

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024
Open to Public Inspection

A For the 2024 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 \$: 16,505,944.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: MOOREPHILANTHROPY.COM
K Form of organization: Corporation
L Year of formation: 2020
M State of legal domicile: CO

Part I Summary
Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1. Mission statement, 2-7. Governance metrics, 8-12. Revenue breakdown, 13-19. Expense breakdown, 20-22. Net assets.

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Sign Here: YVONNE L. MOORE, PRESIDENT
Preparer: MARQUIS WHITE, SAX LLP

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 INDIVIDUALS, 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 \$ 14,896,987. including grants of \$ 12,671,766.) (Revenue \$ 54,482.) IN 2024, MOORE IMPACT DISBURSED APPROXIMATELY \$12.7 MILLION IN GRANTS TO NONPROFITS NATIONWIDE AND GLOBALLY. FROM INVESTING IN ORGANIZATIONS TO BUILD A MORE JUST, EQUITABLE WORLD TO WORKING WITH OUR PARTNERS TO RESOURCE COMMUNITY-LED SOLUTIONS, WE ARE HELPING TO SOLVE SOME OF THE WORLD'S GREATEST CHALLENGES.

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 14,896,987.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter 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

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

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?													X
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?													
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13												X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done												X	
13	Did the organization have a written whistleblower policy?												X	
14	Did the organization have a written document retention and destruction policy?												X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a	The organization's CEO, Executive Director, or top management official												X	
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.													
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?													X
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				217,102.	42,500.	22,254.
(2) MONICA K. LEWIS CHIEF OPERATING OFFICER & COUNSEL	40.00			X				191,870.	0.	18,180.
(3) STEFFI KRAUSE PROJECT DIRECTOR	40.00				X			174,023.	0.	18,744.
(4) LORELEI WILLIAMS EXE. DIRECTOR, WMG/BFF	40.00				X			169,837.	0.	4,181.
(5) MONICA T. BROWN CHIEF STRATEGY & INNOVATION OFFICER	40.00					X		149,591.	0.	16,846.
(6) ALMA MARTINEZ GRANTS MANAGER	40.00					X		109,876.	0.	12,567.
(7) HAFEEZA RASHED CHIEF OF STAFF	40.00					X		114,049.	0.	3,422.
(8) FELICE DENNY CHAIR	4.00	X		X				0.	0.	0.
(9) AYO ROACH TREASURER	3.00	X		X				0.	0.	0.
(10) MARCI MCLENDON SECRETARY	3.00	X		X				0.	0.	0.
(11) MADELINE HOLDER DIRECTOR	2.00	X						0.	0.	0.
(12) ELAN MOORE-JONES DIRECTOR	2.00	X						0.	0.	0.
(13) YONDELL E. MOORE JR. DIRECTOR	2.00	X						0.	0.	0.
(14) 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,440,891.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f			16,440,891.		
Program Service Revenue	2 a	FEE FOR SERVICE	Business Code	541900	54,482.	54,482.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			54,482.		
	3	Investment income (including dividends, interest, and other similar amounts)			10,571.		10,571.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions			16,505,944.	54,482.	0.

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

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 ...	11,116,316.	11,116,316.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,555,450.	1,555,450.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	833,291.	315,819.	401,543.	115,929.
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	829,324.	431,808.	290,812.	106,704.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,848.	11,549.	8,053.	2,246.
9 Other employee benefits	122,224.	58,907.	48,909.	14,408.
10 Payroll taxes	123,682.	55,657.	51,946.	16,079.
11 Fees for services (nonemployees):				
a Management				
b Legal	45,561.		45,561.	
c Accounting	118,110.		118,110.	
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.)	1,678,191.	1,222,101.	333,435.	122,655.
12 Advertising and promotion				
13 Office expenses	44,343.	19,954.	18,624.	5,765.
14 Information technology				
15 Royalties				
16 Occupancy	14,919.	6,714.	6,266.	1,939.
17 Travel	101,408.	45,634.	40,563.	15,211.
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	47,175.	21,228.	19,814.	6,133.
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 BAD DEBT	750,000.		750,000.	
b DUES & SUBSCRIPTIONS	35,515.	35,515.		
c OTHER EXPENSES	14,465.		14,465.	
d PROF. DEVELOPMENT	795.		795.	
e All other expenses	745.	335.	313.	97.
25 Total functional expenses. Add lines 1 through 24e	17,453,362.	14,896,987.	2,149,209.	407,166.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash - non-interest-bearing	8,432,420.	1	8,039,852.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	997,761.	3	473,942.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	10c
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	9,430,181.	16	8,513,794.	
Liabilities	17	Accounts payable and accrued expenses	42,848.	17	28,879.
	18	Grants payable	205,000.	18	250,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	247,848.	26	278,879.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,588,451.	27	1,608,241.
	28	Net assets with donor restrictions	6,593,882.	28	6,626,674.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	9,182,333.	32	8,234,915.
33	Total liabilities and net assets/fund balances	9,430,181.	33	8,513,794.	

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	16,505,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,453,362.
3	Revenue less expenses. Subtract line 2 from line 1	3	-947,418.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,182,333.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,234,915.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	159,800.	12181056.	19022689.	11474848.	16440891.	59279284.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	159,800.	12181056.	19022689.	11474848.	16440891.	59279284.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						46278865.
6 Public support. Subtract line 5 from line 4.						13000419.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	159,800.	12181056.	19022689.	11474848.	16440891.	59279284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,224.	9,764.	10,571.	21,559.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						59300843.
12 Gross receipts from related activities, etc. (see instructions)					12	344,497.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

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.

OMB No. 1545-0047

Open to Public Inspection

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	11	
2 Aggregate value of contributions to (during year)	110,165.	
3 Aggregate value of grants from (during year)	45,150.	
4 Aggregate value at end of year	3,963.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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)		

Total. (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)		

Total. (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)	

Total. (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)	

Total. (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.

1	Total revenue, gains, and other support per audited financial statements		1	16,505,944.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	16,505,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,505,944.

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

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

1	Total expenses and losses per audited financial statements		1	17,453,362.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	17,453,362.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	17,453,362.

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, 2021 AND LATER ARE SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

MOORE IMPACT INC.

84-4714243

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,	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	19,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	2,850.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	28,500.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	10,450.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	6,650.
SOUTH AMERICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	75,000.
SOUTH AMERICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.
3 a Subtotal	0	0			442,450.
b Total from continuation sheets to Part I	0	0			1,113,000.
c Totals (add lines 3a and 3b)	0	0			1,555,450.

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

Schedule F (Form 990) (Rev. 12-2024)

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	50,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	GENERAL OPERATING SUPPORT	125,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	8,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	5,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	7,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	7,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.
SOUTH AMERICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.
SOUTH AMERICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	50,000.
Totals					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	GENERAL OPERATING SUPPORT	50,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	GENERAL OPERATING SUPPORT	250,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	CAPACITY BUILDING	30,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	PROGRAM SUPPORT/PROJECT SUPPORT	1,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	GENERAL OPERATING SUPPORT	50,000.
SOUTH AMERICA	0	0	GRANTMAKING	CAPACITY BUILDING	30,000.
Totals					1,113,000.

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)
			UNITED KINGDOM	GENERAL OPERATING SUPPORT	250,000.	WIRE	0.		
			COLOMBIA	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.	WIRE	0.		
			BRAZIL	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.	WIRE	0.		
			UNITED KINGDOM	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.	WIRE	0.		
			BRAZIL	PROGRAM SUPPORT	150,000.	WIRE	0.		
			COLOMBIA	PROGRAM SUPPORT/PROJECT SUPPORT	150,000.	WIRE	0.		
			NIGERIA	GENERAL OPERATING SUPPORT	125,000.	WIRE	0.		
			UNITED KINGDOM	PROGRAM SUPPORT/PROJECT SUPPORT	75,000.	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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			UNITED KINGDOM	GENERAL OPERATING SUPPORT	50,000.	WIRE	0.		
			UNITED KINGDOM	PROGRAM SUPPORT/PROJECT SUPPORT	50,000.	WIRE	0.		
			UNITED KINGDOM	PROGRAM SUPPORT/PROJECT SUPPORT	50,000.	WIRE	0.		
			UNITED KINGDOM	PROGRAM SUPPORT/PROJECT SUPPORT	50,000.	WIRE	0.		
			COLOMBIA	CAPACITY BUILDING	30,000.	WIRE	0.		
			UNITED KINGDOM	CAPACITY BUILDING	30,000.	WIRE	0.		
			LIBERIA	PROGRAM SUPPORT	28,500.	WIRE	0.		
			LIBERIA	PROGRAM SUPPORT	19,000.	WIRE	0.		
			LIBERIA	PROGRAM SUPPORT	10,450.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ZAMBIA	PROGRAM SUPPORT/PROJECT SUPPORT	8,000.	WIRE	0.		
		NIGERIA	PROGRAM SUPPORT/PROJECT SUPPORT	7,000.	WIRE	0.		
		SIERRA LEONE	PROGRAM SUPPORT/PROJECT SUPPORT	7,000.	WIRE	0.		
		LIBERIA	PROGRAM SUPPORT	6,650.	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

Schedule F (Form 990) (Rev. 12-2024)

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)**

(Rev. December 2024)
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.

OMB No. 1545-0047

Open to Public
Inspection

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY 2400 6TH STREET NW WASHINGTON, DC 20059	53-0204707	501(C)(3)	957,700.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
ASHE CULTURAL ARTS CENTER 1712 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1266819	501(C)(3)	500,000.	0.			GENERAL OPERATING SUPPORT
A NEW WAY OF LIFE 9512 S CENTRAL AVE LOS ANGELES, CA 90002	95-4782503	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS INC - 120 BROADWAY STE 3475 - NEW YORK CITY, NY 10271	13-3615533	501(C)(3)	250,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
DANCE THEATER OF HARLEM 466 WEST 152ND STREET NEW YORK, NY 10031	13-2642091	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
MANAGEMENT LEADERSHIP FOR TOMORROW 7200 WISCONSIN AVE SUITE 200 BETHESDA, MD 20814	52-1795164	501(C)(3)	250,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT

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

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

106.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CARES 5 PENN PLAZA, 23RD FLOOR NEW YORK, NY 10001	32-0207585	501(C)(3)	250,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
OVERTOWN YOUTH CENTER 100 S. BISCAYNE BLVD, 8TH FLOOR MIAMI, FL 33131	65-1048896	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
PREP FOR PREP 328 W 71ST ST NEW YORK, NY 10023	13-2613383	501(C)(3)	250,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
BARD PRISON INITIATIVE 30 CAMPUS RD ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
RTA 735 ANDERSON HILL RD. PURCHASE, NY 10577	13-4112770	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
AID COALITION 543 FOXGLOVE LANE WYNEWOOD, PA 19096	93-1616002	501(C)(3)	250,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
AFRICAN LEADERSHIP FOUNDATION 545 SANSOME STREET 7TH FLOOR SAN FRANCISCO, CA 94111	83-0425133	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
CIVIL RIGHTS CORPS 910 17TH ST NW, SECOND FLOOR WASHINGTON, DC 20006	81-3422012	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS INC - 120 BROADWAY STE 3475 - NEW YORK CITY, NY 10271	13-3615533	501(C)(3)	200,000.	0.			PROGRAM SUPPORT/PROJECT 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE STUDIO MUSEUM IN HARLEM 144 W 125TH ST NEW YORK CITY, NY 10027	13-2590805	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
ARRAY ALLIANCE 180 GLENDALE BLVD LOS ANGELES, CA 90026	82-5248574	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
WE ARE FAMILY FOUNDATION 163 AMSTERDAM AVENUE #1417 NEW YORK, NY 10023	27-0010229	501(C)(3)	200,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
UNMANAGEABLE PO BOX 159202 NASHVILLE, TN 37215	85-1193914	501(C)(3)	200,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
ARRAY ALLIANCE 180 GLENDALE BLVD LOS ANGELES, CA 90026	82-5248574	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
JULIAN SUITE 105 2621 GREEN RIVER ROAD #20 CORONA, CA 92882	85-0820458	501(C)(3)	175,000.	0.			GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS INC - 120 BROADWAY STE 3475 - NEW YORK CITY, NY 10271	13-3615533	501(C)(3)	174,825.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
ANTI-RECIDIVISM COALITION (ARC) 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	46-2140915	501(C)(3)	170,000.	0.			GENERAL OPERATING SUPPORT
THE BROTHERHOOD SISTER SOL 512 WEST 143RD STREET NEW YORK, NY 10031	13-3857387	501(C)(3)	170,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTI-RECIDIVISM COALITION (ARC) 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	46-2140915	501(C)(3)	165,000.	0.			GENERAL OPERATING SUPPORT
THE BROTHERHOOD SISTER SOL 512 WEST 143RD STREET NEW YORK, NY 10031	13-3857387	501(C)(3)	165,000.	0.			GENERAL OPERATING SUPPORT
AAPI CIVIC ENGAGEMENT 3435 WILSHIRE BLVD STE 1400 LOS ANGELES, CA 90010-1923	99-1393608	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
URGE 1317 F STREET, NW SUITE 501 WASHINGTON, DC 20004	52-1772575	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
REFORM ALLIANCE 1675 BROADWAY, SUITE 21 NEW YORK, NY 10019	83-1597624	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
URGE 1317 F STREET, NW SUITE 501 WASHINGTON, DC 20004	52-1772575	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
THE MARSHALL PROJECT 156 W 56TH ST FL 3 NEW YORK CITY, NY 10019	46-4353634	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
LEADERSUP 777 SOUTH ALAMEDA 2ND FLOOR LOS ANGELES, CA 90021	46-2606773	501(C)(3)	150,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
AFRICAN LEADERSHIP FOUNDATION 545 SANSOME STREET 7TH FLOOR SAN FRANCISCO, CA 94111	83-0425133	501(C)(3)	150,000.	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.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY 2900 VAN NESS STREET NW WASHINGTON, DC 20012	53-0204707	501(C)(3)	150,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
THE LADIES OF HOPE MINISTRIES, INC 8 W 126 STREET 3RD FLOOR NEW YORK, NY 10027	83-2249413	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
TABERNACLE COMMUNITY DEVELOPMENT 1485 BAYSHORE BLVD. STE. 361 SAN FRANCISCO, CA 94124	94-3402767	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
FLAMBOYAN FOUNDATION 1730 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036	20-8924675	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
FLAMBOYAN FOUNDATION 1730 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036	20-8924675	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
JULIAN SUITE 105 2621 GREEN RIVER ROAD #20 CORONA, CA 92882	85-0820458	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
GIRLS MAKES BEATS 4300 N. UNIVERSITY DR. C-200 LAUDERHILL, FL 33351	46-3360600	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS INC - 120 BROADWAY STE 3475 - NEW YORK CITY, NY 10271	13-3615533	501(C)(3)	125,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
ANWOL 9512 S CENTRAL AVE LOS ANGELES, CA 90002-2026	95-4782503	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARD PRISON INITIATIVE 30 CAMPUS RD ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
GENDER AMPLIFIED INC. 420 S FRONT ST MEMPHIS, TN 38103	81-2108395	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CARIBBEAN CULTURAL CENTER 120 E 125TH ST NEW YORK, NY 10035	13-3054001	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CARIBBEAN CULTURAL CENTER 120 E 125TH ST NEW YORK, NY 10035	13-3054001	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE HIDDEN GENIUS PROJECT 1441 FRANKLIN ST OAKLAND, CA 94612-3231	46-0689949	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
REFORM ALLIANCE 1675 BROADWAY, SUITE 21 NEW YORK, NY 10019	83-1597624	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
GENDER AMPLIFIED INC. 420 S FRONT ST MEMPHIS, TN 38103	81-2108395	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE HIDDEN GENIUS PROJECT 1441 FRANKLIN ST OAKLAND, CA 94612-3231	46-0689949	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
BOLD WATSONRICE LLP 5 PENN PLAZA, 19TH F NEW YORK, NY 10001	83-2352971	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOLD WATSONRICE LLP 5 PENN PLAZA, 19TH F NEW YORK, NY 10001	83-2352971	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
CARIBBEAN CULTURAL CENTER 120 E 125TH ST NEW YORK, NY 10035	13-3054001	501(C)(3)	55,000.	0.			CAPACITY BUILDING
JAMS 3315 N LIBERTY ST JACKSONVILLE, FL 32206-2219	47-1225657	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FLAMBOYAN FOUNDATION 1730 MASSACHUSETTS AVE, NW WASHINGTON, DC 20036	20-8924675	501(C)(3)	50,000.	0.			CAPACITY BUILDING
LAKOTA YOUTH DEVELOPMENT 30122 352ND AVENUE HERRICK, SD 57538	46-0436638	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
LIGHTHOUSE 233 E CAPITOL ST JACKSON, MS 39201	82-2064693	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
JAMS 3315 N LIBERTY ST JACKSONVILLE, FL 32206-2219	47-1225657	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN FOOD PO BOX 675 FLAGSTAFF, AZ 86002-0675	46-4578553	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
NO LABEL ACADEMY 1 BUFFALO PATH EAST HAMPTON, NY 11937	85-3688066	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE RENEWABLES INC 3111 N CADEN COURT, SUITE 130 FLAGSTAFF, AZ 86004	85-2285816	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
SOGOREA TE' LAND 2501 HARRISON ST. OAKLAND, CA 94612	82-4415931	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
BLACKSPACE URBANIST COLLECTIVE 96 STERLING STREET BROOKLYN, NY 11225	83-4620589	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
CHICAGO FREEDOM SCHOOL 719 S. STATE ST. FLOOR 4 CHICAGO, IL 60605	20-4735643	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY MOVEMENT BUILDERS 3401 LANTERN VIEW LANE SCOTTDALE, GA 30079	47-4653915	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
TRUE BEGINNINGS 5070 VEGAS VALLEY DRIVE LAS VEGAS, NV 89142	80-0905646	501(C)(3)	41,146.	0.			GENERAL OPERATING SUPPORT
TRIBAL MINDS 2155 GREEN VISTA DRIVE SUITE 201 SPARKS, NV 89431	85-2724658	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
SINTE GLESKA UNIVERSITY 101 ANTELOPE LAKE CIRCLE PO BOX 105 MISSION, SD 57555	46-0312209	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
KO' IHONUA PO BOX 1229 PEARL CITY, HI 96782	81-4352379	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLACK COLLECTIVE V 937 NW 3RD AVENUE MIAMI, FL 33136	83-2831423	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
MUSLIM ANTI-RACISM 1688 TYLER STREET DETROIT, MI 48238	47-2444781	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
CO BLACK HEALTH COLLABORATIVE 3025 S. PARKER ROAD AURORA, CO 80014	27-0803976	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
BOLD WATSONRICE LLP 5 PENN PLAZA, 19TH F NEW YORK, NY 10001	83-2352971	501(C)(3)	30,000.	0.			CAPACITY BUILDING
THE MIRACLE CENTER 5454 W. DIVERSEY AVE. CHICAGO, IL 60639	36-4276909	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LATIN GRAMMY CULTURAL FOUNDATION 3470 NW 82ND AVE SUITE 600 MIAMI, FL 33122	46-4770436	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ZORA'S CRADLE 3934 DIXIE HIGHWAY SUITE #350 LOUISVILLE, KY 40216	85-4288666	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NY SHAKESPEARE FESTIVAL 425 LAFAYETTE STREET NEW YORK, NY 10003	13-1844852	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES FOR BETTER 13201 NW FREEWAY, SUITE 800, HOUSTON, TX 77040	83-3457205	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLETT HISPANICO 167 WEST 89TH STREET NEW YORK, NY 10024	13-2685755	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NO LABEL ACADEMY 1 BUFFALO PATH EAST HAMPTON, NY 11937	85-3688066	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CASITA MARIA CENTER 928 SIMPSON ST 6TH FLOOR BRONX, NY 10459	13-1623994	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
JAZZ DRAMA PROGRAM 5030 BROADWAY, SUITE 645 NEW YORK, NY 10034	06-1722131	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
YOUNG GENERATION 3435 LAKE VALLEY RD NW ATLANTA, GA 30331	80-0850864	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
JUST VISION 1835 7TH ST NW SUITE 110 WASHINGTON, DC 20001	20-4898729	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
WIND RIVER NATIVE AD 14569 HWY 287, SUITE 4 FORT WASHAKIE, WY 82514	81-3582146	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
CODEPINK WOMEN FOR PEACE 578 WASHINGTON BLVD #395 MARINA DEL REY, CA 90292	26-2823386	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
JEWISH VOICE FOR PEACE 2342 SHATTUCK AVE # 321 BERKELEY, CA 94704	90-0018359	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AFRO RESISTANCE 409 MORRIS PARK AVENUE BRONX, NY 10460	86-3745935	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
MUSIC MENTORS 2 WALL STREET, 10TH FLOOR FEUER & O NEW YORK, NC 10005	45-2953053	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
INTER-RELIGIOUS FOUNDATION FOR COMMUNITY ORGANIZATION INC - 418 WEST 145TH STREET - NEW YORK, NY 10031	13-2590548	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
INSPIRINGMINDS NYC 1130 BEDFORD AVE STE 13 BROOKLYN, NY 11216	35-2646735	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
COLOR OF CHANGE 1714 FRANKLIN ST STE 100 # 136 OAKLAND, CA 94612	45-5569879	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	52-2094677	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT		
THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER P.O. BOX 4390 - VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE, SUITE 900 - NASHVILLE, TN 37203-6856	76-6001118	501(C)(3)	4,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT		
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE, SUITE 900 - NASHVILLE, TN 37203-6856	35-2528741	501(C)(3)	3,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT		
VANDERBILT UNIVERSITY MEDICAL CENTER - 3319 WEST END AVENUE, SUITE 900 - NASHVILLE, TN 37203-6856	35-2528741	501(C)(3)	3,000.	0.			PROGRAM SUPPORT/PROJECT 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES INC - 2608 GENESEE ST - UTICA, NY 13502-6003	15-6016932	501(C)(3)	2,650.	0.			GENERAL OPERATING SUPPORT
UNC 103 SOUTH BUILDING CAMPUS BOX 9100 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
ONE HEART MCKINNEY PO BOX 3784 MCKINNEY, TX 75044	20-4950273	501(C)(3)	2,000.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
LAMBDA LITERARY FOUNDATION P.O. BOX 20186 NEW YORK, NY 10014	52-1996380	501(C)(3)	1,500.	0.			RESTRICTED - PROGRAMMING SUPPORT
YOU GOTTA BE 254 W 31ST STREET 5TH FL NEW YORK, NY 10001	11-3272603	501(C)(3)	1,000.	0.			GENERAL OPERATING SUPPORT
RECONCILIATION AND RESTORATION FOUNDATION - 801 PONDS EDGE LN - EULESS, TX 76040	88-1020425	501(C)(3)	1,000.	0.			RESTRICTED - PROGRAMMING SUPPORT
PR COMMFOUNDATION 1719 PONCE DE LEON AVE SAN JUAN, PR 00912	66-0413230	501(C)(3)	500.	0.			GENERAL OPERATING SUPPORT
RECONCILIATION AND RESTORATION FOUNDATION - 801 PONDS EDGE LN - EULESS, TX 76040	88-1020425	501(C)(3)	250.	0.			PROGRAM SUPPORT/PROJECT SUPPORT
ROCKEFELLER PHILANTHROPY ADVISORS INC - 120 BROADWAY STE 3475 - NEW YORK CITY, NY 10271	13-3615533	501(C)(3)	175.	0.			PROGRAM SUPPORT/PROJECT 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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**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 4:

THE BOARD AMENDED THE BYLAWS IN DECEMBER 2024 TO INDICATE THAT ALL
DIRECTORS ARE MEMBERS OF THE CORPORATION RATHER THAN A SOLE MEMBER.

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

THE ORGANIZATION'S BYLAWS DEFINE ALL DIRECTORS AS MEMBERS OF THE
ORGANIZATION.

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

THE ORGANIZATION'S BYLAWS GRANT THE RIGHT TO THE MEMBERS TO APPOINT ALL
BOARD OF DIRECTORS. THE MEMBERS SHALL ADOPT A RESOLUTION ELECTING BOARD OF
DIRECTORS OF THE ORGANIZATION AT THE ANNUAL MEETING OF THE BOARD OF
DIRECTORS. 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 MEMBERS 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
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:

THE PRESIDENT, CHIEF OPERATING OFFICER & COUNSEL 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

MOORE IMPACT INC.

Employer identification number
84-4714243

OR THE NATURE OF THEIR INTEREST IN A RELATED PARTY TRANSACTION.

PARTICULARLY AROUND VOTING ISSUES FOR THE BOARD, THE CHIEF OPERATING OFFICER & COUNSEL WOULD REVIEW TO ENSURE THAT THERE WERE NO CONFLICTS AMONG THE BOARD MEMBERS TO PARTICIPATE

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

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

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	15,000	ACTUAL COST
(2)			
(3)			
(4)			
(5)			
(6)			

