PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 43-20-95 Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

<u>A I</u>	For the	2022 calendar year, or tax year beginning and e	ending				
B	Check if applicable	C Name of organization		D Employer identifie	cation number		
	Addre	IMPACT NETWORK INTERNATIONAL, INC.					
F	Name		27-1247430				
	Initial return		Room/suite	E Telephone number			
Г	Final return/	DO BOX 231301		(917)670			
	termin ated			G Gross receipts \$	1,062,852.		
	Ameno			H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: RESHMA PATEL		for subordinates			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u>1 '</u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2009 $ m N$	N State of legal domicile: NY		
Pa	art I	Summary					
Ф	1	Briefly describe the organization's mission or most significant activities: TO IM					
auc		RESIDING IN RURAL VILLAGES ACROSS EDUCATION					
Governance	2	Check this box if the organization discontinued its operations or dispose		1 . 1			
Š	3			3	10 10		
જ	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			4		
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18		
Activities		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ą		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	۳	Net differenced business taxable income from 1 offit 930-1, 1 art 1, lifter 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		1,029,059.	1,057,155.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,411.	-67,958.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,027,648.	989,197.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		583,820.	698,244.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		245,214.	255,504.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ě	. b	Total fundraising expenses (Part IX, column (D), line 25) 65,18	9.				
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		73,861.	109,562.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		902,895.	1,063,310.		
	19	Revenue less expenses. Subtract line 18 from line 12		124,753.	-74,113.		
SOF			Rei	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		433,770.	477,932.		
et A	21	Total liabilities (Part X, line 26)		26,896. 406,874.	147,642. 330,290.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		400,074.	330,290.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and boller, it is		
1140	, 001100	g and complete. Books and or property (contribution of property to second of an information of this	on proparor	That any knowledge.			
Sig	n	Signature of officer		Date			
Her		RESHMA PATEL, EXECUTIVE DIRECTOR					
	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	i	EVA MRUK EVA MRŬK	1	1/15/23 self-employ	P00543254		
Pre	parer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC			7-3231666		
Use	Only	Firm's address 245 PARK AVENUE, 12TH FLOOR					
		NEW YORK, NY 10167		Phone no. 21	2-286-2600		
Ma	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Page 2

Pai	Statement of Program Service Accomplishments								
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
	IMPACT NETWORK SEEKS TO IMPROVE THE LIVES OF CHILDREN RESIDING IN								
	RURAL VILLAGES ACROSS EDUCATION, HEALTH AND ECONOMIC DEVELOPMENT								
	SECTORS.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?	Yes X No							
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 ex	nansas							
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	•							
	revenue, if any, for each program service reported.	anses, and							
4-		0.)							
4a	(Code:) (Expenses \$ 916,313. including grants of \$ 698,244.) (Revenue \$ IN 2022, IMPACT NETWORK SUPPORTED ZAMBIA IMPACT NETWORK LIMITED								
	ACHIEVE ITS GOALS IN ZAMBIA. THE MAIN PROGRAM IS TO IMPLEMENT A								
	EDUCATION TO 6,000 STUDENTS ACROSS 40+ SCHOOLS, AND ENSURE THAT								
	TEACHING AND LEARNING, MANAGEMENT OF SCHOOLS, AND OVERALL OPERAT								
	ARE OF HIGH-QUALITY. IN 2022, WE SCALED UP IMPACTFUL LITERACY PR								
	AND BEGAN WORKING WITH THE GOVERNMENT TO STRENGTHEN OUR RELATION	SHIP.							
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)							
		_							
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)							
		_							
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$)							
4e	Total program service expenses 916,313.								
		Form 990 (2022)							

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? 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	 -		
124	Schedule D, Parts XI and XII	12a	Х	
h	, , , , , , , , , , , , , , , , , , ,	IZa	- 21	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Did the appropriation projection of the control of the United Otelson	13	v	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	\vdash
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		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		77	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_X_	
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		<u> X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х
-		_		_

Pa	rt IV Checklist of Required Schedules (continued)			agc
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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			37
	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	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			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
00	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	
38		20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Conodule C Contains a response of note to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

Form 990 (2022) IMPACT NETWORK INTERNATIONAL, INC.

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

22 Interface the number of employees reported on Form WG. Transmittation Wage and Tax Statements, filed for the contending vaper undings with or within they ware covered by this return. 3 Ind the organization have unreated business gross reactions of \$1,000 or more during the year? 4 At any time during the calendary year, did the organization file all required facileal employment tax returns? 5 If Yes, * this it filed a Form 990 T for this year? if Yes' to fine 30, provide an explanation on Schedule 0 5 If Yes, * direct the name of the foreign country. 5 If Yes, * direct the organization name gross receipts that are normally greater than \$100,000, and did the organization solid than \$1.000, and the organi						Yes	No
b If a least one is reported on line 72, did the organization that all required federal employment fax returns? 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 9991' for this year? If Ye' to fine 3b, provide an explanation or Schedule 0 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bank account, excurtes account, or other financial account? 5c Be If Yes, 'relate the name of the foreign country 5c Se instructions for filing requirements for FINCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and a share of the organization solicity of the organization solicity in the organization solicity with denor of the value of the goods or services provided? 7c Vas Was the organization received a contribution or diaded to the organization foreign applies or services provided? 7d Was the organization received and contribution or diaded to the organization file form 8899 as required? 7e Was the organization received and contribution of case. boats, arispianes, or other vehicles, did the organization file of the organization make any taxable distributions under section 4907 and the organization file a Form 1998 C?		filed for the calendar year ending with or within the year covered by this return	2a	4			
b If Vess.* find and a Form 800 T for this year? If Yo' to line 3b, provide an explanation on Schedule O A All any time during the clained ary 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)? A If Yess,* enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FircCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? So Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? So Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? So Was the organization aparty to a prohibited tax shetter transaction at any time during the tax year? So Was the organization aparty to a prohibited tax shetter transaction any time during the tax year? So Was the organization studies of the organization file Form 888617. So Was the organization receive devictible as charitable contributions? B If Yess,* did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? For Organization state may receive deductible contributions under section 170(c). a) bit the organization receive a payment in excess of SiS made party as a contribution of a payment and the organization receives a payment in excess of SiS made party as a contribution of a payment and the organization and the organizat	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
4a A any time during the calendary 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 accounts? b if "Yes," other the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5a X 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5b X 6c If "Yes" to life the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of charable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charable contributions are partly for goods and services provided to the payor? 7b If "Yes," did the organization receive a payment in excess of \$5 made party as a contribution and partly for goods and services provided to the payor? 7c If If If the organization receive a payment in excess of \$5 made party as a contribution and partly for goods and services provided to the payor? 7c If If If If the organization receive a payment in excess of \$5 made party as a contribution or quality and the organization receive and contribution or growing the year 9c If If the organization received a contribution of care, boats, any paymentums on a personal benefit contract? 7c If If the organization received a contribution of care, boats, any large and paymentum	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa Did any taxebe party notify the organization file Form 888617? 6a Does the organization by the organization file Form 888617. 5b If "Yee," cited the organization include with every solicitation any contributions or gifts were not tax deductible? Organization set were not tax deductible as charitable contributions? If If "Yee," cited the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization set exchange, or otherwise dispose of tangloble personal property for which it was required to life Form 8882 and the organization notify the donor of the value of the goods or services provided? Obt the organization receive apylment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? If If Yee, "old the organization on ceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If I	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
b if Yes, "inter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes' to line 5a or 5b, did the organization from 8866 17 KBAR. 5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes' to line 5a or 5b, did the organization from 8866 17 KBAR. 5c If Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in excess of 578 made party as a contribution and party for goods and services provided to the payor? 5d If Yes', inclinate the number of Forms 8282 filed during the year 6 b) If Yes', inclinate the number of Forms 8282 filed during the year 6 b) If Yes', inclinate the number of Forms 8282 filed during the year 7c IX 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7r If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49867 9 b) Did the sponsoring organization make any taxable distributions under section 49867 9 consoring organization exceeded a contrib	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Id any taxable party notify the organization file Form 8889.7? 6 Does the organization and gloss receives that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions? 8 If If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 To repartizations that may receive deductible contributions under section 170(c). 10 If Yes, 3 did the organization notify the donor of the value of the goods or services provided? 10 If Yes, 3 did the organization notify the donor of the value of the goods or services provided? 11 If Yes, 3 did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282? filed during the year 12 If If If Yes, 4 did the organization of years, and year in the year of the goods or services provided? 13 Did the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required? 14 Did the organization fundation that year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 15 Did the segmination, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 16 Did the organization received a contribution of cap so or other velocites of did the organization file a Form 1986.2? 17 Did the organization received a contribution of year year year. 18 Section 501(x) gray animal marked provided that year? 19 Sponsoring organization farm marked provided that year? 19 Sponsoring organization for make a distribution to a		financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 19 10a 10b 10a 10a 10b 10a 10a 10b 10a 10a	9	Sponsoring organizations maintaining donor advised funds.					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.							
If "Yes," complete Form 6069.	17						
					17		
	22200				Form	990	(2022)

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		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision					
				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х		
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app							
	more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto							
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)					
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.							
	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 body	before	e filing the form?	11a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
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? If "Y	es," de	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
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 approval	by inc	lependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent wi	th a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	s					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section 501(c)(3)	s only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	f interest policy, and	d financ	cial			
	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 book	ks and	records					
	CANDULLO MANAGEMENT GROUP, LLC - 203-267-7408							
	54 DANBURY ROAD #185, RIDGEFIELD, CT 06877							

Form **990** (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) RESHMA PATEL	40.00			Ι,,				75 000	_		
EXECUTIVE DIRECTOR	1 00			Х				75,000.	0.	0.	
(2) DAVID SEIDENFELD	1.00	₹.		-					_	_	
CO-FOUNDER/VICE PRESIDENT (3) DAN SUTERA	2.00	Х		Х				0.	0.	0.	
CO-FOUNDER/PRESIDENT	2.00	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) DIANE H. FUSILLI	0.50										
DIRECTOR		Х						0.	0.	0.	
(7) ASHLEY GASQUE	0.50										
DIRECTOR		Х						0.	0.	0.	
(8) SEKAI NDEMANGA	0.50	1									
DIRECTOR		Х						0.	0.	0.	
(9) JENNIFER RACKLIFF	0.50	1							_	_	
DIRECTOR		Х						0.	0.	0.	
(10) SWAN SIT	0.50	ļ									
DIRECTOR	0.50	Х						0.	0.	0.	
(11) STEPHAN SPENCER	0.50										
DIRECTOR		Х						0.	0.	0.	
		1									
							-				
										Earm 990 (2022)	

Form 990 (2022)

Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average	(do		Posi heck r		າ than d	ne	Reportable	Reportable		Estir	nated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	ו ו		unt of
	week		cer an	u a Ul	6010	, , a us	.cc)	from	from related			her
	(list any hours for	recto						the	organizations			ensatio
	related	or di	ee ee			ated		organization	(W-2/1099-MIS)	^C /		n the
	organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	ization elated
	below	ual tr	tional		ploye	t con	_	1099-NEC)				izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Zationic
	-	=	=	0	~	Τ 0	ч			\neg		
										\dashv		
1b Subtotal								75,000.		0.		0
c Total from continuation sheets to Part VII								0.		0.		0
d Total (add lines 1b and 1c)								75,000.		0.		0
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											Y	es N
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for su	uch individual		•	-	-		_				3	Σ
4 For any individual listed on line 1a, is the su										···		
and related organizations greater than \$150										[4	2
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch r	oers	on .					5	2
Section B. Independent Contractors 1 Complete this table for your five highest cor	mnensated inc	lene	nder	nt cc	ntra	actor	re th	nat received more than \$	100 000 of comp	encat	ion from	<u> </u>
the organization. Report compensation for t										oriode		
(A) Name and business	a d dva a a	376						(B)	om do o o	0	(C)	otion
- Name and business	address	NC	ONE	<u>:</u>			_	Description of s	ervices		ompens	ation
							_					
											<u> </u>	
							\dashv					
2 Total number of independent contractors (in		ot lin	nited	l to t	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				C	J					Form 9 9	90 (20)

art VIII	Statement of Reven	ue

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		Officer if Octredule O contains a response of	Tiole to arry iii i	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	from tax under
							sections 512 - 514
ts ts	1	a Federated campaigns1a					
a u		b Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			04,295.				
ΨŖ		• • • • • • • • • • • • • • • • • • • •	,				
ë ≣		3					
ns,		e Government grants (contributions) 1e					
흕		f All other contributions, gifts, grants, and					
혈			52,860.				
눌엉		g Noncash contributions included in lines 1a-1f 1g \$	14,810.				
a င		h Total. Add lines 1a-1f		1,057,155.			
			Business Code				
	2						
į <u>č</u>							
er re		b					
S		c					
ev.		d					
Program Service Revenue		e					
P.		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
	•						
		,					
	4						
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	'	.,	(11) 0 11101				
		assets other than inventory 7a					
		b Less: cost or other basis					
an l		and sales expenses					
Revenue		c Gain or (loss)7c					
Be		d Net gain or (loss)					
her	8	a Gross income from fundraising events (not					
퉏		including \$ 204, 295. of					
		contributions reported on line 1c). See					
			5,697.				
		,	73,655.				
			73,055.	C7 0F0			67.050
		c Net income or (loss) from fundraising events		-67,958.			-67,958.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		• • • • • • • • • • • • • • • • • • • •					
		b Less: cost of goods sold 10b					
\blacksquare		c Net income or (loss) from sales of inventory					
ဖ		<u>L</u> t	Business Code				
ö e	11	a					
E E		b					
Miscellaneous Revenue		с					
<u>Š</u>		d All other revenue					
Σ							
		e Total Add lines 11a-11d		989,197.	0.	0.	-67,958.
	12	Total revenue. See instructions		JUJ, 1910	1 0.	l 0 •	01,950.

oec(l	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipietė Columin (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	698,244.	698,244.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000.	63,750.	7,500.	3,750
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	160,418.	98,688.	13,688.	48,042
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,086.	13,859.	1,808.	4,419
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0.4.005		24 225	
С	Accounting	24,825.		24,825.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	4			2 24 5
	column (A), amount, list line 11g expenses on Sch O.)	15,554.	9,309.	3,228.	3,017
12	Advertising and promotion	1,347.	0.4.4	1,347.	F.C.1
13	Office expenses	2,161.	844.	756.	561
14	Information technology				
15	Royalties	01 600	14 040	0 160	F 400
16	Occupancy	21,600.	14,040.	2,160.	5,400
17	Travel	17,579.	17,579.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.61		0.61	
19	Conferences, conventions, and meetings	961.		961.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	C F01		6 501	
23	Insurance	6,581.		6,581.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	BUSINESS REG. FEES	18,954.		18,954.	
b				=0,0010	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,063,310.	916,313.	81,808.	65,189
<u>26</u>	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 : 45-Harving COD 00 0 (ACC 050 700)				

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or ne	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		296,440.	1	397,876.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		99,528.	3	67,495.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		30,783.	9	8,013.
	10a	Land, buildings, and equipment: cost or other	I I			
		basis. Complete Part VI of Schedule D	10a 10b			
		Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line	2 /10	13	0.40	
	14	Intangible assets	3,419. 3,600.	14	948. 3,600.	
	15	Other assets. See Part IV, line 11	433,770.	15	477,932.	
	16 17	Total assets. Add lines 1 through 15 (must ed		22,560.	16 17	23,385.
	18	Accounts payable and accrued expenses	22,300.	18	23,303.	
	19	Grants payable	4,336.	19	124,257.	
	20	Deferred revenue		±,550•	20	121,257
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub				
iliq		controlled entity or family member of any of th			22	
Lie	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		26,896.	26	147,642.
		Organizations that follow FASB ASC 958, ch	neck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		381,236.	27	317,525.
l Ba	28	Net assets with donor restrictions		25,638.	28	12,765.
nu		Organizations that do not follow FASB ASC	958, check here			
ΥF		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current fund			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		106 071	31	220 200
Š	32	Total net assets or fund balances		406,874. 433,770.	32	330,290. 477,932.
	33	Total liabilities and net assets/fund balances		433,110.	33	Form 990 (2022)

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization IMPACT NETWORK INTERNATIONAL, 27-1247430 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	974,835.	750,378.	643,152.	1029059.	1057155.	4454579.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	974,835.	750,378.	643,152.	1029059.	1057155.	4454579.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						128,732.
6	Public support. Subtract line 5 from line 4.						4325847.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	974,835.	750,378.	643,152.	1029059.	1057155.	4454579.
	Gross income from interest,	37170331	73073701	013/1321	1023033.	10371331	11313731
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,562.					1,562.
٥	Net income from unrelated business	1,302.					1,302.
9							
	activities, whether or not the	8,592.	15,378.				23,970.
40	business is regularly carried on	0,352.	13,370.				23,310.
10	Other income. Do not include gain						
	or loss from the sale of capital		15.	54.			69.
	assets (Explain in Part VI.)		10.	74.			4480180.
	Total support. Add lines 7 through 10	-1- (>			40	4400100.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and storetion C. Computation of Publi						
	•			- al (f))		44	96.56 %
	Public support percentage for 2022 (I					14	22 12
	Public support percentage from 2021					15	
162	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
ľ	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2022

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Schedule A (Form 990) 2022 IMPACT NETWORK INTERNATIONAL, INC.

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

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

qualify under the tests listed Section A. Public Support	oelow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(47 = 2 : 2	(,	(-,	(,	(-,	(-)
membership fees received. (Do not						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve					т т	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th						7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	ou		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	4		
	9b		
	9c		
	10a		
	10b		
مار	A (Forn	n 990)	2022

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	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?	3	
	A family member of a person described on line 11a above?)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations	1	_
		Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a saciality of the apparientian's directors on to stop during the tay year also a saciality of the directors	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion 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	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.		
а	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.		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

INC.

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

IMPACT NETWORK INTERNATIONAL

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

27-1247430

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

IMPACT NETWORK INTERNATIONAL, INC.

27-1247430

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 764,390.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

IMPACT NETWORK INTERNATIONAL, INC.

27-1247430

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** IMPACT NETWORK INTERNATIONAL, INC. 27-1247430 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

IMPACT NETWORK INTERNATIONAL, INC.

Employer identification number 27-1247430

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) I dilas and other accounts
1 2	Total number at end of 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	writing that the assets held in donor adv	I ised funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
_	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
0	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of Violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
•	, and an expenses meaned in membering, mepeeting, name	aming or violationic, and emoroming contective	and reasonners daring the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			·
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A	•	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	conti	nued)	age –
3	Using the organization's acquisition, accession								(OOTIEN	idod)	
_	collection items (check all that apply):	.,	-,		· · · · · · · · · · · · · · · · · · ·		,				
а	Public exhibition	C	ı 🖂	Loan or exc	change progra	am					
b	Scholarly research				onango progra						
c											
4											
5	During the year, did the organization solicit or	•		•	ŭ			e iiii ait	AIII.		
3	to be sold to raise funds rather than to be mai				•	ai			Yes		No
Par	t IV Escrow and Custodial Arrang										<u></u>
1 0	reported an amount on Form 990, Part		ete ii tiie	organizatio	on answered	163 0111	01111 330	, raitiv,	iii le 3, Oi		
12	Is the organization an agent, trustee, custodia		liany for (contribution	s or other ass	sets not in	ncluded				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 163		_ I40
b	in res, explain the arrangement in rait Alli a	ind complete the lo	nowing t	abie.					Amoun		
•	Paginning halance						10		7 11110411		
C	Beginning balance						1c				
a	Additions during the year										
e	Distributions during the year										
f	Ending balance								7.,		٦
	Did the organization include an amount on Fo						y?	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if							aara baali	(a) Faur		book
	<u> </u>	(a) Current year	(a) H	Prior year	(c) Two yea	rs dack (d) Three y	ears back	(e) Four	years	раск
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 curre	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	·	%								
b	Permanent endowment	%									
c	Term endowment 9										
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	•	ation tha	t are held a	nd administer	red for the	2				
-	organization by:	olori or the organiza	2011 1110	it are mora a	na aanminotoi	100 101 1110				Yes	No
	(i) Unrelated organizations								3a(i)		
									3a(ii)		
h	(ii) Related organizations	ione lietod ae roqui	rod on S	chodulo D2					3b		
4	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipme		WITIELLE	urius.							
	Complete if the organization answered). Part IV	/. line 11a. 9	See Form 990). Part X. I	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate	<u>, , </u>	(d) Boo	k valu	
	pescription of property	basis (investr		` '	(other)		reciation	٦	(u) 000	n valu	J
12	Land	- · · · · · · · · · · · · · · · · · · 	7	34510	· ==/						
b		I									
	Buildings										
c C	Leasehold improvements	I									
d	Equipment										
	Other			(D) "	10)						0.
rota	. Add lines 1a through 1e. (Column (d) must eq	iuai Form 990. Part	x, colun	<u>าก (B), line 1</u>	IUC.)						<u> </u>

Schedule D (Form 990) 2022

			05 1045400
Schedule D (Form 990) 2022 IMPACT NETW Part VII Investments - Other Securities.	ORK INTERNATI	ONAL, INC.	27-1247430 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			-
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.	on Form 000 Port IV line	11d Con Form 000 Dort V line 1	E
Complete if the organization answered "Yes"		Trd. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.

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

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

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

Schedule D (Form 990) 2022

Part	XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 7	otal revenue, gains, and other support per audited financial statements			1	986,726.
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a 1	Net unrealized gains (losses) on investments	2a	-2,471.		
b [Donated services and use of facilities	2b			
c F	Recoveries of prior year grants	2c			
d (Other (Describe in Part XIII.)	2d			
е А	Add lines 2a through 2d			2e	-2,471. 989,197.
	Subtract line 2e from line 1			3	989,197.
4 /	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b (Other (Describe in Part XIII.)	4b			
c A	Add lines 4a and 4b			4c	0.
5 7	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	989,197.
Part	XII Reconciliation of Expenses per Audited Financial State		Expenses per F	₹eturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 7	otal expenses and losses per audited financial statements			1	1,063,310.
2 A	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a [Donated services and use of facilities	2a			
b F	Prior year adjustments	2b			
С (Other losses	2c		4	
d (Other (Describe in Part XIII.)	2d			
е А	Add lines 2a through 2d			2e	0.
3 8	Subtract line 2e from line 1			3	1,063,310.
4 /	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b (Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5 7	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,063,310.
Part	XIII Supplemental Information.				
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b ar	nd 2b; Part V, line 4	; Part X	ζ, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	ition.		
PAR'	TX, LINE 2:				
IMP/	ACT NETWORK RECOGNIZES THE EFFECT OF INC	COME TAX 1	POSITIONS	ONL	I IF THOSE
POS.	TTIONS ARE MORE LIKELY THAN NOT OF BEING	SUSTAIN	ED. MANAGE	MENT	r has
DETI	ERMINED THAT IMPACT NETWORK HAD NO UNCER	RTAIN TAX	POSITIONS	THA	AT WOULD
REQU	JIRE FINANCIAL STATEMENT RECOGNITION OR	DISCLOSU	RE. IMPACT	NE	WORK IS
NO I	LONGER SUBJECT TO EXAMINATIONS BY THE A	PPLICABLE	TAXING JU	RISI	DICTIONS
<u>FOR</u>	THE PERIODS PRIOR TO DECEMBER 31, 2019.				

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.

Open to Public

Department of the Treasury Internal Revenue Service

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

Inspection Employer identification number

Name	e of the organization					Employer identif	ication number		
IME	PACT NETWORK	INTERNAT	IONAL, II	NC.		27-124743	0		
Par	t I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	es" on		
	Form 990, Part IV								
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
	the grantees eligibility it	or the grants or a	issistance, and t	the selection chiena used to award the	grants or assis	stance? 21	res No		
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance outs	ide the		
	United States.								
3				an be duplicated if additional space is n			1 (0 =		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures		
		in the region	employees, agents, and independent contractors	gram services, investments, grants to		e specific type	for and investments		
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region		
			- J						
a	a						600.044		
SUB-	SAHARAN AFRICA	0	2	GRANTS TO RECIPIENTS			698,244.		
	Subtotal	0	2				698,244.		
b	Total from continuation	0	0				0.		
c	sheets to Part I Totals (add lines 3a						1		
-	and 3b)	0	2				698,244.		

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

Schedule F (Form 990) 2022

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 r	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EDUCATION PROGRAMS	688,884.	WIRE TRANSFER		LAPTOPS, ELEARNING KITS, TONER/COPIES	FMV
			I recognized as charities by the f or counsel has provided a sect			.	<u>I</u>	1

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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

PART I, LINE 3:

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING TO ACCOUNT FOR ITS FOREIGN EXPENDITURES.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2022

Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization									entification number	
		NETWORK INTERN						27-1247		
	sing Activities. complete this par	Complete if the organization.	on answer	red "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not	
		sed funds through any of the	e following	g activ	rities. (Check all that apply.				
a Mail solicitat		e	,			overnment grants				
b Internet and	email solicitations	f	Solicitat	ion of	gover	nment grants				
c Phone solici	tations	g	Special 1	fundra	ising (events				
d In-person so	licitations									
2 a Did the organization	on have a written o	or oral agreement with any in	ndividual ((includ	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, P	art VII) or entity in connection	on with pr	ofessi	onal fu	undraising services?		Ye	s No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraise	rs) pursua	ant to a	agreer	ments under which th	he fun	draiser is to b	е	
compensated at le	east \$5,000 by the	organization.								
				/:::\	Dist		(v) /	Amount paid		
(i) Name and addres		(ii) Activity		(iii) fundr have ci	aiser	(iv) Gross receipts	to (o	r retained by)	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)	(II) Activity		or con	itrol of	from activity	fundraiser listed in col. (i)		organization	
				Yes	No				_	
				103	110					
									+	
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed t	o solicit c	ontribi	utions	or has been notified	it is e	xempt from r	egistration	
				<u> </u>			<u> </u>			

232081 10-27-22

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

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 CHEFS FOR IMPACT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
enne			(=======	(2:2:::-5/2-2)	(
Revenue	1	Gross receipts	209,992.			209,992.
	2	Less: Contributions	204,295.			204,295.
	3	Gross income (line 1 minus line 2)	5,697.			5,697.
	4	Cash prizes				
s	5	Noncash prizes				
bense	6	Rent/facility costs	34,410.			34,410.
Direct Expenses	7	Food and beverages	1,761.			1,761.
Ö	8	Entertainment	22 674.			22 674.
	9	Other direct expenses				22,674. 14,810.
	10		•			73,655.
		Net income summary. Subtract line 10 from li				-67,958.
Pa	ırt l		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Т	I I		Т
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7				
		gaming moone dammary, dubtract line r	i, coluitiii (u)			<u> </u>
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 IMPACT NETWORK INTERNATIONAL, INC. 27-3	L Z 4 / 4	± 3 U	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	′ es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		
•	Enter the hame and address of the person who propares the organization of garming operation of the books and resource.			
	Name			
	Name			
	Address			
	Address			
45-	Done the averagination have a contract with a third part, from whom the averagination was in a contract was a contract.		⁄es	No
ıba	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	163	
D	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 🔲 Y	′ es	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	IMPACT	NETWORK	INTERNATIONAL,	INC.	27-1247430	Page 4
Part IV	G (Form 990) Supplemental Infor	mation _{(con:}	tinued)				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

IMPACT NETWORK INTERNATIONAL, INC.

Employer identification number 27-1247430

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

DEVELOPMENT SECTORS. IN 2022, IMPACT NETWORK SUPPORTED ZAMBIA IMPACT

NETWORK LIMITED TO ACHIEVE ITS GOALS IN ZAMBIA. THE MAIN PROGRAM IS TO

IMPLEMENT A QUALITY EDUCATION 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:

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

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
SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO HIS OR HER

232211 10-28-22

Page 2

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** IMPACT NETWORK INTERNATIONAL, INC. 27-1247430 SUPERVISOR WHO SHALL THEN DISCLOSE THE MATTER TO THE PRESIDENT OR EXECUTIVE DIRECTOR. THE PRESIDENT OR EXECUTIVE DIRECTOR SHALL BE RESPONSIBLE FOR DETERMINING THE PROPER WAY FOR THE CORPORATION TO HANDLE DECISIONS WHICH INVOLVE EMPLOYEE CONFLICTS OF INTEREST. IN MAKING SUCH DETERMINATIONS, 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 WHOLE. 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 PROCESS WAS LAST CONDUCTED IN 2022. 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 INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.