### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 43-20-95

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Form	J	J	U

Department of the Treasury

Internal Revenue Service

### Return of Organization Exempt From Income Tax

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.

АГ	or th	e 2021 calendar year, or tax year beginning and e	enaing		
B C a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre chang				
	chang		27-124743	30	
	Initial return Final return	PO BOY 231301	E Telephone number (917)670		
	termir			G Gross receipts \$	1,077,651.
	Amen			H(a) Is this a group re	
				for subordinates	? Yes X No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
I T	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	. ,	list. See instructions
		te: IMPACTNETWORK.ORG		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: NY
	rt I	Summary	1 - 104		etato et logal definiente:
	1	Briefly describe the organization's mission or most significant activities: IMPAC	T NET	WORK SEEKS 7	O LEVERAGE
lce	-	TECHNOLOGY TO DEVELOP RURAL VILLAGES ACROS			
Activities & Governance	2	Check this box      if the organization discontinued its operations or dispose			
ver	3			3	9
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)		9	
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4
itie	6	Total number of volunteers (estimate if necessary)		21	
ctiv	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		643,152.	1,029,059.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-27,986.	-1,411.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		615,166.	1,027,648.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		378,772.	583,820.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$		234,372.	245,214.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  67,82	9.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		76,380.	73,861.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		689,524.	902,895.
	19	Revenue less expenses. Subtract line 18 from line 12		-74,358.	124,753.
s or			Be	ginning of Current Year	End of Year
Assets -	20	Total assets (Part X, line 16)		367,104.	433,770.
it As		Total liabilities (Part X, line 26)		84,983.	26,896.
Fund		Net assets or fund balances. Subtract line 21 from line 20		282,121.	406,874.
Pa	irt 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		Signature of o	fficer						Date		
Here		RESHMA	PATEL,	EXECUTIV	E DIRECTO	DR					
		Type or print r	name and title								
	Prin	t/Type preparer'	s name		Preparer's signat	ure		Date	Check	PTIN	
Paid	GAI	RRETT M	. HIGGI	NS	GARRETT	м.	HIGGINS			P0054320	
Preparer	Firm	n's name 🕒	PKF O'C	ONNOR DAV	IES, LLP				Firm's EIN ▶ 27	/-1728945	5
Use Only	Firm	n's address 🕨	245 PAR	K AVENUE,	12TH FLO	OOR					
	NEW YORK, NY 10167 Phone no.212-286-2600										
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) IMPACT NETWORK INTERNATIONAL, INC. 27-124743( rt III   Statement of Program Service Accomplishments	) Page <b>2</b>
	Check if Schedule O contains a response or note to any line in this Part III	X
-		<b>A</b>
1	Briefly describe the organization's mission: IMPACT NETWORK SEEKS TO LEVERAGE TECHNOLOGY TO DEVELOP RURAL VILLAG	ES
	ACROSS EDUCATION, HEALTH AND ECONOMIC DEVELOPMENT SECTORS. IN 2021,	
	IMPACT NETWORK SUPPORTED ZAMBIA IMPACT NETWORK LIMITED TO ACHIEVE I	
	GOALS IN ZAMBIA. THE MAIN PROGRAM IS TO IMPLEMENT A QUALITY EDUCATI	
	Did the organization undertake any significant program services during the year which were not listed on the	-011
2		es X No
~	If "Yes," describe these new services on Schedule O.	es X No
3		es [A] No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 760,332. including grants of \$ 583,820.) (Revenue \$	)
	IN 2021, IMPACT NETWORK SUPPORTED ZAMBIA IMPACT NETWORK LIMITED TO	
	ACHIEVE ITS GOALS IN ZAMBIA. THE MAIN PROGRAM IS TO IMPLEMENT A QUA	
	EDUCATION TO 6,000 STUDENTS ACROSS 40+ SCHOOLS, AND ENSURE THAT THE	
	TEACHING AND LEARNING, MANAGEMENT OF SCHOOLS, AND OVERALL OPERATION	
	ARE OF HIGH-QUALITY. IN 2021, WE ALSO SUPPORTED THE ADDITION OF 8 H	SARLY
	CHILDHOOD CLASSES, COMPREHENSIVE LITERACY AND NUMERACY PROGRAMS TO	
	CATCH STUDENTS UP FROM SCHOOL CLOSURES, AND ENVIRONMENTAL PROGRAMS.	,
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		,
ام ا	Other program services (Describe on Schedule O)	
4d	Other program services (Describe on Schedule O.)	
A -	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     760,332.	
4e		m <b>990</b> (2021)
		11 330 (2021)
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2021.05000 IMPACT NETWORK INTERNATIO 10782871

Form	990	(2021)

Part IV Checklist of Required Schedules

IMPACT NETWORK INTERNATIONAL, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		<u> </u>
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			L
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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<sup>2021.05000</sup> IMPACT NETWORK INTERNATIO 10782871

Form 990 (			27-1247430	Pa	age <b>5</b>
Part V	Statements Regarding Other IRS Filings and Ta	x Compliance (continued)			
				Yes	No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50			
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h			
h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	0.0			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b			
10	Section 501(c)(7) organizations. Enter:	50			
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
U	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand	1			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.	F .	000	(000 1)	
32005	0 <b>0</b>	rorm	230	(2021)	

2021.05000 IMPACT NETWORK INTERNATIO 10782871

Form	990	(2021)
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### IMPACT NETWORK INTERNATIONAL, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		9	103	
iu	If there are material differences in voting rights among members of the governing body or if the governing			4		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		1	-		
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under th			-		
•				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form?	11a	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			12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	lescribe			
	on Schedule O how this was done			120	_	<u> </u>
13	Did the organization have a written whistleblower policy?			13		<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a		77
b	Other officers or key employees of the organization			15b	)	X
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged			40		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		
a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	exempt status with respect to such arrangements?			16k		
Sec	tion C. Disclosure				'	
17	List the states with which a copy of this Form 990 is required to be filed <b>NY</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	$I_{\rm T}$ (section 501(c)(3)	a)s only	) availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.			,o oniy	, availa	510
	X       Own website       X       Another's website       X       Upon request       Other (explain	nonç	chedule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	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 bo	oks an	d records			
	CANDULLO MANAGEMENT GROUP, LLC - 203-267-7408		· · · · · · · · ·			
	54 DANBURY ROAD #185, RIDGEFIELD, CT 06877					
132006	3 12-09-21			For	m <b>990</b>	(2021)
	7					,,

2021.05000 IMPACT NETWORK INTERNATIO 10782871

Form 990 (2021)			INTERNATIONAL,		27-1247430	Page 7
Part VII Compen	sation of Officers	s, Directors,	Trustees, Key Employ	ees, Highest Co	ompensated	
Employe	es, and Indepen	dent Contra	ctors			
Check if Sc	hedule O contains a r	esponse or note	e to any line in this Part VII			
Section A. Officers, I	Directors, Trustees, k	Key Employees	, and Highest Compensated	Employees		
					with or within the organization's	s tax year.
1a Complete this table	for all persons require	ed to be listed. F	Report compensation for the c	alendar year ending	with or within the organization's	,

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	۱ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer an	dad	irecto	or/trus T	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee vee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) RESHMA PATEL	40.00									
EXECUTIVE DIRECTOR		]		Х				75,000.	0.	0.
(2) DAN SUTERA	2.00									
CO-FOUNDER/PRESIDENT/TREASURER		Х		Х				0.	0.	0.
(3) DAVID SEIDENFELD	1.00									
CO-FOUNDER/VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANUP PATEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JAMES LUM	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MICHAEL CLARK	0.50									
DIRECTOR		Х						0.	0.	0.
(7) DIANE H. FUSILLI	0.50									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER RACKLIFF	0.50									
DIRECTOR		Х						0.	0.	0.
(9) STEPHAN SPENCER	0.50									
DIRECTOR		Х						0.	0.	0.
(10) SWAN SIT	0.50									
DIRECTOR		Х						0.	0.	0.
(11) AMY LYNN MARSHALL LAMBRECHT	0.50									
DIRECTOR, THRU JULY 2021		Х						0.	0.	0.
(12) SEAN O'SULLIVAN	0.50									
DIRECTOR, THRU FEB. 2021		Х						0.	0.	0.
					-	-				
132007 12-09-21										Form <b>990</b> (2021)

132007 12-09-21

Form 990 (2021)

#### 12591112 756359 1078287.000

	990 (2021)	IMPACT NE	ETWORK I	NT	'ER	NA	ΤI	ON	AL	, INC.	27-12	2474	<u>430</u>	Pa	age <b>8</b>
Par	VII Section A. Offic	ers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)		(B)			(0				(D)	(E)			(F)	
	Name and	title	Average	(do		Posi		l than c	ne	Reportable	Reportable		Es	stimate	ed
			hours per	box	, unles	ss per	son is	s both	an	compensation	compensatio	n	an	nount	of
			week	offic	cer an	d a di	recto	r/trust	tee)	from	from related	1 I		other	
			(list any	ector						the	organization	I	com	pensa	tion
			hours for	or dir	a			ted		organization	(W-2/1099-MIS	I	fr	om th	е
			related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)			anizat	
			organizations below	al tru	onal t		loyee	e com		1099-NEC)				d relat	
			line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
				ц Ц	<u> </u>	0ff	Key	e, Hi	Ъ			$ \rightarrow $			
				-											
												$ \longrightarrow$			
												$\rightarrow$			
				-											
												$\longrightarrow$			
												$ \rightarrow $			
1b	Subtotal									75,000.		0.			0.
с	Total from continuation	on sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b an	d 1c)								75,000.		0.			0.
									o re	eceived more than \$100,	000 of reportable	3			
	compensation from the	e organization									-				0
	·	· · ·												Yes	No
3	Did the organization lis	st any <b>former</b> officer.	director, trust	ee. k	ev e	mpl	ove	e. or	hia	hest compensated emp	ovee on	ſ			
•	U U					•	-		Ŭ				3		Х
А										ner compensation from t		····			
-													4		X
-										or such individual		·····	4		
5										ed organization or individ	iual for services		-		v
Cast			plete Schedule	e J fo	or su	ich r	perso	on .				<u></u>	5		X
	ion B. Independent Co														
	•	, ,	•	•						nat received more than \$		pensat	ion fro	m	
	the organization. Repo	rt compensation for	the calendar ye	ear e	endin	ig w	ith o	or wit	thin	the organization's tax y	ear.				
		(A)								(B)			(0		
		Name and business	address	NC	ONE	6				Description of s	ervices	C	ompe	nsatio	n
									$\neg$						
									+						
2	Total number of index	endent contractore (ir		ot lin	nitor	t to t	thee		L ted	above) who received mo	ore than				
2	\$100,000 of compensation		-		mec	01	1105 0		eu	above, who received mo	no unall				
	φτου, στο στ compensa	auon nom the organiz					0	,							

132008 12-09-21

Part VIII         Statement of Revenue           Chock if Schedule O contains a response or note to any line in this Part VIII         (0)         (0)           If a Federated campagns         14         (1)         (2)         (2)           If a Federated campagns         14         (2)         (2)         (2)           If a Federated campagns         14         (2)         (2)         (2)         (2)           If a Federated campagns         14         (2)				2021) IMPACT NETWOR	RK INTERNA	ATIONAL, II	NC.	27-1247	430 Page 9	
(A)     (A) <th c<="" th=""><th>Ра</th><th>rt V</th><th>(111</th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th>Ра</th> <th>rt V</th> <th>(111</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Ра	rt V	(111						
Total memula     Pedetaded or exempla     Unreliated or exempla     Unreliated or exempla     Durneliated or exempla       I a     I b     Additional or exempla     I b     I b     I b     I b       I b     Manbership dues     I b     I b     I b     I b     I b       I c     Partial control     I b     I b     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control     Related or exempla     I c     I c     I c     I c     I c       I control				Check if Schedule O contains a response	or note to any lin	(	(B)			
age         1 a         Foderated campaign         10 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Revenue excluded</th>									Revenue excluded	
as Federated campaigns       to         b Mankarship dues       to         c Fundraising events       to         d Related campaigns       to         e Government grants (controlutions)       to         d Related campaigns       to         e Government grants (controlutions)       to         g State campations (controlutions)       to         d Related campaigns       to         e Government grants (controlutions)       to         g State campations (controlutions)       to         d Rotate campaigns       to         e Government grants (controlutions)       to         g State campations       to         g State campations (controlutions)							function revenue	business revenue		
Book Membership dues       hb       178,320.         Breaded organizations       to       178,320.         Breaded organizations       to       29,740.         Breaded organizations       to       1,029,059.         Breaded organizations       to									Sections 512 - 514	
generative         Business Code         Image: Code state s	nts	1								
generative         Business Code         Image: Code state s	Gra				170 220					
generative         Business Code         Image: Code state s	Å,				110,320.					
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generative       2 a	0 0		n	Total. Add lines Ta-IT		<u>, 029, 039</u>				
b		•	_		Busiliess Code					
a       Total. Add lines 2a21         a       Treat. Add lines 2a21         a       Investment income (including dividends, interest, and dividends, interest, a	/ice	2								
a       Total. Add lines 2a21         a       Treat. Add lines 2a21         a       Investment income (including dividends, interest, and dividends, interest, a	ser, ue									
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a       Total. Add lines 2a21         a       Treat. Add lines 2a21         a       Investment income (including dividends, interest, and dividends, interest, a	Pro			All other program service revenue						
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a       income from investment of tax-exempt bond proceeds         4       income from investment of tax-exempt bond proceeds         5       Royatiles         6 a       Gross rents         b       Less: rental expenses         6 b       6         c       Rental income or (loss)         7 a       Gross amount from sales of asses on three masks of asses on the basis and sales expenses         ad sales expenses       72         7 a       Gross mount from sales of asses on three masks of asses on three masks of asses on three masks of asses on the basis and sales expenses         7 b       72         7 c       72         7 a       72         7 b       72         7 c       72         7 d       72         8 d       Gross income from fundralsing events<			9							
4       Income from investment of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         5       Royaties       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         6       a Gross rents       Ga       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         7       a Gross rents       Ga       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         7       a Gross rents       Ga       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         7       a Gross rents       Ga       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         8       a Gross income from tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds       Image: construction of tax-exempt bond proceeds         9       a Gross income from tax-exempt bond proceeds       Image: construction of tax-exempt bond proceexempt bond procexempt bond proceeds		Ŭ								
5       Royatties       0) Real       (ii) Personal         6 a       Gross rents       6a       0         b       Less: rental expenses       6b       0         c       Rental income or (loss)       6c       0         7 a       Gross anount from sales of assets other than inventory       7a       0         b       Less: cost or other basis       7b       0         c       Gain or (loss)       7c       0         d       Net gain or (loss)       0       0         e       Cain reported on line 1c). See       Pat IV, line 18       0       0         b       Less: direct expenses       0       0       0       0         g       Gross sales of inventory, less returns and allowances       9       0       0       0         for coss sales of inventory, less returns and allowances       0       0       0       0       <		4								
6 a Gross rents       0 Real       (i) Personal         b Less: rental expenses       6b       0         c Rental income or (loss)       0 Sec       0         d Net rental income or (loss)       0 Sec       0         a Gross amount from sales of assess other than inventory asses other than inventory       0       0         b Less: cost or other basis and sales expenses       7b       7c       0         c Gain or (loss)       7c       7c       0       0         d Net gain or (loss)       178 a 320 · of contributions reported on line 1c). See Part IV, line 18       0       0         b Less: direct expenses       8b       50 / 003 · 003 · 003 · 003 · 003 · 003 · 000										
b       Less: rental expenses       60         c       Rental income or (loss)       60         d       Net rental income or (loss)       >         7       a Gross amount from sales of assets other than inventory       >         b       Less: cost or other basis       70         c       Gain or (loss)       70         c       Gain or (loss)       70         d       Net gain or (loss) from fundraising events (lot including \$\$       -1, 411.         b       Less: direct expenses       90         c       Net income or (loss) from gaming activities       >         c       Net income or (loss) from gaming activities       >         d       Net income or (loss) from gaming activities       >         d       Net income or (loss) from gains actinventory       ><		-		(i) Real						
b       Less: rental expenses       60         c       Rental income or (loss)       60         d       Net rental income or (loss)       >         7       a Gross amount from sales of assets other than inventory       >         b       Less: cost or other basis       70         c       Gain or (loss)       70         c       Gain or (loss)       70         d       Net gain or (loss) from fundraising events (lot including \$\$       -1, 411.         b       Less: direct expenses       90         c       Net income or (loss) from gaming activities       >         c       Net income or (loss) from gaming activities       >         d       Net income or (loss) from gaming activities       >         d       Net income or (loss) from gains actinventory       ><		6	а	Gross rents 6a		1				
c       Rental income or (loss)       Gc       Image: constraint of the state of the stat						1				
d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis   and sales expenses 7b   7 a C Gain or (loss)   7 b 7c   8 a Gross income from fundraising events (not including \$T8, 320of contributions reported on line 1c). See Part IV, line 18 8 a Gross income from gaming activities. See Part IV, line 18 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 10 a Gross sales of inventory. less returns and allowances 10 a Gross sold inventory. Loss from sales of inventory. See Part II a See See See See Part II a See See See See See See See See See S			с			1				
7 a Gross amount from sales of assets other than inventory       7a       (i) Securities       (ii) Other         7a       Gross action of the basis and sales expenses       7b       7c       7c         a Gross income from fundraising events (not including \$178,320.of contributions reported on line 1c). See Part IV, line 18       8a       48,592.bs       8a       48,592.bs         b Less: direct expenses       ab       50,003.cs       -1,411.cs       -1,411.cs         9 a Gross income from gaming activities. See Part IV, line 18       8a       48,592.bs       9a       9a         b Less: direct expenses       9b       9c       9c       9c       0c       -1,411.cs       -1,411.cs         9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9b       0c       0c         10 a Gross alse of inventory, less returns and allowances       10a       Gross of goods sold       10b       0c       0c         c Net income or (loss) from sales of inventory       Image: Code Sold       0c       0c       0c       0c         6 d All other revenue       0c					•					
B       Less: cost or other basis and sales expenses       Tb         c       Gain or (loss)       Tc         d       Net gain or (loss)       T         8       Gross income from fundraising events (not including \$178,320.or contributions reported on line 1c). See Part IV, line 18       Ba       48,592.         b       Less: direct expenses       Bb       50,003.         c       Net income or (loss) from fundraising events       -1,411.       -1,411.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b         b       Less: direct expenses       9b       9b       0a         10 a       Gross sales of inventory, less returns and allowances       10a       10a         b       Less: cost of goods sold       10b       0b       0a         c       Net income or (loss) from sales of inventory       Image: second se		7	а		1					
and sales expenses       7b         c       Gain or (loss)         d       Net gain or (loss)         including \$178, 320. of contributions reported on line 1c). See         Part IV, line 18       Ba         9       Gross income from gaming activities. See         Part IV, line 19       9a         9 a Gross income from gaming activities. See         Part IV, line 19       9a         9 b Less: direct expenses       9b         c       Net income or (loss) from gaming activities         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory         Business Code       11a         b       10a         c       10a         d All other revenue       10a         d All other revenue       1, 027, 648.       0.         d All other revenue       1, 027, 648.       0.       0.     <				assets other than inventory <b>7a</b>		]				
c       Gain or (loss)       7c          d       Net gain or (loss)       >       >         8       Gross income from fundraising events (not including \$178, 320 of contributions reported on line 1c). See       >       >         9       Cross income from fundraising events       >       -1,411.       >         9       Gross income from gaming activities. See       >       >       -1,411.         9       Gross sales of inventory, less returns and allowances       >       >       >         10       Gross sales of inventory, less returns and allowances       10b           11       a			b	Less: cost or other basis						
c       Gain or (loss)       7c          d       Net gain or (loss)       >       >         8       Gross income from fundraising events (not including \$178, 320 of contributions reported on line 1c). See       >       >         9       Cross income from fundraising events       >       -1,411.       >         9       Gross income from gaming activities. See       >       >       -1,411.         9       Gross sales of inventory, less returns and allowances       >       >       >         10       Gross sales of inventory, less returns and allowances       10b           11       a	ne			and sales expenses						
a A Net gain or (loss)   8 a Gross income from fundraising events (not including \$ 178,320. 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   9 a Gross income from gaming activities. See Part IV, line 19   9 a 9a   9 a 9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   10 a Gross sales of inventory, less returns and allowances   10 b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Method lines 11a.11d   b Income or loss intervenue   c Int a   12 Total revenue. See instructions   12 Total revenue. See instructions	/en		с							
contributions reported on line 1c). See       Ba       48,592.         Part IV, line 18       Ba       48,592.         b       Less: direct expenses       Bb       50,003.         c       Net income or (loss) from fundraising events       -1,411.       -1,411.         9 a       Gross income from gaming activities. See       Part IV, line 19       9a         b       Less: direct expenses       9b       9b       -1,411.         0 a       Gross sales of inventory, less returns and allowances       10a       -10a       -10a         b       Less: cost of goods sold       10b       -10b       -10b       -10b         c       Int a       Business Code       -10b       -10b       -10b         segueration       Int a       -10b       -10b       -10b       -10b         c       Int a       -10b       -10										
contributions reported on line 1c). See       Ba       48,592.         Part IV, line 18       Ba       48,592.         b       Less: direct expenses       Bb       50,003.         c       Net income or (loss) from fundraising events       -1,411.       -1,411.         9 a       Gross income from gaming activities. See       Part IV, line 19       9a         b       Less: direct expenses       9b       9b       -1,411.         0 a       Gross sales of inventory, less returns and allowances       10a       -10a       -10a         b       Less: cost of goods sold       10b       -10b       -10b       -10b         c       Int a       Business Code       -10b       -10b       -10b         segueration       Int a       -10b       -10b       -10b       -10b         c       Int a       -10b       -10	Jer	8	а							
Part IV, line 18       Ba       48, 592.         b       Less: direct expenses       Bb       50,003.         c       Net income or (loss) from fundraising events       -1,411.       -1,411.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       -1,411.       -1,411.         b       Less: direct expenses       9b       -1       -1,411.       -1,411.         b       Less: direct expenses       9b       -1       -1       -1,411.         b       Less: direct expenses       9b       -1       -1       -1       -1,411.         10 a       Gross sales of inventory, less returns and allowances       10a       -1	₫			including \$ 178,320. of						
b Less: direct expenses   c Net income or (loss) from fundraising events   9 Gross income from gaming activities. See   Part IV, line 19 9a   b Less: direct expenses   9 9b   c Net income or (loss) from gaming activities   10 a   a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Met income or (loss) from sales of inventory   d All other revenue   e Total revenue. See instructions     12 Total revenue. See instructions										
c Net income or (loss) from fundraising events -1,411.   9 a Gross income from gaming activities. See 9a   9a 9a 9a   9b Less: direct expenses 9b   c Net income or (loss) from gaming activities -1   10 a Gross sales of inventory, less returns 10a   and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Mathematical activities   11 a Business Code   b C   c All other revenue   e Total revenue. See instructions   12 Total revenue. See instructions										
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   b Less: cost of goods sold   10 a   g returns   and allowances   b Less: cost of goods sold   10 a   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c All other revenue   e Total. Add lines 11a-11d     12 Total revenue. See instructions				• • • • • • • • • • • • • • • • • • • •	50,003.					
Part IV, line 19 9a   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   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a Business Code   b C   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions					<b>▶</b>	-1,411.			-1,411.	
b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory		9	а							
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   b Source   c Business Code   b C   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions										
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   Business Code   b   c   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions				· · · · · · · · · · · · · · · · · · ·	<b>)</b>					
and allowances 10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code   b Business Code   c All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions					<b>&gt;</b>					
b Less: cost of goods sold 10b ► −		10	а	-						
c       Net income or (loss) from sales of inventory       ▶         11 a       Business Code       ■         b       □       □         c       □       □         d       All other revenue       □         e       Total revenue. See instructions       ▶       1,027,648.       0.       0.       -1,411.										
Business Code       Image: Code         b       Image: Code       Image: Code         b       Image: Code       Image: Code         c       Image: Code       Image: Code         d       All other revenue       Image: Code         e       Total. Add lines 11a-11d       Image: Code         12       Total revenue. See instructions       Image: Logic Code				J						
11 a			С	INET INCOME OF (IOSS) from sales of inventory .						
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 1,027,648.         0.	SD		_		DUSITIESS CODE					
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 1,027,648.         0.	ne ol	11								
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 1,027,648.         0.	llar									
e Total. Add lines 11a-11d         12 Total revenue. See instructions         ▶ 1,027,648.         0.	Sce									
12         Total revenue. See instructions         ▶         1,027,648.         0.         0.         -1,411.	Ň									
			e			1.027 648	0	0	-1 411	
	13200		09-		····· •	_,,				

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IMPACT NETWORK INTERNATIONAL, INC. 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).

0000	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	i utai experises	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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		F02 000		
	individuals. See Part IV, lines 15 and 16	583,820.	583,820.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	75 000	10 750	7 500	10 750
~	trustees, and key employees	75,000.	48,750.	7,500.	18,750.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	150,750.	91,533.	25,183.	34,034.
7 0	Other salaries and wages	T O , 1 O O O	• • • • • • • •	2J,10J.	J4,UJ4.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10	Payroll taxes	19,464.	12,430.	3,283.	3,751.
11	Fees for services (nonemployees):				57751.
	Management				
	Legal				
	Accounting	20,600.		20,600.	
	Lobbying				
	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 0.)	6,772.		1,100.	5,672.
12	Advertising and promotion	<u>6,772.</u> 565.	96.		<u>5,672.</u> 469.
13	Office expenses	3,334.	1,341.	1,663.	330.
14	Information technology				
15	Royalties				
16	Occupancy	18,500.	12,025.	1,850.	4,625.
17	Travel	10,274.	10,234.	35.	5.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	175.			175.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	C 010			
23	Insurance	6,218.		6,218.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	7 400	100	7 200	1.0
a	BUSINESS REG. FEES	7,423.	103.	7,302.	18.
b					
c					
d					
	All other expenses	000 005	760 222	71 721	67 000
<u>25</u>	Total functional expenses. Add lines 1 through 24e	902,895.	760,332.	74,734.	67,829.
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 if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

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Form **990** (2021)

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27-1247430 Page 11

Pa	πΧ	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		334,333.	1	296,440.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		5,448.	3	99,528
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	bed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		24,943.	9	30,783
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir			13	2 410
	14	Intangible assets		0 200	14	3,419
	15	Other assets. See Part IV, line 11		2,380.	15	3,600
	16	Total assets. Add lines 1 through 15 (must e		367,104.	16	433,770
	17	Accounts payable and accrued expenses		17,580.	17	22,560
	18	Grants payable		67,403.	18	4,336
	19	Deferred revenue	07,403.	19	4,330	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple		21		
ies	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unr			22	
	23	Unsecured notes and loans payable to unrela			23	
	25	Other liabilities (including federal income tax,			27	
		parties, and other liabilities not included on lir				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		84,983.	26	26,896.
		Organizations that follow FASB ASC 958, c		,		.,
es		and complete lines 27, 28, 32, and 33.				
anc	27			244,298.	27	381,236
Bal	28	Net assets with donor restrictions		37,823.	28	25,638.
nd		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.				
° or	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		282,121.	32	406,874.
-	33	Total liabilities and net assets/fund balances		367,104.	33	<u>433,770.</u>

Form 990 (2021)

Form 990 (2021) IMP
Part X Balance Sheet

	1990 (2021) IMPACT NETWORK INTERNATIONAL, INC.	27-12	47430	Pag	<sub>ge</sub> 12
Pa	rt 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	1,027		
2	Total expenses (must equal Part IX, column (A), line 25)	2			95.
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	282	2,1: 2,1:	21.
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	406	5,8'	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	
					( · ·

Form **990** (2021)

SCHEDULE A	1
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(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation.		Inspection
Name	of t	the organizati		de le trittineige				1	Emplover	identification number
		0		CT NETWORK	INTERNATION	AL. II	NC.			7-1247430
Parl	:	Reason	for Public C	Charity Status.	(All organizations must c	complete th	nis part.) S	ee instructions		
The or	gan				For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
з [					anization described in s		)(b)(1)(A)(ii	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and stat	e:							
5 🗌		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental ur	it describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 🗌	X	An organizati	on that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	and-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	e or
_		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
					(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
				mplete Part III.)						
11 L		÷	÷	-	ively to test for public sa	•				
12 🗌		÷	÷	-	ively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) o					Sneck the box on
-		7	-		f supporting organization		-		-	
а					upervised, or controlled	•	-			
			-		gularly appoint or elect a	стајопту с	or the direc	cors or trustee	s of the st	ipporting
b		¬ ~		complete Part IV, Se	l or controlled in connect	tion with it	e cupporte	d organization	(c) by boy	vina
D				-	anization vested in the sa			-		-
			-	t complete Part IV,		ame perso	113 11121 00	ntroi or manag	e the supp	Joned
с		¬ ~			g organization operated	in connect	tion with	and functional	vintearate	ad with
Ŭ			-		). You must complete I				y integrate	i with,
d			0	. , .	porting organization oper			-	ed organiz	zation(s)
u			-	• •	zation generally must sat				•	
					nplete Part IV, Sections				an accordin	
е		7			written determination fro				. Type III	
			•		nally integrated supporti			51 5 51	, ,,	
f	Ente		of supported c		, , , , , , , , , , , , , , , , , , , ,					
g	Pro	vide the follow	ing informatior	about the supporte						
	(	<ol> <li>Name of supp</li> </ol>		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount of		(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total								1		1

OMB No. 1545-0047

## Schedule A (Form 990) 2021 Part II Support Sch

IMPACT NETWORK INTERNATIONAL, INC.

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.)

ax revenues levied for the organ-	(a) 2017 886,658.	(b)2018 974,835.	(c) 2019 750,378.	(d)2020	(e) 2021	(f) Total												
ifts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.") ax revenues levied for the organ- ation's benefit and either paid to expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge																		
embership fees received. (Do not clude any "unusual grants.") ax revenues levied for the organ- ation's benefit and either paid to expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge	886,658.	974,835.	750,378.	643,152.	1029059.	4284082												
clude any "unusual grants.") ax revenues levied for the organ- ation's benefit and either paid to expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge	886,658.	974,835.	750,378.	643,152.														
ax revenues levied for the organ- ation's benefit and either paid to expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge			2 Tax revenues levied for the organ-															
ation's benefit and either paid to expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge			ization's benefit and either paid to															
expended on its behalf ne value of services or facilities rnished by a governmental unit to e organization without charge																		
ne value of services or facilities rnished by a governmental unit to e organization without charge																		
e organization without charge																		
e organization without charge																		
otal. Add lines 1 through 3																		
	886,658.	974,835.	750,378.	643,152.	1029059.	4284082.												
ne portion of total contributions		,																
/ each person (other than a																		
overnmental unit or publicly																		
ipported organization) included																		
line 1 that exceeds 2% of the																		
amount shown on line 11, column (f) 54,342.																		
blumn (f)						54,342.												
6 Public support. Subtract line 5 from line 4. 4229740.																		
Section B. Total Support																		
ar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total												
7 Amounts from line 4         886,658.         974,835.         750,378.         643,152.         1029059.         4284082.																		
8 Gross income from interest,																		
8 Gross income from interest, dividends, payments received on																		
dividends, payments received on securities loans, rents, royalties,																		
nd income from similar sources	1,000.	1,562.				2,562.												
et income from unrelated business																		
ctivities, whether or not the																		
usiness is regularly carried on		8,592.	15,378.			23,970.												
ther income. Do not include gain																		
loss from the sale of capital																		
ssets (Explain in Part VI.)			15.	54.		69.												
otal support. Add lines 7 through 10						4310683.												
ross receipts from related activities,	etc. (see instructio	ons)			12													
<b>rst 5 years.</b> If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)													
					14	98.12 %												
						97.44 %												
-			-	-	VI how the organiz	ation												
	-		• • • •															
	0					10% or												
· •						. —												
		•	. ,															
rivate foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar														
	nount shown on line 11, Jumn (f) Jblic support. Subtract line 5 from line 4. D B. Total Support r year (or fiscal year beginning in) ▶ nounts from line 4 ross income from interest, vidends, payments received on curities loans, rents, royalties, id income from similar sources tivities, whether or not the usiness is regularly carried on ther income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) that support. Add lines 7 through 10 ross receipts from related activities, rst 5 years. If the Form 990 is for the ganization, check this box and stop on C. Computation of Public ublic support percentage for 2021 (li ublic support percentage for 2021 (li ublic support test - 2021. If the o op here. The organization qualifies a to a stop here. The organization meets the facts- and if the organization meets the facts- and organization meets the facts- and circumstances test to a stop here. The organization meets the to a stop here.	nount shown on line 11,         ublic support. Subtract line 5 from line 4.         on B. Total Support         r year (or fiscal year beginning in) ▶         nounts from line 4         ross income from interest,         vidends, payments received on         curities loans, rents, royalties,         d income from similar sources         et income from unrelated business         tivities, whether or not the         usiness is regularly carried on         ther income. Do not include gain         loss from the sale of capital         sets (Explain in Part VI.)         otal support. Add lines 7 through 10         rest 5 years. If the Form 990 is for the organization's fil         ganization, check this box and stop here         on C. Computation of Public Support Per         ublic support percentage from 2020 Schedule A, Part         a 1/3% support test - 2021. If the organization did no         op here. The organization qualifies as a publicly support         a 1/3% support test - 2020. If the organization did no         of stop here. The organization qualifies as a publicly support         a 1/3% support test - 2020. If the organization did no         of stop here. The organization qualifies as a publicly support         a facts-and-circumstances test - 2021. If the organization         b fact	nount shown on line 11, iumn (f)       ium (f)         iblic support. Subtract line 5 from line 4.       iumn (f)         on B. Total Support       (a) 2017       (b) 2018         nounts from line 4       886,658.       974,835.         oss income from interest, vidends, payments received on curities loans, rents, royalties, d income from unrelated business tivities, whether or not the usiness is regularly carried on ther income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)       1,000.       1,562.         orst 5 years. If the Form 990 is for the organization's first, second, third, f ganization, check this box and stop here       ibic support Percentage         obic support percentage for 2021 (line 6, column (f), divided by line 11, c.       ibic support test - 2020. If the organization did not check the box or op here. The organization qualifies as a publicly supported organization d to the organization qualifies as a publicly supported organization d to stop here. The organization qualifies as a publicly supported organization d to stop here. The organization qualifies as a publicly supported organization d to the organization meets the facts-and-circumstances test, check this eets the facts-and-circumstances test - 2021. If the organization did not c d if the organization meets the facts-and-circumstances test, check this eets the facts-and-circumstances test - 2020. If the organization did not c core, and if the organization meets the facts-and-circumstances test, check this eets the facts-and-circumstances test. The organization did not c core, and if the organization meets the facts-and-circumstances test, check	nount shown on line 11, Jumn (f)       Image: Construct line 5 from line 4.         on B. Total Support       ry er (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019         nounts from line 4       886, 658.       974, 835.       750, 378.         oss income from interest, vidends, payments received on curities loans, rents, royalties, d income from similar sources       1,000.       1,562.         at income from unrelated business tivities, whether or not the issiness is regularly carried on her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.)       15,378.         otal support. Add lines 7 through 10       oss receipts from related activities, etc. (see instructions)       15,378.         ors receipts from related activities, etc. (see instructions)       rst 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y ganization, check this box and stop here         on C. Computation of Public Support Percentage         ublic support test - 2021. If the organization did not check the box on line 13, and line 14         1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and d stop here. The organization qualifies as a publicly supported organization         1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and d stop here. The organization qualifies as a publicly supported organization         1/3% support test - 2020. If the organization did not check a box on line dif the organization meets the facts-and-ci	nount shown on line 11, Jumn (f) billic support. Subtract time 5 from line 4. on B. Total Support r year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 886,658.974,835.750,378.643,152. 886,658.974,835.750,378.643,152. (d) come from interest, vidends, payments received on curities loans, rents, royatties, d income from unrelated business tivities, whether or not the usiness is regularly carried on her income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) that support. Add lines 7 through 10 orss receipts from related activities, etc. (see instructions) rst 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 56 ganization, check this box and stop here bilic support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) biblic support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m op here. The organization qualifies as a publicly supported organization 1/3% support test - 2020. If the organization did not check a box on line 13, and line 15 is 33 1/3% d stop here. The organization qualifies as a publicly supported organization % -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, faa, and line 15 is 33 1/3% d stop here. The organization qualifies as a publicly supported organization % -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, faa, or 16b, and d if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part we's -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, faa, or 16b, and d if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in ganization meets the facts-and-circumstances test, check this box and stop here. Explain in ganization meets the facts-and-circumstances test. The organization quali	nount shown on line 11, lumn (f) bill support. Subtract line 5 from line 4. or B. Total Support ryear (or fiscal year beginning in) ► nounts from line 4 ass income from interest, vidends, payments received on curities loans, rents, royatties, d income from similar sources at income from unrelated business tivities, whether or not the usiness is regularly carried on her income. Do not include gain loss from the sale of capital sets (Explain in Part VI) tat support. Add lines 7 through 10 sos receipts from related activities, etc. (see instructions) st 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) ganization, check this box and stop here on C. Computation of Public Support Percentage toblic support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) toblic support test - 2020. If the organization did not check the box on line 13 or 16a, and line 14 is 33 1/3% or more, check this to sop here. The organization qualifies as a publicly supported organization to stop here. The organization qualifies as a publicly supported organization to did the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization to fit the organization did not check the box on line 13, field, or 16b, and line 14 is 10% of did the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization tof the organization qualifies as a publicly supported organization to fit the organization did not check the box on line 13, or 16a, and line 14 is 10% or did into the organization did not check the box on line 13, field, or 16b, and line 14 is 10% of did the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization did not check the box on line 13, field, or 16b, and line 14 is 10% of did the organization meets the facts-and-circumstances te												

	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	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								
	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support	Ţ			1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(	<b>e)</b> 2021	(f) Total	
	Amounts from line 6 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								
	Add lines 10a and 10b 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	0							
800	check this box and stop here	o Support Dor	oontogo					🕨	
	tion C. Computation of Public			(1)		45			
	Public support percentage for 2021 (					15			<u>%</u>
<u>16</u> Sec	Public support percentage from 2020 ction D. Computation of Invest					16			%
	Investment income percentage for 20			no 13 column (f))		17			%
17 18	Investment income percentage from					18			
	33 1/3% support tests - 2021. If the	,					6 and line 17	7 is not	/0
130	more than 33 1/3%, check this box a								
h	<b>33 1/3% support tests - 2020.</b> If the						n 33 1/3%. a	P	
~	line 18 is not more than 33 1/3%, che								
20	<b>Private foundation.</b> If the organization								
-	3 01-04-22		,					(Form 990)	2021

#### IMPACT NETWORK INTERNATIONAL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(b) 2018

(a) 2017

(f) Total

(e) 2021

(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

(c) 2019

(d) 2020

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Schedule A (Form 990) 2021

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

16

2021.05000 IMPACT NETWORK INTERNATIO 10782871

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

17

132024 01-04-21

#### 27-1247430 Page 5 IMPACT NETWORK INTERNATIONAL, INC. Schedule A (Form 990) 2021 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? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c

Section B. Type I Supporting Organizations
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Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

line suc	Durieu urgan	12au011(5).	
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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	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).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

<b>c</b> [	The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
------------	---	--

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in 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.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

Yes

Yes No

1

2

1

No

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_	dule A (Form 990) 2021 IMPACT NETWORK INTERNA			27-1247430 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

	IMPACT	NETWORK	INTERNATIONAL,	INC.
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		K INTERNATIONAL			7-1247430	Page 7
Par		a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	r
_1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10	()	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
c	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

132028 01-04-22		21		Schedule A (Form 990) 2021
2020 AHOUNI. Ş	51.			
2020 AMOUNT: \$	54.			
2019 AMOUNT: \$	15.			
OTHER INCOME	II, DINE IV, F	AFLANATION FOR	OTHER INCOME:	
(See instructions.) SCHEDULE A, PART			OTHER INCOME.	
line 1; Part IV, Sec Section D, lines 5,	tion D, lines 2 and 3; Part IV, 5 6, and 8; and Part V, Section	6, 9a, 9b, 9c, 11a, 11b, and 11 Section E, lines 1c, 2a, 2b, 3a, E, lines 2, 5, and 6. Also comp	and 3b; Part V, line 1; Part V	, Section B, line 1e; Part V,
Schedule A (Form 990) 2021 Part VI Supplemental Part IV Section A	Information. Provide the	<b>NORK INTERNATION</b> explanations required by Part	II, line 10; Part II, line 17a or	17b; Part III, line 12;
0 - la - al - la - A - (E				27-1247430 Page 8

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	* *
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### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Name of the organization	on	Employer identification number
	IMPACT NETWORK INTERNATIONAL, INC.	27-1247430
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	<b>e</b> , , , , , , , , , , , , , , , , , , ,
Special Rules		
X For an organiz	ation described in section $501(c)(2)$ filing Form 000 or 000 EZ that mot the 22 $1/3\%$ support	ort tast of the regulations under

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

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

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

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

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

Schedule B (Form 990) (2021)

IMPACT NETWORK INTERNATIONAL, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$ <u>519,677.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$56,491.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,563.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$38,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$29,740.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$26,602.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	-21		Schedule B (Form 990) (2021)

Employer identification number

27-1247430

12591112 756359 1078287.000

Schedule B (Form 990) (2021) Name of organization

IMPACT NETWORK INTERNATIONAL, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 26,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 Χ Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

12591112 756359 1078287.000

123452 11-11-21

Employer identification number

Page 2

27-1247430

Description of noncash property given **Date received** (See instructions.) \$ (c) (b) FMV (or estimate) Description of noncash property given **Date received** (See instructions.) \$ (c) (b) FMV (or estimate) Description of noncash property given **Date received** (See instructions.) \$ (c) (b) FMV (or estimate) Description of noncash property given Date received (See instructions.) \$ (c) (b) FMV (or estimate) Description of noncash property given **Date received** (See instructions.) \$ Schedule B (Form 990) (2021) 26 2021.05000 IMPACT NETWORK INTERNATIO 10782871

### IMPACT NETWORK INTERNATIONAL, INC.

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

(b)

Description of noncash property given

(b)

Schedule B (Form 990) (2021)
Name of organization

(a)

No.

from

Part I

123453 11-11-21

(c) (d) FMV (or estimate) **Date received** (See instructions.) \$

(c)

FMV (or estimate)

Employer identification number

(d)

(d)

(d)

(d)

(d)

27-1247430

Page 3

Schedule E	3 (Form 990) (2021)			Page <b>4</b>					
Name of or	rganization			Employer identification number					
TMPACT	I NETWORK INTERNATIONAL	TNC.		27-1247430					
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in s							
	from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) <b>&gt; \$</b>					
(a) No.	Use duplicate copies of Part III if additiona	l space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
Γ		(e) Transfer of gi	ît .						
	Transferee's name, address, a	and <b>ZIP</b> + 4	Belationship of t	transferor to transferee					
ŀ									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
Part I									
ŀ	(e) Transfer of gift								
		t i							
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of t	transferor to transferee					
(a) No.									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	of gift (d) Description of how gift is						
Ļ									
		(e) Transfer of gi	ït						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
Γ									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held					
Part I									
ŀ		(e) Transfer of gi	I						
ŀ	Transferee's name, address, a	and ZIP + 4	Relationship of t	transferor to transferee					
123454 11-11-	21			Schedule B (Form 990) (2021)					
120404 11-11-	-21			Schedule D (F0111 990) (2021)					

<sup>27</sup> 2021.05000 IMPACT NETWORK INTERNATIO 10782871

SCHEDULE I	)
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Department of the Treasury

### **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

Internal Revenue Service
Name of the organization

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

Employer identification number 27 - 1247430

	IMPACT NETWORK INTE	RNATIONAL, INC.		27-1247430
Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fur	nds or Ac	counts. 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			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised fund	s
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
•	for charitable purposes and not for the benefit of the donor or			
Par				
1	Purpose(s) of conservation easements held by the organizatio		00,1 4111,	
•	Preservation of land for public use (for example, recreati		on of a hist	prically important land area
	Protection of natural habitat	,		ified historic structure
	Preservation of open space		n or a cert	
2	Complete lines 2a through 2d if the organization held a qualifie	d concernation contribution in the f	orm of a aa	nonvotion accoment on the last
2	day of the tax year.			Held at the End of the Tax Year
-				
а ь	Total number of conservation easements			
a				2b
C	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired af	,		
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by	the organi	zation during the tax
_	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		l of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing cons	ervation ea	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservatio	-		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial sta	tements the	at describes the
Der	organization's accounting for conservation easements.		0.11	incles Accete
Par			Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue stateme	ent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	c exhibition, education, or research	in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement a	ind balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e 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 trea	sures, or other similar assets for fina	ncial gain, <sub>l</sub>	provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21			
		0.0		



		NETWORK II							47430		age <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of A	Art, Hist	torical Tre	easures, c	or Other	Similar	Asset	contin	ued)	
3	Using the organization's acquisition, accession	on, and other reco	rds, chec	k any of the	following tha	at make sig	gnificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progr	ram					
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expl	ain how tl	hey further th	ne organizati	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donation	s of art, h	istorical trea	sures, or oth	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part o	f the orga	nization's co	llection?				Yes		No
Pa	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, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other interme	ediary for	contribution	s or other as	sets not in	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, lir	ne 21, for	escrow or c	ustodial acco	ount liabilit	y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanatio	on has been	provided on	Part XIII					
Pa	rt V Endowment Funds. Complete i	if the organization	answered	I "Yes" on Fo	orm 990, Par	t IV, line 10	0.				
		(a) Current year	(b)	Prior year	(c) Two yea	ars back 🛛 (	( <b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balar	nce (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment										
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organi	ization tha	at are held a	nd administe	ered for the	e organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 9	90, Part I	V, line 11a. S	See Form 990	0, Part X, li	ine 10.				
	Description of property	(a) Cost or	r other	(b) Cos	t or other	(c) Ac	cumulate	d	(d) Book	value	е
		basis (inves	stment)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		rt X. colui	mn (B), line 1	0c.)						0.
								Schedule	D (Form	990)	2021

132052 10-28-21

Schedule D	) (Form 990) 2021	IMPACT 1	JETWORK	INTERNATI	ONAL,	INC.	27-1247430 Page 3
Part VII	Investments - O	ther Securitie	es.				
	Complete if the organ	ization answered	I "Yes" on Fo	rm 990, Part IV, line	11b. See	Form 990, Part X,	line 12.
(a) Descrip	otion of security or categor	Y (including name of s	ecurity)	(b) Book value	(c) N	Method of valuatio	n: Cost or end-of-year market value
(1) Financi	al derivatives						
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(h)	Next Marcal (D) line					
Part VIII	b) must equal Form 990, F Investments - Pr Complete if the organ	ogram Relat	ed.	rm 990 Part IV line	11c See	Form 990 Part X	line 13
	(a) Description of in			(b) Book value	-		n: Cost or end-of-year market value
(1)	(,						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col. (	b) must equal Form 990, F	Part X, col. (B) line	13.) 🕨				
Part IX	Other Assets.						
	Complete if the organ	ization answered	I "Yes" on Fo	rm 990, Part IV, line	11d. See	Form 990, Part X,	line 15.
			(a) Desc	ription			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>	<i>(</i> ) <i>(</i> , <i></i> )						
Part X	Imn (b) must equal Form Other Liabilities.	<u>n 990, Part X, col</u>	. (B) line 15.)				
Turtx	Complete if the organ		l "Ves" on Fo	rm 990 Part IV line	11e or 11	f See Form 990 F	Part X line 25
4		cription of liability				1. 000 Form 000, F	(b) Book value
1. (1) Fea	deral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	ımn (b) must equal Forn	1990 Part X col	(B) line 25 )				
	., .		( ) /				statements that reports the
-	-				-		e has been provided in Part XIII $X$

132053 10-28-21

Schedule D (Form 990) 2021

_	edule D (Form 990) 2021 IMPACT NETWORK INTERNATIC			.247430 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,027,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	<b>3</b> ( <b>1 )</b>			
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,027,648.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,027,648.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return	) <b>.</b>
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With Expen	ses per Return	
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expen	ses per Return	902,895.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With Expen	ses per Return	
1	rt XII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.	ses per Return	
1 2	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ments With Expen           2a.              2a.	ses per Return	
1 2 a	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a.         2a.            2a            2a            2a	ses per Return	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a.         2a	ses per Return	
1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a           2b         2c           2c         2d	ses per Return	902,895.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a           2b         2c           2c         2d	ses per Return	902,895.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a           2b         2c           2c         2d	ses per Return	902,895.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.         2a           2b         2b           2c         2d	ses per Return	902,895.
1 2 6 6 8 4	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.         2a           2b         2b           2c         2d           2d         2d	ses per Return	902,895.
1 2 d c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a.           2a.           2b.           2c.           2d           2d	2e 3	902,895. 0. 902,895. 0.
1 2 d c 3 4 b c 3 4 5	rt XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a.         2a           2a.         2b           2b         2c           2c         2d           2d         2d	ses per Return           1           2e           3           4c	902,895.

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:

IMPACT NETWORK RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE
POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS
DETERMINED THAT IMPACT NETWORK HAD NO UNCERTAIN TAX POSITIONS THAT WOULD
REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. IMPACT NETWORK IS
NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS
FOR THE PERIODS PRIOR TO DECEMBER 31, 2018.

132054 10-28-21

	al Revenue	e Service	► Go to	www.irs.gov/Fo	rm990 for instructions and the latest i	nformation.	ì	nspection
Nam	e of the	organization					Employer id	entification number
							07 1045	1400
⊥m. Pa		NETWORK	INTERNAT.	LONAL, II	NC. side the United States. Complet		27-1247	/430
Pa	rti			cuvilles Out	side the Onited States. Complet	te if the organ	ization answer	ed "Yes" on
1	For a	Form 990, Part I		maintain rocor	ds to substantiate the amount of its gran	te and other a	esistanco	
'	-		-		he selection criteria used to award the g			X Yes No
	the gr	ances engionity	for the grants of a		the selection officing used to award the g			
2	For a	r <b>antmakers.</b> Des	cribe in Part V the	e organization's	procedures for monitoring the use of its	orants and ot	ner assistance	outside the
_		d States.				5		
3	Activit	ties per Region. (1	The following Part	I, line 3 table ca	In be duplicated if additional space is ne	eded.)		
	(a	) Region	(b) Number of	(c) Number of	, , , , , , , , , , , , , , , , , , ,		vity listed in (d)	(f) Total
			offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
			in the region	independent contractors	gram services, investments, grants to		specific type	investments
				in the region	recipients located in the region)	OI Service	(s) in the regior	in the region
SUB-	SAHAR	AN AFRICA	0	2	GRANTS TO RECIPIENTS			583,820.
3 a	Subto	tal	0	2				583,820.
		from continuation						
~		s to Part I	0	0				0.
с		s (add lines 3a						
	and 3	-	0	2				583 820

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

Schedule F (Form 990) 2021

132071 12-20-21

SCHEDULE F (Form 990)

# Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

ates 15, or 16. OMB No. 1545-0047 **2021** Open to Public

 

 Schedule F (Form 990) 2021
 IMPACT
 NETWORK
 INTERNATIONAL
 INC.
 27-1247430

 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
							LAPTOPS ,			
		SUB-SAHARAN					ELEARNING KITS,			
			SEE PART V	569,129.	WIRE TRANSFER		TONER/COPIES			
2 Enter total number of	I recipient organization	I ns listed above that are r	l ecognized as charities by the f	oreian country i	ecognized as a tax		1	I		
						•		1		
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  0										

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Page 2

132072 12-20-21

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

IMPACT NETWORK INTERNATIONAL, INC. 27-1247430

Schedule F (Form 990) 2021

Page 3

132073 12-20-21

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021		NETWORK	INTERNATIONAL,	INC.
Part IV Foreign Form	S			

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021       IMPACT NETWORK INTERNATIONAL, INC.       27-1247430       Page 5         Part V       Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
EACH NOVEMBER, THE GRANTEE SUBMITS TO IMPACT NETWORK INTERNATIONAL A
BUDGET TO IMPLEMENT PROGRAMS FOR THE FOLLOWING CALENDAR YEAR. THIS BUDGET
IS DISCUSSED AND APPROVED IN CONJUNCTION WITH IMPACT NETWORK
INTERNATIONAL'S ANNUAL BUDGET, SUBMITTED AND APPROVED EACH DECEMBER.
THE GRANTEE IS REQUIRED TO SUBMIT THE FOLLOWING REPORTS AS PART OF ITS
GRANT REQUIREMENTS:
- BUDGET REQUEST EACH MONTH: THIS IS DUE BY THE 30TH OF EACH MONTH, AND
IDENTIFIES ALL BUDGET NEEDS FOR THE UPCOMING MONTH TO BE SENT. EACH
ACCOUNT LINE ITEM IS DETAILED BY GRANT / CLASS TYPE.
- FINANCIAL REPORT EACH MONTH: THIS IS DUE BY THE 15TH OF EACH MONTH, AND
ITEMIZES ALL EXPENDITURES MADE, REGARDLESS OF THE AMOUNT. EACH
EXPENDITURE IS ALSO BE ACCOMPANIED BY A RECEIPT OR VOUCHER, NUMBERED
SEQUENTIALLY AND IN LINE WITH THE FINANCIAL REPORT.
- BANK STATEMENTS AND BANK RECONCILIATION EACH MONTH: ALL RECONCILED BANK
STATEMENTS FOR THE GRANTEE ARE SENT TO IMPACT NETWORK INTERNATIONAL ALONG
WITH THE FINANCIAL REPORT.
- OPERATIONAL REPORTS ARE MADE AVAILABLE UPON REQUEST AND INCLUDE:
- STAFF ATTENDANCE OR TIMESHEET SUMMARY, INDICATING DAYS WORKED AND
LEAVE TAKEN BY EACH STAFF MEMBER.
- EQUIPMENT REPORT, INCLUDING DAMAGE REPORTS AND REPAIR INFORMATION
- SCHOOL MAINTENANCE REPORTS
- VEHICLE LOG, SUMMARIZING EACH VEHICLE USAGE, AND DISTANCE TRAVELED
- SCHOOL MAINTENANCE REPORTS
- VEHICLE LOG, SUMMARIZING EACH VEHICLE USAGE, AND DISTANCE TRAVELED

PART I, LINE 3:

132075 12-20-21

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021 IMPACT NETWORK INTERNATIONAL, INC. 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.

#### THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS

#### FOREIGN EXPENDITURES.

PART II, COLUMN D:

TO SUPPORT EDUCATION PROGRAMS IN EASTERN PROVINCE: BUILD SCHOOLS,

OPERATE SCHOOLS, TRAIN & HIRE TEACHERS, AND MANAGE SUPPLEMENTAL

PROGRAMS"

Schedule F (Form 990) 2021

12591112 756359 1078287.000

132075 12-20-21

SCHEDULE G	EDULE G Supplemental Information Regarding Fundraising or Gaming Activities					ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15	or if the	2021				
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization		NETWORK INTERNATIO	NAT.	יד	JC.		Employer id	entification number
Part I Fundrais		Complete if the organization answe				ine 1		
	complete this part							
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le	east \$5,000 by the	organization.			1			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained byj fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	registration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z.		Schedu	le G (Form 990) 2021

132081 10-21-21

 Schedule G (Form 990) 2021
 IMPACT
 NETWORK
 INTERNATIONAL,
 INC.
 27-1247430
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro		(1) <b>–</b> 1 (10)		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHEFS FOR		NONE	(add col. (a) through
			IMPACT		<i>(</i> , , , , , , )	col. (c))
e			(event type)	(event type)	(total number)	
Peverine	1	Gross receipts	226,912.			226,912
	2	Less: Contributions	178,320.			178,320
	3	Gross income (line 1 minus line 2)	48,592.			48,592
	4	Cash prizes				
	5	Noncash prizes				
Cherist	6	Rent/facility costs	34,824.			34,824
Ulrect Expenses	7	Food and beverages	579.			579
_	8	Entertainment	13,175.			13,175
	9	Other direct expenses	4 4 4 4 4			1,425
	10	Direct expense summary. Add lines 4 through		•		50,003
	11	Net income summary. Subtract line 10 from I			•	-1,411
Peverine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Ĩ	1	Gross revenue				
ses	2	Cash prizes				
zxbeu	3	Noncash prizes				
Ulrect Expenses	4					
		Rent/facility costs				
_	5	Rent/facility costs     Other direct expenses				
+			└────────────────────────────────────	☐ Yes % No	└── Yes % └── No	
	6	Other direct expenses	No		No	
	6 7	Other direct expenses	<b>No</b>	No	<u>No</u> No	
	6 7 8	Other direct expenses	n 5 in column (d)	No No	No ►	
•	6 7 8 Ent	Other direct expenses	No     No     from line 1, column (d)	No	No ►	
a	6 7 8 Ent	Other direct expenses	No N	No No	No ►	
a	6 7 8 Ent	Other direct expenses	No N	No No	No ►	
) a b	6 7 Ent Is t If "I We	Other direct expenses	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
a b	6 7 Ent Is t If "I We	Other direct expenses	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	
a b a	6 7 Ent Is t If "I We	Other direct expenses	No No ' from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	No	

Schedule G (Form 990) 2021	IMPACT NETWORK	INTERNATIONAL,	INC. 27-2	1247430 Page 3
<b>11</b> Does the organization conduct				Yes No
<b>12</b> Is the organization a grantor, be				
	l?			Yes No
<b>13</b> Indicate the percentage of gam	ing activity conducted in:			<b>13</b> a %
				13b %
14 Enter the name and address of				
Name 🕨				
Address 🕨				
<b>15a</b> Does the organization have a co	ontract with a third party from who	m the organization receives (	gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of ga	aming revenue received by the orga	anization 🕨 💲	and the amount	
of gaming revenue retained by t	the third party <b>&gt;</b> \$			
c If "Yes," enter name and addres	ss of the third party:			
Name				
Address 🕨				
<b>16</b> Gaming manager information:				
Nama				
Name 🕨				
Gaming manager compensation	ו 🕨 \$			
Description of somicos providor	d 🕨			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions:				
	der state law to make charitable dis			
retain the state gaming license?	? Is required under state law to be d			Yes No
organization's own exempt acti	•		ganizations of spent in the	
	ormation. Provide the explanati			rt III, lines 9, 9b, 10b,
150, 15C, 16, and 17b,	as applicable. Also provide any ad	Iditional Information. See Inst	ructions.	
132083 10-21-21		40	Sched	dule G (Form 990) 2021

Schedule G (Form 990) Part IV Supplemental In	IMPACT NETWORK INTERNATIONAL, INC.	27-1247430 Page 4
Supplemental in	(continued)	
		Schedule G (Form 990)
132084 11-18-21		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



IMPACT NETWORK INTERNATIONAL, INC.

Employer identification number 27 - 1247430

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC DEVELOPMENT SECTORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO 6,000 STUDENTS ACROSS 40+ SCHOOLS, AND ENSURE THAT THE TEACHING AND

LEARNING, MANAGEMENT OF SCHOOLS, AND OVERALL OPERATIONS ARE OF

HIGH-QUALITY.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS ADOPTED, OVERSEEN AND ADMINISTERED BY THE BOARD OF DIRECTORS. EACH DIRECTOR, OFFICER, AND KEY PERSON IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHEN ASSUMING THE RELEVANT POSITION AND ANNUALLY THEREAFTER. IF THE BOARD OF DIRECTORS DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THEN THE INDIVIDUAL WITH THE CONFLICT OF INTEREST MAY NOT PARTICIPATE IN THE VOTE, NOR MAY HE OR SHE BE PRESENT DURING VOTING OR DELIBERATIONS ON THE MATTER. AN EMPLOYEE OF THE CORPORATION WITH A POTENTIAL CONFLICT OF INTEREST IN A PARTICULAR MATTER LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

42

132211 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>			
Name of the organization IMPACT NETWORK INTERNATIONAL, INC.	Employer identification number 27-1247430			
SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO HIS OR HER				
SUPERVISOR WHO SHALL THEN DISCLOSE THE MATTER TO THE PRESIDENT OR EXECUTIVE				
DIRECTOR. THE PRESIDENT OR EXECUTIVE DIRECTOR SHALL BE RES	PONSIBLE FOR			
DETERMINING THE PROPER WAY FOR THE CORPORATION TO HANDLE D	ECISIONS WHICH			
INVOLVE EMPLOYEE CONFLICTS OF INTEREST. IN MAKING SUCH DET	ERMINATIONS, THE			
PRESIDENT OR EXECUTIVE DIRECTOR MAY CONSULT WITH LEGAL COUNSEL.				
FORM 990, PART VI, SECTION B, LINE 15A:				
THE ORGANIZATION USES COMPARABLE DATA AND REFERS TO OTHER	NON-PROFIT			
COMPENSATION SCHEDULES ACROSS THE NON-PROFIT SECTOR AS A W	HOLE. THE			
ORGANIZATION CONDUCTS ITS REVIEW OF COMPENSATION AND UPDATES ITS				
COMPENSATION SCHEDULE ANNUALLY. EXECUTIVE COMPENSATION IS APPROVED BY THE				
BOARD AND DOCUMENTED IN THE MINUTES OF THE BOARD. THIS PRO	CESS WAS LAST			
CONDUCTED IN 2021.				

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

43

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

132212 11-11-21