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

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Department of the Treasury Internal Revenue Service

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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



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

<u>A</u>	For th	e 2020 calendar year, or tax year beginning and	d ending		
Β	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	IMPACT NETWORK INTERNATIONAL, INC.			
	Name chang			27-12474	30
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	PO BOX 231301		(917)670	-5278
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	660,786.
	Amer	NEW YORK, NY 10023		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: RESHEA FATED		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)() + (insert no.) = 4947(a)(1)$	or 527	- '	list. See instructions
				H(c) Group exemption	
	orm o art I	f organization: X Corporation Trust Association Other  Summary	<b>L</b> Year	of formation: 2009 N	State of legal domicile: NY
F		Briefly describe the organization's mission or most significant activities: TO L			z 町O
e	1	ADVANCE DEVELOPMENT OF RURAL VILLAGES FRO			
Jan	2	Check this box			
veri	3			3	11
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u></u>
ა თ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			4
itie	6	Total number of volunteers (estimate if necessary)			13
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ð	8	Contributions and grants (Part VIII, line 1h)		750,378.	643,152.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,393.	-27,986.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	765,771.	615,166.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	464,411.	378,772.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		214,072.	234,372.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	56	0.	0.
Ц Д Д	. b	<b>5 1 ( ( ) () () ( ) ( ) ( ) ()()() () ()</b>		113,438.	76,380.
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		791,921.	689,524.
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-26,150.	-74,358.
or	_	nevenue less expenses. Subtract line to from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		439,439.	367,104.
Net Assets	21	Total liabilities (Part X, line 26)		82,960.	84,983.
Net.	22	Net assets or fund balances. Subtract line 21 from line 20		356,479.	282,121.
		Signature Block			,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         RESHMA PATEL, EXECUTIV         Type or print name and title	E DIRECTOR	Date						
Paid Preparer	Print/Type preparer's name GARRETT M. HIGGINS Firm's name  PKF O'CONNOR DAV	Preparer's signature GARRETT M. HIGGINS	Date 11/19/21	Check PTIN if self-employed P00543209 's EIN ► 27-1728945					
Use Only	Firm's address 500 MAMARONECK A HARRISON, NY 105	VENUE		ne no.914-381-8900					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	990 (2020) IMPACT NETWORK INTERNATIONAL, INC. 27-1247430 Page 2 t III Statement of Program Service Accomplishments
Fai	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO LEVERAGE TECHNOLOGY TO ADVANCE DEVELOPMENT OF RURAL VILLAGES FROM
	EDUCATION, TO HEALTH, TO ECONOMIC DEVELOPMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 567,909. including grants of \$ 378,772. ) (Revenue \$
	IMPACT NETWORK SEEKS TO LEVERAGE TECHNOLOGY TO DEVELOP RURAL VILLAGES
	ACROSS EDUCATION, HEALTH AND ECONOMIC DEVELOPMENT SECTORS. IN 2020,
	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. IN 2020, WE ALSO SUPPORTED THE COVID-19 RESPONSE
	INCLUDING RADIO PROGRAMMING, MASK-MAKING, HOME VISITS BY TEACHERS, AND
	STAY-AT-HOME PACKETS.
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 > 567,909.
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Form	990	(2020)

 Form 990 (2020)
 IMPACT NETWORK INTERNATIONAL, INC.

 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?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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	
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		X
	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
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 IMPACT NETWORK INTERNATIONAL, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	215		
C		24c		
	any tax-exempt bonds?			<u> </u>
	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			v
	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 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? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00	~ ~ ~	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
4 -	Enter the number reported in Pay 2 of Form 1006. Enter 0, if not enables		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 7</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	000	(0000)
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Form	990 (2020) IMPACT NETWORK INTERNATIONAL, INC.	27-1247	430	Р	age 5
Par					
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ (see instructions				
3a		,	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years	tion?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		<u> </u>
6a			6a		x
h	any contributions that were not tax deductible as charitable contributions?		Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		Ch		
-			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise tion receive a summarian exercise of $0.75$ mode partly as a contribution and partly for conde and exercise the section 170(c).	incomprovided to the powerQ	7-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			x
	to file Form 8282?		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				<u> </u>
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				├──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
-	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
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:				
а	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	1			
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			37
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		┣──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				17
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes " complete Form 4720. Schedule O				

Form <b>990</b>	(2020)
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Form 990	(2020)
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#### IMPACT NETWORK INTERNATIONAL, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
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		11			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	-	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			. 2			Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?						Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	. 4			Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?					Х
6	Did the organization have members or stockholders?			. 6			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			. 78	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7	5		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-	88	a	X	
b	Each committee with authority to act on behalf of the governing body?				5	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						х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
			0000		,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10	а		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?			X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ū.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	а	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12		x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			–	~		
•	in Schedule O how this was done	,		12	с	x	
13	Did the organization have a written whistleblower policy?			1:		X	
14	Did the organization have a written document retention and destruction policy?			· –		x	
15	Did the process for determining compensation of the following persons include a review and approval			·· 🕂			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aoponaon				
а	The organization's CEO, Executive Director, or top management official			15	a	x	
b	Other officers or key employees of the organization			· -			Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				-		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient M	vith a				
	taxable entity during the year?			16	a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				-		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?			. 16	h		
Sec	tion C. Disclosure			. 10	~		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (Section 501(c	)(3)s on	lv) a	vailal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.			,(0)0 011	iy) u	vana	010
	X       Own website       X       Another's website       X       Upon request       Other (explain	on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col		,	and find	anci	al	
	statements available to the public during the tax year.	. mot (	2. interest policy,			-	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records				
20	CANDULLO MANAGEMENT GROUP, LLC - 203-267-7408	no arr					
	54 DANBURY ROAD #185, RIDGEFIELD, CT 06877						
032004	12-23-20			Fo	rm 9	990	(2020)
552000	7			10			(2020)

					••	0.	
(8) JENNIFER RACKLIFF	0.50						
DIRECTOR		Х			0.	Ο.	
(9) MICHAEL CLARK	0.50						
DIRECTOR		Х			0.	Ο.	
(10) SEAN O'SULLIVAN	0.50						

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report- able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
<ul> <li>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.</li> </ul>
• 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.

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

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.

See instructions for the order in which to list the persons above.

Employees, and Independent Contractors

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Form 990 (2020)

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

(A) Name and title	<b>(B)</b> Average hours per	box	not c , unles cer an	ss per	ition more rson i	than o s both	n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RESHMA PATEL	40.00									
EXECUTIVE DIRECTOR				Х				75,000.	0.	0.
(2) DAN SUTERA	2.00									
CO-FOUNDER/PRESIDENT/TREASURER		Х		Х				0.	0.	0.
(3) DAVID SEIDENFELD	1.00									
CO-FOUNDER/VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ANUP PATEL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JAMES LUM	0.50									
TREASURER		Х		Х				0.	0.	0.
(6) AMY LYNN MARSHALL LAMBRECHT	0.50									
DIRECTOR		Х						0.	0.	0.
(7) DIANE H. FUSILLI	0.50									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER RACKLIFF	0.50									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL CLARK	0.50									
DIRECTOR		Х						0.	0.	0.
(10) SEAN O'SULLIVAN	0.50									
DIRECTOR		Х						0.	0.	0.
(11) STEPHAN SPENCER	0.50									
DIRECTOR		Х						0.	0.	0.
(12) SWAN SIT	0.50									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20				ξ						Form <b>990</b> (2020)

#### IMPACT NETWORK INTERNATIONAL, INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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

15191119 756359 1078287.000

2020.05000 IMPACT NETWORK INTERNATIO 10782871

Page 7

	990 (2020) IMPACT N	ETWORK 1	INT	'ER	NA	TI	ON	AL	, INC.	27-12	474	30	Pa	age <b>8</b>
Part	t VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	st Co	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week (list any	erage Position (do not check more t box, unless person is officer and a director					n an	<b>(D)</b> Reportable compensation from the	(E) Reportable compensatior from related organizations		Est am	(F) imate ount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	orga and	om the nizati relate nizatio	on ed
			-											
			-											
			-											
			-											
			-											
1h	Subtotal								75,000.		0.			0.
с	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.	0.		0.
	Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			V	0
	Did the organization list any <b>former</b> office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>	, ,	,		•	,	,	0		,	ſ	3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportabl	le cc " co	mpe mple	ensa ete S	tion Sche	and edule	oth e <i>J f</i> a	er compensation from t	he organization		4		X
	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>contion</i> <b>B. Independent Contractors</b>											5		X
	Complete this table for your five highest c the organization. Report compensation for	•	•							•	ensatio	on froi	m	
	(A) Name and busines	s address	N	ONE	3				<b>(B)</b> Description of s	ervices	Co	( <b>C</b> ) mpen		ו
								_						
	Total number of independent contractors \$100,000 of compensation from the organ		ot lir	nitec	d to t	thos (		ted	above) who received me	ore than			00.	

032008 12-23-20

		0 (2020) IMPACT NETWORK	INTERNA	ATIONAL, IN	NC.	27-1247	430 Page 9
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line			(0)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
s, G		c Fundraising events 1c	43,664.				
Sift: ar /		d Related organizations 1d					
imil		e Government grants (contributions) 1e	26,900.				
tior er S		f All other contributions, gifts, grants, and					
Dthe			572,588.				
onti nd (		g Noncash contributions included in lines 1a-1f		612 152			
a C		h Total. Add lines 1a-1f	Business Code	643,152.			
•	0		Busiliess Coue				
vice							
Ser		b [					
am		d					
Program Service Revenue		e					
Pr		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	( <b>5</b> , , , , , , , , , , , , , , , , , , ,					
	_	other similar amounts)					
	4		1				
	5	Royalties	(ii) Personal				
	6						
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	►				
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		<b>b</b> Less: cost or other basis					
anu		and sales expenses <b>7b</b>					
svenue		c Gain or (loss)					
r Re		d Net gain or (loss)	🕨				
Other Re	8	a Gross income from fundraising events (not including \$43,664. of					
		contributions reported on line 1c). See					
			17,580.				
			45,620.	28 040			28.040
			····· ►	-28,040.			-28,040.
	Э	a Gross income from gaming activities. See Part IV, line 19 9a					
		Part IV, line 19         9a           b         Less: direct expenses         9b					
		c Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		and allowances <b>10a</b>					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
s			Business Code	F 4			F 4
eou	11	a OTHER INCOME	900099	54.			54.
illan veni		b					
Miscellaneous Revenue		c d All other revenue					
Σ		e Total. Add lines 11a-11d		54.			
	12			615,166.	0.	0.	-27,986.
03200		-23-20		-			Form <b>990</b> (2020)

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10

IMPACT NETWORK INTERNATIONAL, INC. Form 990 (2020) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 378,772. individuals. See Part IV, lines 15 and 16 378,772. Benefits paid to or for members 4 5 Compensation of current officers, directors, 75,000. 63,750. 7,500. 3,750. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 141,607. 84,020. 13,550. 44,037. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,793. 17,765. 11,316. 3,656. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 23,800. 23,800. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 10,691. 7,134. 1,138. 2,419. column (A) amount, list line 11g expenses on Sch O.) 2,370. 1,193. 96. 1.081. Advertising and promotion 12 640. 53. 492. 95. Office expenses 13 Information technology 14 15 Royalties 18,000. 12,000. 2,000. 4,000. 16 Occupancy 9,366. 9,253. 95. 18. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 149. 149. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 6,100. 6,100. 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 5,264. 418. 4,846. **REGISTRATION FEES** а b С d

All other expenses е 689,524. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2020)

59,056.

62,559.

567,909.

11

15191119 756359 1078287.000

IMPACT NETWORK INTERNATIONAL, INC.

27-1247430 Page 11

		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		405,229.	1	334,333.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		26,674.	3	5,448.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	4,356.	9	24,943.	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lir		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,180.	15	2,380.
	16	Total assets. Add lines 1 through 15 (must e		439,439.	16	367,104.
	17	Accounts payable and accrued expenses		19,147.	17	17,580.
	18	Grants payable			18	
	19	Deferred revenue	63,813.	19	67,403.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ŝ	22	Loans and other payables to any current or for	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
abil		controlled entity or family member of any of t	hese persons		22	
Ξ	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		82,960.	26	84,983.
		Organizations that follow FASB ASC 958, o	check here 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		356,479.	27	244,298.
Ba	28	Net assets with donor restrictions			28	37,823.
Net Assets or Fund Balances		Organizations that do not follow FASB AS	C 958, check here 🕨 📃			
μ		and complete lines 29 through 33.				
s ol	29	Capital stock or trust principal, or current fun	ds		29	
set	30	Paid-in or capital surplus, or land, building, or	r equipment fund		30	
As	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net	32	Total net assets or fund balances		356,479.	32	282,121.
_	33	Total liabilities and net assets/fund balances		439,439.	33	367,104.

Form 990 (2020)

# Part X Balance Sheet

Form 990 (2020)

	1990 (2020) IMPACT NETWORK INTERNATIONAL, INC.	27-124	7430	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,10	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	356	5,4	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	282	2,1	<u>21.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	oon.	(0000)

Form **990** (2020)

SCH	EDU	LE A
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Department of the Treasury

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) paper approximate the section to be set to

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											Inspection			
Nar	ne o	of th	ne organizati	on						Employer	identification number			
				IMPA	CT NETWORK	INTERNATION	AL, IN	IC.		2	7-1247430			
Pa	nrt		Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.				
The	org	aniz	zation is not a	a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)						
1			A church, co	nvention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	l)(A)(i).					
2			A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3			A hospital or	a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4			A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
	_	_	city, and stat											
5			•	•		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
	_	_	section 170	(b)(1)(A)(iv).(C	Complete Part II.)									
6					-	nental unit described in								
7	X													
	_	_			omplete Part II.)									
8		_	-			1)(A)(vi). (Complete Parl								
9			-			in section 170(b)(1)(A)(i		-		-	-			
				or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the r	name, city,	, and state of	the college	or			
	_	_	university:											
10						than 33 1/3% of its supp								
						t to certain exceptions; a					-			
						(less section 511 tax) fro	m busines	ses acquir	red by the org	janization a	iller June 30, 1975.			
11		_			mplete Part III.)	vely to test for public sat	aty Soo	soction 50	0(a)(4)					
12		_	•	•	•	vely for the benefit of, to	•			rny out the	nurnoses of one or			
12	L		-	-	-	d in section 509(a)(1) o				-				
						f supporting organization								
a	, r		1	•	• •	upervised, or controlled	-			-	nivina			
Ū						gularly appoint or elect a	• • • •	-						
				-	complete Part IV, Se		majority o				ipporting			
b	<b>,</b> [		-		-	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	rina			
					-	anization vested in the sa			•		-			
				•	t complete Part IV,		•			5				
c	: [		-			g organization operated	in connect	ion with, a	and functional	lly integrate	d with,			
	_			-		. You must complete F				, 0				
c	I [		1	-	integrated. A supporting organization operated in connection with its supported organization(s)									
			that is not t	functionally int	egrated. The organiz	ation generally must sati	isfy a distri	bution req	uirement and	l an attentiv	veness			
			requiremen	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e	, [		Check this	box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
			functionally	/ integrated, or	Type III non-functior	nally integrated supportir	ng organiza	ation.						
f	Е	ntei	r the number	of supported o	organizations									
ç	ΙP				about the supporte		(iv) Is the orga	nization listed	() A manual a		(ui) Amount of other			
		(1)	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o <sup>.</sup> support (see ir	2	(vi) Amount of other support (see instructions)			
			organization			above (see instructions))	Yes	No						
<b>.</b> .														
Tota	ai													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

# Schedule A (Form 990 or 990-EZ) 2020 IMPACT NETWORK INTERNATIONAL, INC.

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.)

Sec	ction A. Public Support			-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not					<i></i>			
	include any "unusual grants.")	353,358.	886,658.	974,835.	750,378.	643,152.	3608381.		
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								
	• • …	353,358.	886,658.	974,835.	750,378.	643,152.	3608381.		
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions	333,330.	000,050.	974,033.	130,370.	045,152.	5000501.		
5	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)						64,007.		
6	Public support. Subtract line 5 from line 4.						3544374.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	353,358.	886,658.	974,835.	750,378.	643,152.	3608381.		
	Gross income from interest,		-	-		_			
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2,450.	1,000.	1,562.			5,012.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on			8,592.	15,378.		23,970.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)				15.	54.	69.		
	Total support. Add lines 7 through 10						3637432.		
	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for the	0	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	. —		
<u> </u>	organization, check this box and stor						·····		
	ction C. Computation of Publi						97.44 %		
	Public support percentage for 2020 (I					14	26.65		
	Public support percentage from 2019					<b>15</b>			
108	<b>33 1/3% support test - 2020.</b> If the o						N V		
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o		-			or more check thi			
N	and stop here. The organization qual								
17-	10% -facts-and-circumstances test								
178									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
h	<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the								
	organization meets the facts-and-circu								
18	Private foundation. If the organization								
				, ,, <del>.</del>		edule A (Form 990			

#### Schedule A (Form 990 or 990-EZ) 2020 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	<ul> <li>Unrelated business taxable income</li> </ul>						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
_	check this box and stop here		-				<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2020 (I	, (),	,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
k	<b>33 1/3% support tests - 2019.</b> If the	-					
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
0320	23 01-25-21				Sch	edule A (Form 990	) or 990-EZ) 2020
			16	)			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 IMPACT NETWORK INTERNATIONAL, INC.

Pa	rt IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations	1.10	I	
				Yes	No
1	more direct effect organ	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>borted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		<i>I</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No." describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		ingenient of the supporting organization was vested in the same persons that controlled of managed	1		
Sec	tion [	D. All Type III Supporting Organizations		II	
				Yes	No
1	organ year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1	100	110
~	•				
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
~		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	-		
	sunna	orted organizations played in this regard	3	1	

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the n	nethod that the organization	n used to satisfy the Inte	egral Part Test during the y	ear (see instructions).
---	-----------------------------	------------------------------	----------------------------	------------------------------	-------------------------

- a 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.

c [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** 

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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2020.05000 IMPACT NETWORK INTERNATIO 10782871

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	dule A (Form 990 or 990-EZ) 2020 IMPACT NETWORK INTERNA	TIONAL,		27-1247430 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete :	Sections A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

## Schedule A (Form 990 or 990-EZ) 2020 IMPACT NETWORK INTERNATIONAL, INC.

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedul	e A (Form 990										27-1247430 Page
Part V	Part IV, S line 1; Pa Section I	ection A, rt IV, Sect ), lines 5, (	lines 1, : ion D, li	2, 3b, 3c, 4 nes 2 and 3	4b, 4c, 5 3; Part I	5a, 6, 9a, 9 V, Section	b, 9c, 11a, 11 E, lines 1c, 2	l b, and 1 a, 2b, 3a	1c; Part IV, , and 3b; Pa	Section B, lines	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instr	ructions.)									
SCHE	DULE A,	PART	II,	LINE	10,	EXPL	NATION	FOR	OTHER	INCOME:	
OTHE	R INCOM	E									
2019	AMOUNT	: \$	15.								
2020	AMOUNT	: \$	54.								
032028 01	-25-21						21			Schedu	ıle A (Form 990 or 990-EZ) 202

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#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

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

2020

Name of the organizatio	Employer identification number							
	IMPACT NETWORK INTERNATIONAL, INC.	27-1247430						
Organization type (che	ck one):							
Filers of:	ilers of: Section:							
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organizati	on is covered by the General Rule or a Special Rule.							
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.						
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribu							
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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020)
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Name of organization

Employer identification number

27-1247430

IMPACT NETWORK INTERNATIONAL, INC.

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		\$ <u>421,020.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$51,640.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>26,900.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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2020.05000 IMPACT NETWORK INTERNATIO 10782871

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Employer identification number

27 - 1247430

IMPACT NETWORK INTERNATIONAL, INC.

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

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Name of or	ganization	Employer id	Employer identification number					
ІМРАСТ	NETWORK INTERNATIONAL	INC.	27-12	47430				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in a) through (e) and the following line of charitable, etc., contributions of \$1,000 of	section 501(c)(7), (8), or (10) that total more t					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held				
-		e) Transfer of g	ift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hor	w gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tra	nsferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hor	w gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	Relationship of transferor to tra	nsferee					

26

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

<del>9</del> 0)

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.





Name of the organization

IMPACT NETWORK INTERNATIONAL, INC.

Employer identification number
27-1247430

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fund	s
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used or	ly
	for charitable purposes and not for the benefit of the donor o			
Der				
Par			, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea			rically important land area
	Protection of natural habitat	Preservation of	of a certif	fied historic structure
•	Preservation of open space	·····		
2	Complete lines 2a through 2d if the organization held a qualit	ried conservation contribution in the form	1 OF a COF	
	day of the tax year.			Held at the End of the Tax Year
a b	Total number of conservation easements Total acreage restricted by conservation easements			2a 2b
c	Number of conservation easements on a certified historic structure	ucture included in (a)		20 2c
	Number of conservation easements included in (c) acquired a			
u	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			
	year ►		9	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		-	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation eas	ements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	)(h)(4)(B)(	i)
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents tha	t describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Si	milar Assets
1 41	Complete if the organization answered "Yes" on Form			Addeta.
12	If the organization elected, as permitted under FASB ASC 95		and hala	nce sheet works
iu	of art, historical treasures, or other similar assets held for put			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	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			
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	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	s for Form 990.		Schedule D (Form 990) 2020
032051	12-01-20			

Sche		NETWORK I						27-12			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of <i>l</i>	Art, Hist	orical Tre	easures, c	or Other	<sup>-</sup> Similar	<sup>r</sup> Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other reco	ords, checl	k any of the	following tha	t make si	gnificant u	ise of its		,	
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progr	am					
b	Scholarly research		е 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and exp	lain how th	ney further th	ne organizati	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donation	s of art, hi	storical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Com	plete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other interm	ediary for	contribution	s or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on Fe	orm 990, Part X, li	ne 21, for	escrow or cu	ustodial acco	ount liabili	ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V Endowment Funds.</b> Complete i			"Yes" on Fo							
		(a) Current year	· (b) F	Prior year	(c) Two yea	ars back	(d) Three y	ears back	(e) Four	years	back
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end bala	nce (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organ	ization tha	at are held ar	nd administe	red for th	e organiza	ation	г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		dowment	funds.							
Fai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered					1		.	()		
	Description of property	(a) Cost o		. ,	t or other	1	ccumulate	ed	(d) Book	value	е
	Land	basis (inve	sineny	Dasis	(other)		preciation				
-	Land							-			
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other			I							0
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	art X. colur	<u>nn (B), line 1</u>	0c.)				<b>D</b> /=	000	0.
								Schedule	D (Form	990)	2020

032052 12-01-20

Complete if the organization answered "Yes" on Form 990, Part IX, line 112. See Form 990, Part X, line 12. (a) Biostingtion of valuation: Cost or and of year market value (b) Closely level of up interests (c) Order level o	Part VII Investments - Other Securities.			
(1) Francial driveratives				
(2)       Closely held equity interests		(b) BOOK Value	(c) Method of Valuation: Cost of end	I-of-year market value
(3) Other       (3)         (4)       (4)         (5)       (5)         (6)       (6)         (7)       (7)         (8)       (8)         (9)       (9)         (9)       (9)         (9)       (9)         (10)       (10)         (11)       (12)         (12)       (13)         (13)       (14)         (14)       (15)         (2)       (15)         (2)       (16)         (3)       (16)         (4)       (17)         (16)       (17)         (2)       (18)         (3)       (19)         (4)       (19)         (5)       (19)         (6)       (10)         (7)       (10)         (9)       (10)         (10)       (10)         (11)       (10)         (12)       (10)         (13)       (10)         (14)       (10)         (15)       (10)         (16)       (10)         (17)       (10)         (10)       (10)				
(A)         (B)           (B)         (C)           (C)         (C)           (D)         (C)           (D)         (C)           (D)         (C)           (D)         (C)           (D)         (C)           (D)         (C)           (G)         (C)           (G)         (C)           (G)         (C)           (F)         (C)           (G)         (C)           (G)         (C)           (F)         (C)           (G)         (C)           (F)         (C)           (G)				
(B)       (C)         (C)       (C)         (D)       (C)         (E)				
10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         11       10         12       10         13       10         14       10         15       10         16       10         17       10         18       10         19       10         19       10         10       10         10       10         11       10         12       10         13       10         14       10         15       10         16       10         17       10         18       10         19       10         10       10         10       10				
(D)       (E)         (E)       (E)         (G)       (F)         (G)       (G)         (G)				
(B)         (G)           (F)         (G)           (G)         (G)           (H)         (G)           (G)				
(F)				
(h)       Total. (Col. (b) must equal Form 980, Part X, col. (b) line 12.)         Total. (Col. (b) must equal Form 980, Part X, col. (b) line 12.)       (c)         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end of year market value         (1)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       <				
Total: (c) (b) must equal from 980, Part X, col. (B) line 12)   Part VIII) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (c)	(G)			
Part VIII         Investments - Program Related.           Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment           (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (a)           (a)         (b) Book value           (c)         (c) Method of valuation: Cost or end-of-year market value           (d)         (c)           (d)         (c)           (e)         (c)           (f)         (f)           (f)         (f)           (f)         (f)           (g)         (f)           (f)         (f)           (g)         (f	(H)			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market value           (1)         (c)         (c) Method of valuation: Cost or end-of-year market value           (2)         (c)         (c)           (3)         (c)         (c)           (4)         (c)         (c)           (6)         (c)         (c)           (7)         (c)         (c)           (8)         (c)         (c)           (9)         (c)         (c)           (9)         (c)         (c)           (1)         (c)         (c)           (a)         (c)         (c)           (b) must equal Form 990, Part X, col. (B) line 13.)         (c)           (a)         (c)         (c)           (c)         (c)         (c)           (a)         (c)         (c)           (b)         (c)         (c)           (c)         (c)         (c)           (b)         (c)         (c)           (c)         (c)         (c)           (b)         (c)         (c) <t< td=""><td></td><td></td><td></td><td></td></t<>				
(a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b)         (2)       (a)       (b)         (3)       (b)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (7)       (c)       (c)         (9)       (c)       (c)         (1)       (c)       (c)         (2)       (c)       (c)         (a) Description       (b) Book value       (c)         (1)       (c) Description       (b) Book value         (1)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)				
(1)       (2)         (3)       (4)         (6)       (5)         (7)       (6)         (8)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (7)         (9)       (9)         (9)       (1)         (9)       (2)         (1)       (1)         (1)       (1)         (1)       (1)         (1)       (2)         (3)       (1)         (4)       (2)         (9)       (1)         (9)       (1)         (1)       (2)         (1)       (2)         (9)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (1)       (2)         (2)       (3)         (1)       (2)         (2)				
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         (9)       (10)         (10)       (10)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (12)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (12)         (13)       (14)         (14)       (15)         (15)       (16)         (16)       (17)         (17)       (18)         (18)       (19)         (19) <td< td=""><td>(a) Description of investment</td><td>(b) Book value</td><td>(c) Method of valuation: Cost or end</td><td>l-of-year market value</td></td<>	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(9)				
(4)       (a)         (6)       (b)         (7)       (c)         (8)       (c)         (9)       (c)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a)       (c)         (a)       (c)         (a)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (a)       (c)         (b)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       Federal income t				
(6)       (7)         (7)       (8)         (9)       (9)         (10)       (10)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (13)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (12)         (18)       (11)         (19)       (11)         (11)       (12)         (12)       (12)         (13)				
(6)       (7)         (8)       (8)         (9)       (9)         (10)       (10)         (2)       (10)         (11)       (11)         (22)       (11)         (12)       (11)         (13)       (11)         (14)       (12)         (15)       (11)         (16)       (12)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (12)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)       (11)         (12)       (11)         (14)       (11)         (15)       (11)         (16)       (11)         (17)       (11)         (18)       (11)         (19)       (11)         (10)       (11)         (11)				
(7)       (8)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (a) Description       (b) Book value         (1)       (a) Description         (b) Book value       (c)         (c)       (c)         (a)       (c)         (b) Book value       (c)         (c)       (c)         (a)       (c)         (b) Book value       (c)         (c)				
(B)       (B)         (B)       (C)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (a) Description       (b) Book value         (1)       (b) Book value       (c)         (a)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c) <td></td> <td></td> <td></td> <td></td>				
(9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (a)       (b)         (b)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)         (a) Description of liability       (b) Book value         (1)       Federal income taxes         (c)       (a) Description of liability         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part X       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       (a)         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       ▶         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (c)         (2)       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)				
Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X col. (B) line 15.)       (c)         Part X       Other Liabilities.       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (c)       (c)         (2)       (c)       (c)       (c)         (3)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (				
(a) Description       (b) Book value         (1)       (b) Book value         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (c)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (c)         (2)       (a)       (b) Book value         (1)       Federal income taxes       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (9)       (c)       (c)         (2)       (c)       (c)         (8) </td <td></td> <td></td> <td></td> <td></td>				
(1)       (2)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value       (b) Book value         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2       (b) Line 25.         2       (c)         (a)       (b) Line 25.)         2       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(a)	Description		(b) Book value
(3)       (4)         (5)       (7)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (6)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (9)         (1) Federal income taxes       (1) Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (7)       (9)         (2)       (1) Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1)			
(4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       >         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       (a) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (1)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (a) Description of liability         (1)       Federal income taxes       (b) Book value         (2)       (3)       (4)         (5)       (6)       (7)         (6)       (7)       (8)         (9)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (E) line 25.)       (2)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a) Description of liabilities.         Part X       Other Liabilities.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2)       (a)         (b) Edstard       (b) Book value         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2         Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       (a)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (C)         2       (C)         2       (C)         (5)       (C)         (6)       (C)         (7)       (C)         (8)       (C)         (9)       (D) must equal Form 990, Part X, col. (B) line 25.)         2       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book value         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, 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				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       Image: 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       (c)         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       Image: Column (b) must equal statements that reports the		15)		
1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (c)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X Other Liabilities.	; 1J.j ·····		
1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (c)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(a) Description of lightlity	· · · ·		
(3)         (4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(4)         (5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)			
(5)         (6)         (7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(3)			
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(4)			
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       ▶         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
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IMPACT NETWORK INTERNATIONAL, INC.

Schedule D (Form 990) 2020

27-1247430 Page 3

032053 12-01-20

Schedule D (Form 990) 2020

_	dule D (Form 990) 2020 IMPACT NETWORK INTERNATION				247430 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	628,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	<b>2</b> b	13,297.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	13,297.
3	Subtract line 2e from line 1			3	615,166.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
с	Add lines 4a and 4b				
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )			5	615,166.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With			615,166.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> )	nents With			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>nents With</b> <sup>2a.</sup>	Expenses per F		615,166.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<b>nents With</b> <sup>2a.</sup>	Expenses per F	Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With	Expenses per F	Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With 2a. 2a	Expenses per F	Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With           2a.           2b.	Expenses per F	Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>Total revenue.</b> Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a         2a            2a            2b            2c	Expenses per F	Return.	702,821.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	Return.	702,821.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	Expenses per F	1	
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	Expenses per F	1 2e	702,821.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2a           2b           2c           2d	Expenses per F	1 2e	702,821.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	702,821.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per F	1 2e	702,821. 13,297. 689,524. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other (Describe in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)       Add lines 4a and 4b       Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per F	1           2e           3	702,821.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per F	2e         3           4c	702,821. 13,297. 689,524. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

032054 12-01-20

(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part I	V, line 14b, 15	5, or 16.	2020
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the latest	information.		Open to Public Inspection
Name of the organizatio		WWW. O.gov/re			Employer	identification number
IMPACT NETWO	RK INTERNAI	IONAL, II	NC.		27-12	47430
Part I General	Information on A	Activities Out	side the United States. Comple	te if the organi	zation answ	vered "Yes" on
	Part IV, line 14b.					
-	-		ds to substantiate the amount of its grar the selection criteria used to award the g			X Yes No
the grantees engi						
2 For grantmakers United States.	. Describe in Part V th	e organization's	procedures for monitoring the use of its	grants and oth	ner assistand	ce outside the
			an be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments
SUB-SAHARAN AFRICA	(	) 4	GRANTS TO RECIPIENTS			378,772.
3 a Subtotal		) 4				378,772.
<b>b</b> Total from continues sheets to Part I		0 0				٥.
c Totals (add lines 3 and 3b)		4				378,772.

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

SCHEDULE F (Form 990)

27-1247430

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

BUILD SCHOOLS, OPERATE SCHOOLS, SUB-SAHARAN AFRICA     TRAIN & HIRE TEACHERS, AND MANAGE     378,772. WIRE TRANSFER     0.	FMV, er)
AFRICA       TEACHERS, AND MANAGE       378,772. WIRE TRANSFER       0.         Image: Constraint of the state of th	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	1
So T(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 50 T(c)(3) equivalency letter	<u>1</u> 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 2

27-1247430

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
				1			

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	IMPACT	NETWORK	INTERNATIONAL,	INC.
Part IV Foreign Form	S			

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

Schedule F (Form 990) 2020

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 EACH MONTH: THESE INCLUDE:

- STAFF ATTENDANCE OR TIMESHEET SUMMARY, INDICATING DAYS WORKED AND LEAVE TAKEN BY EACH STAFF MEMBER.

- EQUIPMENT REPORT, INCLUDING DAMAGE REPORTS AND REPAIR INFORMATION

<u>– SCHOOL MAINTENANCE REP</u>ORTS

- VEHICLE LOG, SUMMARIZING EACH VEHICLE USAGE, AND DISTANCE TRAVELED

35

- NARRATIVE REPORT AT THE END OF EACH TERM: THIS NARRATIVE REPORT SHOULD

INDICATE GENERAL PROJECT UPDATES ACROSS THE GRANTEE'S WORK DURING THE

ACADEMIC TERM, AS WELL AS PLANNED ACTIVITIES FOR THE FOLLOWING TERM.

Schedule F (Form 990) 2020

15191119 756359 1078287.000

032075 12-03-20

Schedule F (Form 9			INTERNATIONAL,	INC.	27-1247430	Page 5
Part V Supp	plemental Information	on				
Provid	le the information required	l by Part I, line 2	(monitoring of funds); Part I, li	ine 3, column (f) (accountir	ng 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 3:

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

FOREIGN EXPENDITURES.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILD SCHOOLS, OPERATE SCHOOLS, TRAIN & HIRE

TEACHERS, AND MANAGE SUPPLEMENTAL PROGRAMS.

032075 12-03-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2020
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		NETWORK INTERNATIO	NAL	, II	NC.		Employer ide	entification number 430
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
· · ·	complete this part	t. ed funds through any of the followin	a activ	ities. (	Check all that apply.			
a Mail solicitat	-		-		overnment grants			
<b>b</b> Internet and	email solicitations			•	nment grants			
c Phone solici		g Special	fundra	lising	events			
d In-person so		or oral agreement with any individual	(includ	lina of	ficers directors trus	tees	or	
		art VII) or entity in connection with p				,	Yes	s 🗌 No
	•	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which the	ne fur	ndraiser is to b	e
compensated at le	ast \$5,000 by the	organization.			Γ			1
(i) Name and addres	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (fund	Iraiser)	(ii) Activity	have c or con contribu	ustody itrol of	from activity		fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
		n is registered as licensed to colicit a			er has been patified	itio	avamat from ro	
or licensing.	ch the organizatio	n is registered or licensed to solicit o		utions	or has been notified	11 15 1	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Z	Sche	dule G (Form §	990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990 EZ) 2020
 IMPACT
 NETWORK
 INTERNATIONAL,
 INC.
 27-1247430
 Page 2

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

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events IMPACT NOW NONE (add col. (a) through VIRTUAL col. (c)) (event type) (total number) (event type) Revenue 61,244. 61,244. Gross receipts 1 43,664. 43,664. 2 Less: Contributions 17,580. Gross income (line 1 minus line 2) 17,580. 3 4 Cash prizes 5 Noncash prizes Direct Expense: Rent/facility costs 6 4,400. 4,400. 7 Food and beverages 8 Entertainment 41,220. 41,220. 9 Other direct expenses 45,620. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► -28,040. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2020 032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 IMPACT NETWORK INTERNATIONAL, INC. 27-1	247430	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	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?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
40			
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?	Yes	No 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 <b>&gt;</b> \$		
Pa	<b>IT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		00, 100,
0320	83 11-25-20 Schedule G (Forn 39	1 990 or 990	D-EZ) 2020

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	IMPACT	NETWORK	INTERNATIONAL,	INC.	27-1247430	Page 4
Part IV	Supplemental Infor	mation (con	tinued)				
							000 57
					So	hedule G (Form 990 or	990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



IMPACT NETWORK INTERNATIONAL, INC.

Employer identification number 27 - 1247430

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

ECONOMIC DEVELOPMENT.

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

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM

AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE

INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN

PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL

REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE

THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE

SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS ADOPTED, OVERSEEN AND ADMINISTERED BY THE BOARD OF DIRECTORS. EACH DIRECTOR, OFFICER, AND KEY PERSON IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE WHEN ASSUMING THE RELEVANT POSITION AND ANNUALLY THEREAFTER. IF THE BOARD OF DIRECTORS DETERMINES THAT CONFLICT OF INTEREST EXISTS, THEN THE INDIVIDUAL WITH THE CONFLICT OF NOR MAY HE OR SHE BE PRESENT INTEREST MAY NOT PARTICIPATE IN THE VOTE, 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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

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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 2020.
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.

032212 11-20-20

Page 2

Employer identification number 27-1247430

IMPACT NETWORK INTERNATIONAL, INC.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

#### FOR THE YEAR ENDING

DECEMBER 31, 2020

#### PREPARED FOR:

IMPACT NETWORK INTERNATIONAL, INC. PO BOX 231301 NEW YORK, NY 10023

#### PREPARED BY:

PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633

#### AMOUNT OF TAX:

BALANCE DUE OF \$125

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

#### MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

#### **RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

#### SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

			•				
1. General Information							
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020							
Check if Applicable:	Check if Applicable:       Name of Organization:       Employer Identification Number (EIN         Address Change       IMPACT NETWORK INTERNATIONAL, INC.       27-1247430						
Name Change	NY Registration Number: 43-20-95						
Final Filing	Telephone: 917 670-5278						
Amended Filing       NEW YORK, NY 10023       917 670-5278         Reg ID Pending       Website:       Email:         IMPACTNETWORK.ORG       Email:							
Check your organization's							
registration category:	7A onl	y EPTL	only X DUAL (7A 8		onfirm your Registration Category in the harities Registry at <u>www.CharitiesNYS.com</u> .		
2. Certification							
See instructions for certif two signatories.	ication requirer	nents. Improper	certification is a violation	of law that may be subject to	penalties. The certification requires		
					est of our knowledge and belief,		
l liney ar	e true, correct	and complete in	accordance with the laws	of the State of New York app <b>RESHMA PATE</b>			
President or Authorized	Officer:			EXECUTIVE D			
	-	Signature		Print Name			
		e ignatal e		JAMES LUM			
Chief Financial Officer or	r Treasurer:			TREASURER			
	;	Signature		Print Name	and Title Date		
3. Annual Reporting	n Exemption	n					
			prognization is claiming an	exemption under one cated	ory (7A or EPTL only filers) or both		
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable							
schedules and attachments and pay applicable fees.							
					vernment agencies, etc. did not		
	25,000 <u>and</u> the ons during the	•	I not engage a professiona	al fund raiser (PFR) or fund ra	ising counsel (FRC) to solicit		
Contribution		noour your.					
3b FPTI	filina exemptio	n: Gross receipts	s did not exceed \$25,000	and the market value of asse	ets did not exceed \$25,000 at any time		
	fiscal year.						
4. Schedules and A	ttachments	8					
See the following page		-					
for a checklist of	Yes X				ising counsel or commercial co-venturer		
schedules and		for fund r	aising activity in NY State	? If yes, complete Schedule	4a.		
attachments to complete your filing.	X Yes	No 4b. Did th	o organization rocaivo do	vernment grants? If yes, com	poloto Schodulo Ab		
		110 4b. Dia ii	le organization receive go	veniment grants? If yes, con	ipiere Schedule 4b.		
5. Fee							
See the checklist on the	7A filing	fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
next page to calculate yo	ur				payable to:		
fee(s). Indicate fee(s) you	•	<u>م</u> ۲	¢ 100	¢ 105	"Department of Law"		
are submitting here:	\$	25.	\$ <u>100.</u>	\$	<u></u>		
CHAR500 Annual Filing fo			•				
*The "Exempt" category re	efers to an orga	nization's NYS r	egistration status. It does	not refer to its IRS tax desig	nation.		

068451 01-07-21 1019

Page 1

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#### IMPACT NETWORK INTERNATIONAL, INC.

<b>CHAR500</b>
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- 🗌 If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

#### **Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
$\fbox$ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 s750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

#### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

# CHAR500

Open to Public Inspection

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

# 1. Organization Information Name of Organization: IMPACT NETWORK INTERNATIONAL, INC. 43-20-95

#### 2. Government Grants

Name of Government Agency	Amount of	Grant
1. U.S. SMALL BUSINESS ADMINISTRATION	1.	26,900.
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	26,900.

3