUAL AID, HEALING / RESTORATIVE JUSTICE, EDUCATION, MOVEMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 100.

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES OF BETTER HEALTH 4422 STERLING ST HOUSTON, TX 77051	83-3457205	501 C (3)	130,000.	0.			TO SUPPORT FOOD JUSTICE
JULIAN SUITE 105 2621 GREEN RIVER ROAD #20 CORONA, CA 92882	85-0820458	501 C (3)	125,000.	0.			TO SUPPORT JULIAN'S MULTIPURPOSED APPROACH OF LITIGATION, ADVOCACY, TECHNOLOGY, AND POLICY TO
GIRLS MAKES BEATS 4300 N UNIVERSITY DR. C-200 LAUDERHILL, FL 33351	46-3360600	501 C (3)	125,000.	0.			FOR GENERAL OPERATING SUPPORT FOR GMBS WORK TO EMPOWER YOUNG GIRLS THROUGH MUSIC TECHNOLOGY
TABERNACLE COMMUNITY DEVELOPMENT CORPORATION - 1485 BAYSHORE BLVD. STE. 361 - SAN FRANCISCO, CA 94124	94-3402767	501 C (3)	125,000.	0.			FOR GENERAL OPERATING SUPPORT
ALLIANCE FOR A JUST SOCIETY 3518 S EDMUNDS STREET SEATTLE, WA 98118	91-1635554	501 C (3)	120,000.	0.			FOR GENERAL OPERATING SUPPORT
ASIAN AMERICAN JOURNALIST ASSOCIATION - 1301 K STREET NW, SUITE 300W #443 - WASHINGTON, DC 20005	95-3755203	501 C (3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
WE ARE FAMILY FOUNDATION 163 AMSTERDAM AVENUE, #1417 NEW YORK, NY 10023	27-0010229	501 C (3)	100,000.	0.			TO SUPPORT WAFFS YOUTH TO THE FRONT FUND, WHICH RESOURCES AND EQUIPS YOUTH ACTIVISTS AT THE
UPROSE INC 462 36TH STREET, SUITE 3A NEW YORK, NY 11232	11-2490531	501 C (3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIVE AMERICAN JOURNALISTS ASSOCIATION - 395 W LINDSEY ST - NORMAN, OK 73019	52-6105010	501 C (3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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NO LABEL ACADEMY 1 BUFFALO PATH EAST HAMPTON, NY 11937	85-3688066	501 C (3)	100,000.	0.			TO SUPPORT A 10-DAY MUSIC BUSINESS PROGRAM
THE STUDIO MUSEUM IN HARLEM 310 LENOX AVENUE, 3RD FLOOR NEW YORK, NY 10027	13-2590805	501 C (3)	100,000.	0.			TO SUPPORT THE ORGANIZATIONS MISSION OF COLLECTING, PRESERVING, AND INTERPRETING ART
NATIVE AMERICAN FOOD PO BOX 675 FLAG STAFF, AZ 86002	46-4578553	501 C (3)	95,000.	0.			FOR CAPACITY BUILDING SUPPORT
MUSLIM ANTI-RACISM 8780 19TH ST. #291 ALTA LOMA, CA 91701	47-2444781	501 C (3)	85,000.	0.			GENERAL OPERATING SUPPORT
YOUNG GENERATION 3435 LAKE VALLEY ROAD ATLANTA, GA 30331	80-0850864	501 C (3)	85,000.	0.			FOR GENERAL OPERATING SUPPORT
KO' IHONUA PO BOX 1229 PEARL CITY, HI 96782	81-4352379	501 C (3)	85,000.	0.			TO SUPPORT BASE BUILDING/ADVOCACY, CULTURAL PRESERVATION
THE BLACK COLLECTIVE 937 NW 3RD AVENUE MIAMI, FL 33136	83-2831423	501 C (3)	85,000.	0.			TO SUPPORT CIVIC ENGAGEMENT, MUTUAL AID
LAS VEGAS INDIAN CENTER 2300 W BONANZA RD LAS VEGAS, NV 89106	23-7458273	501 C (3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT
CROSSROADS FUND 3411 WEST DIVERSEY AVENUE #20 CHICAGO, IL 60647	36-3092907	501 C (3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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THE CALIFORNIA PAN-ETHNIC HEALTH NETWORK - 1221 PRESERVATION PARK WAY, SUITE 200 - OAKLAND, CA 94612	94-3306223	501 C (3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT
BLACKSPACE URBANIST COLLECTIVE, INC. - 96 STERLING STREET - BROOKLYN, NY 11225	83-4620589	501 C (3)	80,000.	0.			FOR GENERAL OPERATING SUPPORT
SINTE GLESKA UNIVERSITY P.O. BOX 105 MISSION SD 57555 MISSION, SD 57555	46-0312209	501 C (3)	78,744.	0.			FOR CAPACITY BUILDING SUPPORT
BLACK BELT COMMUNITY FOUNDATION P O BOX 2020 SELMA, AL 36702	63-1270745	501 C (3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
LIGHTHOUSE PO BOX 607 JACKSON, MS 39205	82-2064693	501 C (3)	75,000.	0.			CAPACITY BUILDING SUPPORT FOR THE BAREFOOT CONSORTIUM
CYPRESS FUND 1122 LADY STREET, 900E COLUMBIA, SC 29201	13-3191113	501 C (3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
COALITION FOR FOOD & HEALTH EQUITY 25 SENATE PL, SUITE 558 JERSEY CITY, NJ 07306	85-4380781	501 C (3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY MOVEMENT BUILDERS 3401 LANTERN VIEW LANE SCOTSDALE, GA 30079	47-4653915	501 C (3)	70,000.	0.			TO SUPPORT ECONOMICS / COMMUNITY ORGANIZING/FOOD JUSTICE/HOUSING SUPPORT
IRONBOUND COMMUNITY CORPORATION 317 ELM ST NEWARK, NJ 07105	22-1916086	501 C (3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT

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

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PILLARS FUND 200 W MADISON ST 3RD FLOOR CHICAGO, IL 60606	81-0983087	501 C (3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
ZORA'S CRADLE 3934 DIXIE HIGHWAY, SUITE #350 LOUISVILLE, KY 40216	85-4288666	501 C (3)	70,000.	0.			TO SUPPORT MATERNAL HEALTH, WELLNESS, HEALING JUSTICE
POWER SHIFT NETWORK 103 GARSIDE STREET NEWARK, NJ 07104	45-5616367	501 C (3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
CO BLACK HEALTH COLLABORATIVE 3025 S. PARKER ROAD, #737 AURORA, CO 80014	27-0803976	501 C (3)	66,500.	0.			GENERAL OPERATING SUPPORT
CALIFORNIA BLACK WOMENS HEALTH 9800 S. LA CIENEGA BLVD. SUITE 905 INGLEWOOD, CA 90301	95-4702923	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
COALITION OF IMMOKALEE WORKERS 110 S 2ND ST IMMOKALEE, FL 34142	65-0641010	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
FARMWORKER ASSOCIATION OF FLORIDA 1264 APOPKA BLVD APOPKA, FL 33703	59-2683978	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
THE HIGHLANDER RESEARCH & EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501 C (3)	60,000.	0.			TO SUPPORT HIGHLANDERS CULTURAL ORGANIZING PROGRAM, WHICH CELEBRATES, HONORS AND
PROJECT ROW HOES PO BOX 1011 HOUSTON, TX 77251	76-0411778	501 C (3)	60,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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SOCIAL & ENVIRONMENTAL ENTREPRENEURS INC. - 23564 CALABASAS ROAD SUITE 201 - CALABASAS, CA 91302	95-4116679	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
NEWARK COMMUNITY STREET TEAM 915 S. 16TH STREET NEWARK, NJ 07108	82-1719128	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
CHICAGO COMMUNITY BOND FUND 601 S CALIFORNIA AVE CHICAGO, IL 60612	47-5015710	501 C (3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
MAKE THE ROAD NEVADA 4250 E. BONANZA ROAD, SUITE 14 LAS VEGAS, NV 89110	84-3988830	501 C (3)	50,000.	0.			TO SUPPORT THE ORGANIZATION'S MISSION TO INFORM, EMPOWER AND MOBILIZE COMMUNITY TO
TRUE BEGINNINGS 3220 POINT LOBOS DR LAS VEGAS, NV 89108	80-0905646	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
MIAMI WORKERS CENTER 745 NW 54TH STREET MIAMI, FL 33137	65-0942224	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
PROJECT READY 70 CLINTON AVE, 2ND FLOOR NEWARK, NJ 07109	86-1236556	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
THE LADIES OF HOPE MINISTRIES, INC 8 W. 126TH STREET NEW YORK, NY 10027	83-2249413	501 C (3)	50,000.	0.			GENERAL OPERATING SUPPORT
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLES - PO BOX 4569 - ARCATA, CA 95518	68-0027247	501 C (3)	50,000.	0.			GENERAL OPERATING SUPPORT

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

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LEADERSUP P. O. BOX 862190 LOS ANGELES, CA 90086-2190	46-2606773	501 C (3)	50,000.	0.			TO SUPPORT A PILOT APPRENTICESHIP PROGRAM IN THE MUSIC, TECHNOLOGY, AND ENTERTAINMENT
CHINOOK FUND 1031 33RD STREET, SUITE 237 DENVER, CO 80205	84-1076325	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
NEW JERSEY ENVIRONMENTAL JUSTICE ALLIANCE - PO BOX 1398 - SUMMIT, NJ 07902	81-4338010	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
MAVEN LEADERSHIP COLLECTIVE PO BOX 403731 MIAMI BEACH, FL 33140	81-3828531	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
ARRIBA LAS VEGAS WORKER CENTER 3020 E BONANZA RD. SUITE 190 LAS VEGAS, NV 89101	83-4206510	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
LAKOTA YOUTH DEVELOPMENT 30122 352ND AVENUE HERRICK, SD 57538	46-0436638	501 C (3)	50,000.	0.			TO SUPPORT NATIVE YOUTH IN WORKFORCE TRAINING, EDUCATION, AND LESSONS IN SELF-SUFFICIENCY THROUGH
NEIGHBORHOOD HOUSING SERVICES OF LOS ANGELES COUNTY COUNTY - 3701 W. SANTA ROSALIA DR. SUITE #1051 - LOS ANGELES, CA 90008	95-3938955	501 C (3)	50,000.	0.			FOR CAPACITY BUILDING SUPPORT FOR WHERE IS MY LAND, A FISCALLY SPONSORED PROJECT
THE PENNY FOUNDATION P.O. BOX 13181 BRIMINGHAM, AL 35203	82-3036091	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH RISE TEXAS 1304 E 4TH ST AUSTIN, TX 78702	83-0663313	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT

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

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TEXAS ENVIRONMENTAL JUSTICE 900 WAYIDE HOUSTON, TX 77011	02-0749601	501 C (3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
NEW VENTURE FUND 1828 L ST NW SUITE 300-A WASHINGTON, DC 20036	20-5806345	501 C (3)	50,000.	0.			TO SUPPORT AAPI ORGANIZATIONS MOBILIZING ASIAN AMERICANS AND PACIFIC ISLANDERS TO
API EQUALITY LA 15507 S NORMANDIE AVENUE, #428 GARDENA, CA 90247	86-2117748	501 C (3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO - 2850 S. WABASH, SUITE 108 - CHICAGO, IL 60616	36-4157571	501 C (3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIVE RENEWABLES INC 3111 N CADEN COURT, SUITE 130 FLAG STAFF, AZ 86004	85-2285816	501 C (3)	29,950.	0.			FOR CAPACITY BUILDING SUPPORT
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS 6TH FLOOR NEW YORK, NY 10013	13-2612524	501 C (3)	29,691.	0.			SUPPORT VIRTUAL AND IN PERSON INTERFAITH HEALING CIRCLES AS A CRISIS RESPONSE STRATEGY
PROJECT PEOPLE FOUNDATION 70 EAST 55TH STREET, FLOOR #19 NEW YORK, NY 10022	13-3826597	501 C (3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
THE AMB PROJECT 3600 NORTH DUKE ST. STE 1073 DURHAM, NC 27204	01-0559608	501 C (3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF LOS ANGELES COUNTY - 3701 W. SANTA ROSALIA DR. SUITE #1051 - LOS ANGELES, CA 90008	95-3938955	501 C (3)	25,000.	0.			FOR CAPACITY BUILDING SUPPORT

**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
PRISON COMMUNITIES INTERNATIONAL INC - 735 ANDERSON HILL RD. - PURCHASE, NY 10577	13-4112770	501 C (3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT.
GLOBAL FUND FOR WOMEN 505 MONTGOMERY STREET, 11TH FLOOR SAN FRANCISCO, CA 94111	77-0155782	501 C (3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT FOR THE BLACK FEMINIST FUND, A FISCALLY SPONSORED PROJECT
TRIBAL MINDS 9595 STONILY LANE LAS VEGAS, NV 89178	85-2724658	501 C (3)	25,000.	0.			FOR CAPACITY BUILDING SUPPORT
SOGOREA TE'LAND 2501 HARRISON ST. OAKLAND, CA 94612	82-4415931	501 C (3)	24,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL FOSTER YOUTH INSTITUTE 700 12TH STREET, NW, SUITE 700 WASHINGTON, DC 20005	46-0809227	501 C (3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
DIE JIM CROW RECORDS 174 ELDRIDGE STREET #1C NEW YORK, NY 10002	83-2361185	501 C (3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT.
WIND RIVER ADVOCACY PO BOX 2625 FORT WASHAKIE, WY 82514	81-3582146	501 C (3)	15,000.	0.			TO SUPPORT SELF-DETERMINATION IN EDUCATION, HEALTH, ECONOMIC DEVELOPMENT AND
THE WOMANHOOD PROJECT 1102 EAST 180TH STREET BRONX, NY 10460	81-2556333	501 C (3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN DANCE INSTITUTE 1740 BROADWAY, 15TH FLOOR NEW YORK, NY 10019	52-2158599	501 C (3)	10,000.	0.			TO SUPPORT FRESH START'S ARTS EDUCATION PROGRAMMING FOR INCARCERATED JUVENILES.

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

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SPARK 1065 RALPH DAVID ABERNATHY BLVD #20 ATLANTA, GA 30310	58-1872316	501 C (3)	10,000.	0.			TO SUPPORT TO GROW SPARKS SPEAK JUSTICE TAKE ACTION (SJTA) PROGRAMMING AND Fyre CAMP
THE VETERANS OF HOPE PROJECT C/O ILIFF SCHOOL OF THEOLOGY, 2323 DENVER, CO 80210	41-2062950	501 C (3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
LIFE CAMP 111-12 SUTPHIN BLVD JAMAICA, NY 11201	20-0814999	501 C (3)	10,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY VOICES HEARD 115 E. 106TH ST., FLOOR #3 NEW YORK, NY 10029	13-3901997	501 C (3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTHERN MANHATTAN PERINATAL PARTNERSHI - 127 WEST 127 STREET 3RD FL - NEW YORK, NY 10027	13-3782555	501 C (3)	10,000.	0.			GENERAL OPERATING SUPPORT
KING'S AGAINST VIOLENCE 147 PRINCE STREET #4-16 BROOKLYN, NY 10027	81-1626947	501 C (3)	10,000.	0.			GENERAL OPERATING SUPPORT
M.A.D.E COMMUNITY 656 PUTNAM AVE BROOKLYN, NY 11221	83-0640650	501 C (3)	5,000.	0.			GENERAL OPERATING SUPPORT
CAVE CANEM FOUNDATION INC 20 JAY STREET, SUITE 310-A BROOKLYN, NY 11201	13-3932909	501 C (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT.
MARCY LAB SCHOOL 882 3RD AVENUE BROOKLYN, NY 11232	83-3754699	501 C (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT

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WOMEN'S FUNDING NETWORK 548 MARKET ST PMB 81689 SAN FRANCISCO, CA 94104-5401	41-1685134	501 C (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
SANDY GROUND HISTORI 1538 WOODROW ROAD STATEN ISLAND, NY 10307	13-3035736	501 C (3)	5,000.	0.			GENERAL OPERATING SUPPORT
PROGRESS FOR GOOD INC 124 NEW YORK AVE, SUITE #8 BROOKLYN, NY 11216	82-3293766	501 C (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
STEM FROM DANCE 315 EMPIRE BLVD #250562 BROOKLYN, NY 11225	46-1793936	501 C (3)	5,000.	0.			FOR GENERAL OPERATING SUPPORT
THE MUSEUM OF THE AFRICAN DIASPORA 685 MISSION STREET SAN FRANCISCO, CA 94105	94-3338239	501 C (3)	2,500.	0.			TO SUPPORT THE AFRICA LITERACY AWARD
TX WOMEN'S FOUNDATION 8150 NORTH CENTRAL EXPRESSWAY, SUIT DALLAS, TX 75206	75-2048261	501 C (3)	2,500.	0.			TO SUPPORT THE 2023 LEADERSHIP FORUM AWARDS SPONSORSHIP
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 103 SOUTH BUILDING CAMPUS BOX 9100 - CHAPEL HILL, NC 27599	56-6001393	501 C (3)	2,000.	0.			TO SUPPORT UNDERGRADUATE INTERNATIONAL STUDIES FELLOWSHIPS
MARYLAND SPCA, INC 3300 FALLS ROAD BALTIMORE, MD 21211	52-6001558	501 C (3)	2,000.	0.			GENERAL OPERATING SUPPORT
THE YMCA OF CENTRAL MARYLAND, INC. 303 W CHESPEAKE AVENUE BALTIMORE, MD 21204	52-0591699	501 C (3)	2,000.	0.			TO SUPPORT THE BIG BROTHERS AND BIG SISTERS PROGRAM

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
I AM MENTALITY PO BOX 25042 BALTIMORE, MD 21229	81-3874418	501 C (3)	1,500.	0.			GENERAL SUPPORT
LAMBDA LITERARY FOUNDATION PO BOX 20186 NEW YORK, NY 10014	52-1996380	501 C (3)	1,250.	0.			TO SUPPORT THE RANDALL KENAN PRIZE AND GENERAL SUPPORT
HERITAGE GIVING FUND 1670 N. HAMPTON RD., PMB 106-1158 DESOTO, TX 75115	84-4714243	501 C (3)	500.	0.			TO SUPPORT FUNDRAISING EFFORTS
GUARDIAN ORG FOUNDATION 900 17TH ST NW STE 250 WASHINGTON, DC 20006	81-2404459	501 C (3)	250.	0.			GENERAL OPERATING SUPPORT

**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:

THE ORGANIZATION REQUIRES GRANTEES SUBMIT NARRATIVE AND FINANCIAL REPORTS AT THE END OF THE GRANT PERIOD. THESE REPORTS DESCRIBE PROGRESS MADE TOWARD ACHIEVING THE GRANT PURPOSE, AND ALL EXPENDITURES OF GRANT FUNDS. THE REPORTS ARE REVIEWED BY THE ORGANIZATION TO ENSURE COMPLIANCE AND USED TO DETERMINE WHETHER ADDITIONAL FUNDING WILL BE APPROVED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HOWARD UNIVERSITY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ESTABLISHMENT AND OPERATION OF THE CENTER FOR MUSIC AND ENTERTAINMENT BUSINESS

NAME OF ORGANIZATION OR GOVERNMENT: OVERTOWN YOUTH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FOLLOWING: IN-SCHOOL PROGRAM SERVICES, AFTER SCHOOL PROGRAM SERVICES, HONEY SHINE GENDER SPECIFIC SERVICES, POST HIGH SCHOOL SERVICES, AND SUMMER INTERNSHIP/EMPLOYMENT PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: THE AFRICA CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CENTERS RESEARCH, PLANNING, PRODUCTION AND DELIVERY OF THE MOVEMENTS IN THE MODERN DIASPORA EXHIBIT

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO FREEDOM SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ORGANIZING, MUTUAL AID, HEALING / RESTORATIVE JUSTICE, EDUCATION, MOVEMENT BUILDING, LEADERSHIP DEVELOPMENT, DIRECT ACTION

NAME OF ORGANIZATION OR GOVERNMENT: JULIAN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT JULIANS MULTIPRONGED APPROACH OF LITIGATION, ADVOCACY, TECHNOLOGY, AND POLICY TO FIGHT RACIAL INJUSTICE IN RURAL AREAS IN THE SOUTH

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS MAKES BEATS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT FOR GMBS WORK TO EMPOWER YOUNG GIRLS THROUGH MUSIC TECHNOLOGY IN UNDERSERVED COMMUNITIES NATIONWIDE

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WE ARE FAMILY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WAFFS YOUTH TO THE FRONT FUND, WHICH RESOURCES AND EQUIPS YOUTH ACTIVISTS AT THE FOREFRONT OF FIGHTING SYSTEMIC RACISM AND INEQUITY IN THE US AND AROUND THE WORLD

NAME OF ORGANIZATION OR GOVERNMENT: THE STUDIO MUSEUM IN HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATIONS MISSION OF COLLECTING, PRESERVING, AND INTERPRETING ART CREATED BY BLACK ARTISTS ACROSS THE US AND THE AFRICAN DIASPORA

NAME OF ORGANIZATION OR GOVERNMENT:

THE HIGHLANDER RESEARCH & EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HIGHLANDERS CULTURAL ORGANIZING PROGRAM, WHICH CELEBRATES, HONORS AND ENGAGES CULTURAL EXPRESSION AND TRADITIONS IN COMMUNITIES ACROSS THE US SOUTH IN THE WORK TO ADVANCE RACIAL JUSTICE

NAME OF ORGANIZATION OR GOVERNMENT: MAKE THE ROAD NEVADA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S MISSION TO INFORM, EMPOWER AND MOBILIZE COMMUNITY TO TAKE ACTION ON IMPORTANT ISSUES

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A PILOT APPRENTICESHIP PROGRAM IN THE MUSIC, TECHNOLOGY, AND ENTERTAINMENT INDUSTRIES AND PROVIDE IN-DEMAND SKILLS DEVELOPMENT AND CAREER PATHWAYS TOWARD WORKER POWER AND ECONOMIC MOBILITY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: LAKOTA YOUTH DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NATIVE YOUTH IN WORKFORCE TRAINING, EDUCATION, AND LESSONS IN SELF-SUFFICIENCY THROUGH HANDS-ON ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW VENTURE FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AAPI ORGANIZATIONS MOBILIZING ASIAN AMERICANS AND PACIFIC ISLANDERS TO FULLY PARTICIPATE IN A MULTIRACIAL DEMOCRACY, ACHIEVE POLICY AND SYSTEMS CHANGE, AND LEAD THRIVING LIVES

NAME OF ORGANIZATION OR GOVERNMENT: WIND RIVER ADVOCACY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SELF-DETERMINATION IN EDUCATION, HEALTH, ECONOMIC DEVELOPMENT AND EQUALITY FOR THE WIND RIVER RESERVATION.

**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

**MOORE IMPACT INC.**

Employer identification number

**84-4714243**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<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) YVONNE L. MOORE PRESIDENT	(i)	200,115.	0.	0.	5,594.	13,249.	218,958.	0.
	(ii)	65,000.	0.	0.	0.	0.	65,000.	0.
(2) LORELEI WILLIAMS EXECUTIVE DIRECTOR, WMG/BF	(i)	206,594.	20,000.	0.	5,880.	11,990.	244,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONICA K. LEWIS DIR OF STRATEGY, OPS & LEGAL	(i)	164,722.	19,906.	0.	5,020.	10,003.	199,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**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

MOORE IMPACT INC.

Employer identification number

84-4714243

FORM 990, PART VI, SECTION A, LINE 2:

ELAN MOORE-JONES, YONDELL E. MOORE JR., AND YVONNE L. MOORE ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S BY-LAWS DEFINE YVONNE L MOORE AS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S BY-LAWS GRANTS THE RIGHT TO THE SOLE MEMBER TO APPOINT ALL BOARD OF DIRECTORS. THE MEMBER SHALL ADOPT RESOLUTIONS ELECTING BOARD OF DIRECTORS OF THE ORGANIZATION AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

IN ADDITION TO SUCH OTHER RIGHTS, POWERS, AND PRIVILEGES AS IT MAY HAVE BY LAW, THE ORGANIZATION'S SOLE-MEMBER SHALL HAVE THE FOLLOWING RIGHTS, POWERS, AND PRIVILEGES:

(1) TO ACCEPT OR REJECT ANY VOTE, DECISION OR RECOMMENDATION BY THE BOARD OF DIRECTORS, INCLUDING BUT NOT LIMITED TO THE ANNUAL BUDGET OF THE CORPORATION;

(2) TO APPROVE, UPON THE RECOMMENDATION OF THE BOARD OF DIRECTORS, ANY NECESSARY AGREEMENTS TO CARRY OUT ITS PURPOSES UNDER THE ARTICLES OF INCORPORATION AND BYLAWS INCLUDING THE SALE OF DISPOSITION OF ANY ASSETS OF THE CORPORATION NOT IN THE USUAL COURSE OF BUSINESS AND THE INCURRING OF

Name of the organization MOORE IMPACT INC.	Employer identification number 84-4714243
---	--

ANY INDEBTEDNESS FOR BORROWED MONEY;

(3) TO REMOVE ANY OFFICER OR MEMBER OF THE BOARD OF DIRECTORS AT ANY TIME, REGARDLESS OF THE TERM FOR WHICH SUCH MEMBER MAY HAVE BEEN ELECTED;

(4) TO APPOINT ALL BOARD OF DIRECTORS. THE MEMBER SHALL ADOPT RESOLUTIONS ELECTING BOARD OF DIRECTORS OF THE CORPORATION AT THE ANNUAL MEETING OF ITS BOARD OF DIRECTORS;

(5) TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION AS PROVIDED IN THE BYLAWS;

(6) TO VOTE UPON ALL MATTERS ON WHICH MEMBERS ARE ENTITLED TO VOTE.

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

PRESIDENT AND DIRECTOR, STRAGTEGY, OPS & LEGAL REVIEW, THEN WE PROVIDE TO THE FULL BOARD IN ADVANCE OF OUR FALL BOARD MEETING FOR REVIEW AND DISCUSS

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

MOORE IMPACT HAS A BOARD APPROVED CONFLICT OF INTEREST POLICY. EVERY BOARD MEMBER MUST SIGN AN ANNUAL DISCLOSURE FORM STATING THEY HAVE NO CONFLICTS OR THE NATURE OF THEIR INTEREST IN A RELATED PARTY TRANSACTION.

PARTICULARLY AROUND VOTING ISSUES FOR THE BOARD, THE DIRECTOR, STRAGTEGY, OPS & LEGAL WOULD REVIEW TO ENSURE THAT THERE WERE NO CONFLICTS AMONG THE BOARD MEMBERS TO PARTICIPATE

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

Name of the organization <b>MOORE IMPACT INC.</b>	Employer identification number <b>84-4714243</b>
--	---

THE BOARD MEETS ON AN ANNUAL BASIS TO DISCUSS THE PRESIDENT'S PERFORMANCE, REVIEW THE PRESIDENT'S COMPENSATION RELATIVE TO A BIANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES, AND APPROVE THE PRESIDENT'S COMPENSATION. THE BOARD USES SALARY SURVERYS TO BENCHMARK COMPENSATION FOR THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19:  
DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,014,683.
MANAGEMENT AND GENERAL EXPENSES	373,170.
FUNDRAISING EXPENSES	87,620.
TOTAL EXPENSES	1,475,473.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,475,473.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **MOORE IMPACT INC.** Employer identification number **84-4714243**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MOORE PHILANTHROPY - 84-4199168 2590 WELTON ST, SUITE 200 DENVER, CO 80205	PHILANTHROPY	CO	NO	S CORP					X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MOORE PHILANTHROPY	Q	101,118.	ACTUAL COST
(2)			
(3)			
(4)			
(5)			
(6)			



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>MOORE IMPACT INC.</b>	Taxpayer identification number (TIN) <b>84-4714243</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2590 WELTON STREET, 200</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DENVER, CO 80205</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **YVONNE MOORE**  
**2590 WELTON STREET, STE 200 - DENVER, CO 80205**

Telephone No. **(917) 647-2090** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**