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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)

OMB No. 1545-0047 2021

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

Open to Public Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2021 calendar year, or tax year beginning , 2021, and ending C Name of organization Inclusive Development International Check if applicable: D Employer identification number Address change Doing business as 82-2413310 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (828)505-4340 9 SW Pack Square, Suite 302 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Asheville, NC 28801 **G** Gross receipts \$1,682,243. Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: David Pred, 50 South French Broad Ave, 3rd FL, Asheville, NC 28801 H(b) Are all subordinates included? Yes No Tax-exempt status: **X** 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. 501(c) (Website: ▶ www.inclusivedevelopment.net **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2017 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: Through research, casework and policy advocacy, Inclusive 1 Development International holds corporations, financial institutions and development agencies accountable to their human Activities & Governance rights and environmental responsibilities and works to promote a more just and equitable international economic system. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 8 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 1,304,559 1,629,784. Revenue 9 Program service revenue (Part VIII, line 2g) 112,297 52,459. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,416,856 1,682,243. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 658,425 856,943. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,775. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 558,463. 607,368. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,216,888. 1,464,311. 19 Revenue less expenses. Subtract line 18 from line 12 199,968. 217,932. Assets or designation of designation of the designa **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 3,864,546. 1,899,683. 21 Total liabilities (Part X, line 26) . 2,303,668. 120,873. 22 Net assets or fund balances. Subtract line 21 from line 20 1,560,878. 1,778,810. Signature Block Part II 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. Vavid Pred 07/13/2022 Sign Signature of officer Date Here David Pred, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if **Paid** self-employed P00197489 Eric Levy **Preparer** Firm's EIN \triangleright 27-1359484 Firm's name ► ERIC LEVY, CPA, PA Use Only

Yes □ No

Phone no. (828)505-2800

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 35 SLEEPY HOLLOW DR, ASHEVILLE, NC 28805

Form 990 (2021) Page **2**

| Part | |
|-------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Inclusive Development International works to advance social, economic and environmental justice by supporting |
| | communities around the world to defend their land, environment and human rights in the face of harmful investment projects. Through research, casework and policy advocacy, we hold corporations, financial |
| | See Part III, Ln 1 statement |
| 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? |
| | 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. |
| 4- | (Code: \(\(\begin{array}{cccccccccccccccccccccccccccccccccccc |
| 4a | (Code:) (Expenses \$ 804,706. including grants of \$ 0.) (Revenue \$ 1,041,983.) |
| | CASE WORK: Upon request from local community advocates, our researchers map and |
| | analyze the investment and supply chains of harmful investment projects, identify points of |
| | leverage, and provide strategic advocacy advice. In select cases, we provide |
| | legal assistance, advocacy support and negotiation accompaniment to |
| | communities and their local partners. Key highlights from our casework in 2021 include: |
| | Key highlights from our casework in 2021 include:Investigating 55 harmful projects, identifying 121 new advocacy opportunities for |
| | affected communities and moving advocacy strategies forward in 23 cases. |
| | Supporting communities in mediations with AngloGold Ashanti seeking redress for |
| | harms from its Siguiri gold mine. We supported negotiations over and monitoring of |
| | See Part III, Ln 4a statement |
| | |
| 4b | (Code:) (Expenses \$223 , 720 . including grants of \$0 .) (Revenue \$229 , 548 .) |
| | CHINA GLOBAL PROGRAM: As Chinese companies and financial institutions have expanded globally, it |
| | has become increasingly important to understand how they operate, how they undertake, invest in |
| | and secure financing for overseas projects, and what regulations apply. Having worked on these |
| | issues for many years, Inclusive Development International has developed significant expertise in |
| | researching, understanding and influencing Chinese actors. |
| | The last and the state of the s |
| | To help civil society partners keep up with these developments and understand how they apply to |
| | their work, our China Global program produces informational tools, including our Safeguarding People and the Environment in Chinese Investments guide for advocates. We also maintain a |
| | database of policies, regulations and guidelines issued by Chinese regulators that apply to overseas |
| | See Part III, Ln 4b statement |
| | |
| 4c | (Code:) (Expenses \$184,445. including grants of \$0.) (Revenue \$142,757.) |
| | POLICY ADVOCACY: We advocate to strengthen international human rights and environmental |
| | standards in the spheres of transnational investment and development finance, and we work to |
| | make these standards more enforceable through effective accountability mechanisms. Drawing on |
| | our experience working with impacted communities and our knowledge of the regulatory and |
| | accountability gaps that we encounter through our investment chain research and case work, we |
| | develop and promote policy solutions to advance a more just and equitable global economy. |
| | • |
| | In 2021, we launched a powerful new report and advocacy campaign with Human Rights Watch to |
| | safeguard human rights in the global aluminum supply chain, drawing on years of experience |
| | working with communities in mining-affected regions of Guinea. We engaged in various policy |
| | See Part III, Ln 4c statement |
| // // | Other program services (Describe on Schedule O.) |
| 40 | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) |
| 4- | Total program continuo expenses \(\) 1 212 971 |

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| orm 99 | 90 (2021) | | F | Page (|
|--------|--|-----|-----|--------|
| Part | IV Checklist of Required Schedules | | | |
| 4 | In the example tion described in section $501(a)(2)$ or $4047(a)(1)$ (other than a private foundation)? If "Vec." | | 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 | × | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | × | |
| 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 | | × |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | × |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | × |
| 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 | | × |
| 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 | | × |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | × |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i> | 9 | | × |
| 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 | | × |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | × |
| 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 | | × |
| 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 | | × |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i> | 11d | × | |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11e | × | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | × |
| 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 | 12a | | × |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | × |
| 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 | | × |
| 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 | | × |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | × |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | × |
| 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 | | × |
| 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 | | × |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 . .

20b

| Part | Checklist of Required Schedules (continued) | | | |
|---------|---|------------|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | × |
| 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 | | × |
| 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 | | × |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | × |
| 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 | | × |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | × |
| 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 | | × |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 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 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | × |
| 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 | | × |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> | 33 | | × |
| 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 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| 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? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | × |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | × |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | × | |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 4 | Enter the number reported in hex 2 of Form 1006. Enter 0, if not entirely | | Yes | No |
| 1a b | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 10 | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---------|--|----------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 10 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | × | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | × |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | × |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 30 | | |
| - | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 6b | | |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| u | and services provided to the payor? | 7a | | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | × |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | × |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | |
| 0 | sponsoring organizations maintaining donor advised tunds. 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. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | _ | | |
| b | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 120 | | |
| 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 organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | × |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | |
| 13 | excess parachute payment(s) during the year? | 15 | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes." complete Form 6069. | | | |

Part VI

| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
|-------------|---|------------|-------------|--------|
| Cooti | Check if Schedule O contains a response or note to any line in this Part VI | | <u> </u> | × |
| Secti | on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | Tes | NO |
| b 2 | Enter the number of voting members included on line 1a, above, who are independent . 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 | × | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | × |
| 4 5 6 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | 5 6 | | × |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 0- | V | |
| a b | The governing body? | 8a 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | _ | ode.) | |
| | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | × |
| 11a | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 10b 11a | × | |
| b 12a | Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a | × | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | × | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," describe on Schedule O how this was done. | 12c | × | |
| 13 | Did the organization have a written whistleblower policy? | 13 | × | |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | × | |
| 2 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 15a | × | |
| a b | Other officers or key employees of the organization | 15b | × | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | × |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| C1. | organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | Γ (sec | tion 5 | 501(c) |
| 19 | Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | f inter | est p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | > | |

Mark Halpert, CPA & Assoc., 2607 Westridge Road, Los Angeles, CA 90049 (505)388-0059

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2021) Page **7**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| ☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--|--------------------------|---|-----------------------|---------|--------------|------------------------------|--------|----------------------------------|-----------------------------------|---------------------------|
| | | (C) Position (do not check more than one | | | | | | | | |
| (A) | (B) | | | | | | | (D) | (E) | (F) |
| Name and title | Average hours | box, unless person is both an officer and a director/trustee) | | | | | | Reportable compensation | Reportable compensation | Estimated amount of other |
| | per week | | | | _ | | | from the | from related | compensation from the |
| | (list any hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | ighes | Former | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | organization and |
| | related organizations | lual : | tions | , | nplo | st co yee | Ĩ | 1099-NEC) | 1099-NEC) | related organizations |
| | below | trust | tru | | yee | mpe | | | | |
| | dotted line) | ee | stee | | | Highest compensated employee | | | | |
| (1) David Pred | 40.00 | | | | | 8 | | | | |
| President & Executive Director | | × | | × | | | | 95,207. | 0. | 15,779. |
| (2) Mark Gibney | 1.00 | | | | | | | 33,207. | 0. | 15,775. |
| Chair | 1 | × | | × | | | | 0. | 0. | 0. |
| (3) Joanne Bauer | 1.00 | | | | | | | | | |
| Vice Chair | | × | | × | | | | 0. | 0. | 0. |
| (4) Elizabeth Porter | 1.00 | | | × | | | | | | |
| Treasurer | 1 00 | × | | ^ | | | | 0. | 0. | 0. |
| (5) Jean du Plessis Director | 1.00 | × | | | | | | 0. | 0. | 0. |
| (6) Kate Geary | 1.00 | | | | | | | | | |
| Director | | × | | | | | | 0. | 0. | 0. |
| (7) Bruce Shoemaker | 1.00 | × | | | | | | | | |
| Director (8) Sumi Dhanarajan | 1.00 | | | | | | | 0. | 0. | 0. |
| Director | 1.00 | × | | | | | | 0. | 0. | 0. |
| (9) Bonny Ibhawoh | 1.00 | | | | | | | | | |
| Director | | × | | | | | | 0. | 0. | 0. |
| (10)Natalie Bugalski | 40.00 | | | | ١ | | | | | |
| Legal Director | | | | | × | | | 92,553. | 0. | 15,195. |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, 7 | rustees, | Key I | Ξm | plo | yee | s, an | d F | lighest Compe | nsated Em | ploy | ees (c | ontinued) |
|-------|--|---|-------------------------|-----------------------|---------------|--------------|-------------------------------------|-------------|---|---|--------------|----------------|---|
| | | | | | • | C) | | | | | | | |
| | (A) Name and title | (B) Average hours | box, ı | unles | neck ss pe | rson | e than of the thick is both or/trus | n an | (D) Reportable compensation | (E) Reportable compensatio | | Estimat | (F) ed amount other |
| | | per week (list any hours for related organizations below dotted line) | Individua or directo | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/ 1099-MISC/ 1099-NEC) | from related organizations (\ 1099-MISC, 1099-NEC) | N-2/ / | fro organiz | ensation m the zation and rganizations |
| (15) | | | | | | | <u></u> | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (19) | | | - | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b | Subtotal | VII. Section | on A | | | | | > | 187,760. | | 0. | | 30,974. |
| d | | t not limited | | iose | i e list | ted | above | e) w | 187,760. Tho received mor | e than \$100, | 0 . 000 c | of | 30,974. |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete s | | | | | | | | | | | 3 | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | greater th | an \$1 | 50, | ,000 | ? / | f "Ye | s," | complete Sched | | | 4 | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | | | 5 | × |
| Secti | on B. Independent Contractors | | | | | | | | | | | | l e |
| 1 | Complete this table for your five high compensation from the organization. Rep | | | | | | | | | | | | |
| | (A) Name and business add | lress | | | | | | | (B) Description of sen | vices | Co | (C) ompensa | ation |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | • | _ | | | | | th | nose listed abov | e) who | | | |

| Part VIII Statement of Revenue | |
|--------------------------------|--|
|--------------------------------|--|

| | | Check if Schedule | Осо | ntains a re | spon | ise or note to a | ny line in this Pa | ırt VIII | | |
|---|----------|-----------------------------|---------|--------------|-------------|------------------|----------------------|--|--------------------------------------|--|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Ś, Ś | 1a | Federated campaig | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | | _ | | | |
| ي ق | С | Fundraising events | | | 1c | | | | | |
| ţ, Ł | d | Related organization | | | 1d | | | | | |
| | e | Government grants | | | 1e | | _ | | | |
| is, | f | All other contribution | | | | | - | | | |
| io | - | and similar amounts no | | | 1f | 1,629,784. | | | | |
| the | q | Noncash contribution | ons in | cluded in | | 1,020,704. | - | | | |
| <u>=</u> 0 | 9 | lines 1a–1f | | | 1g | c | | | | |
| ja ja | h | Total. Add lines 1a- | | | | | 1,629,784. | | | |
| <u> </u> | h | Total. Add lines ra- | -11 . | | • | Business Code | 1,029,704. | | | |
| o | 0- | | | | | Business Code | | | | |
| <u>S</u> | 2a | | | | | | | | | |
| le le | b | | | | | | | | | |
| n S | C | | | | | | | | | |
| gram Ser Revenue | d | | | | | | | | | |
| Program Service Revenue | е | | | | | | | | | |
| ₫ | f | All other program se | | | | | 52,459. | 52,459. | 0. | 0. |
| | <u>g</u> | Total. Add lines 2a- | | | | | 52,459. | | | |
| | 3 | Investment income | | _ | | | | | | |
| | _ | other similar amoun | | | | | | | | |
| | 4 | Income from investr | | | • | • | | | | |
| | 5 | Royalties | | | | | | | | |
| | | | | (i) Rea | | (ii) Personal | _ | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | | | | | | | | |
| | d | Net rental income o | r (los | s) | | <u> </u> | | | | |
| | 7a | Gross amount from | | (i) Securit | ies | (ii) Other | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | | | | | | |
| ě | b | Less: cost or other basis | | | | | | | | |
| Revenue | | and sales expenses . | 7b | | | | | | | |
| ě | С | Gain or (loss) | 7c | | | | | | | |
| | d | Net gain or (loss) | | | | <u> •</u> | | | | |
| Other | 8a | Gross income from | m fu | ındraising | | | | | | |
| 0 | | events (not including | \$ | | | | | | | |
| | | of contributions rep | | | | | | | | |
| | | 1c). See Part IV, line | e 18 | | 8a | | | | | |
| | b | Less: direct expens | es . | | 8b | | | | | |
| | С | Net income or (loss) |) from | n fundraisin | g eve | nts > | | | | |
| | 9a | Gross income f | | | | | | | | |
| | | activities. See Part I | IV, lin | e 19 . | 9a | | | | | |
| | b | Less: direct expens | es . | | 9b | | | | | |
| | С | Net income or (loss) |) from | n gaming ac | ctivitie | es > | | | | |
| | 10a | Gross sales of ir | nvent | ory, less | | | | | | |
| | | returns and allowan | ces | | 10a | | | | | |
| | b | Less: cost of goods | sold | | 10b | | | | | |
| | С | Net income or (loss) | | | | ory ▶ | | | | |
| <u>s</u> | | | | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | |
| scellaneo Revenue | b | | | | | | | | | |
| elle Ve | c | | | | | | | | | |
| SC R | d | All other revenue | | | | | | | | |
| Σ | | Total. Add lines 11a | a–11c | | | • | | | | |
| | 12 | Total revenue. See | | | | | 1,682,243. | 52,459. | 0. | 0. |

Form 990 (2021) Page **10** 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 expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses Program service expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 187,760. 187,760. 0. 0. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 540,901. 455,552. 32,542. 52,807. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 28,661. 25,027. 1,619. 2,015. Other employee benefits 1,927. 47,927. 9 53,018. 3,164. 10 Payroll taxes 46,603. 41,018. 2,154. 3,431. Fees for services (nonemployees): 11 343,662. 343,662. 0. 0. 0. Legal 6,927. 3,300. 3,627. Accounting 36,807. 7,500. 29,307. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 2,245. 0. 2,245. 0. 13 Office expenses 3,322. 474. 2,848. 0. 14 Information technology 11,636. 300. 11,336. 0. 15 Occupancy 38,067. 3,220. 34,847. 16 0. 13,959. 13,959. 0. 17 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings . 2,533. 2,533. 0. 2,239. 2,239. 0. 0. 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 23 4,199. 1,421. 2,778. 0. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column

2,136.

18,594.

28,211.

84,494.

1,464,311.

8,337.

(A), amount, list line 24e expenses on Schedule O.) Payroll Service Fees

Translation & Interpretation

Printing Publication

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

c Database Licensing

All other expenses

25

1,904.

18,594.

28,211.

26,528.

1,212,871.

3,981.

88.

0.

0.

0.

33,108.

160,665.

144.

4,356.

24,858.

90,775.

0.

0.

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | tx | | <u> </u> |
|-----------------------------|----------|---|---------------------------------|----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 3,379,684. | 1 | 1,186,219. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 478,222. | 4 | 699,002. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | | 6 | |
|)ts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| A | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | _ | basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 6,640. | 14 | 14 460 |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 14,462. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 3,864,546. | 16 | |
| | 17 | ' ' | 36,613. | 17 18 | 120,873. |
| | 18 19 | Grants payable | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| " | 22 | Loans and other payables to any current or former officer, director, | | 21 | |
| tie | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| bili | | controlled entity or family member of any of these persons | | 22 | |
| Liabilities | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 4,510. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | 2,262,545. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 2,303,668. | | 120,873. |
| Ş | | Organizations that follow FASB ASC 958, check here ▶ 🔀 | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 308,997. | 27 | 727,219. |
| I B | 28 | Net assets with donor restrictions | 1,251,881. | 28 | 1,051,591. |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33. | | | |
| o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ≯t A | 32 | Total net assets or fund balances | 1,560,878. | 32 | 1,778,810. |
| ž | 33 | Total liabilities and net assets/fund balances | 3,864,546. | 33 | 1,899,683. |
| | | | | | |

Form 990 (2021) Page **12**

| Part | XI Reconciliation of Net Assets | | | - | |
|------|---|---------|-------|------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,68 | 32,2 | 43. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,46 | 54,3 | 11. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 21 | 17,9 | 32. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,56 | 50,8 | 78. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | В | | | |
| 9 | cure changes in the decete of family balances (explain on confederation). | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | | 0 | 1,7 | 78,8 | 10. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explanation of schedule O. | ain o | on | | |
| | | | | | |
| 2a | | | 2a | × | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compi | iled (| 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 | | × |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: | on on | a | | |
| | | | | | |
| С | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs | iaht a | of | | |
| C | the audit, review, or compilation of its financial statements and selection of an independent accountant | | OI 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, expl | | | × | |
| | Schedule O. | iaiii U | " | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | in th | | | |
| Ja | Single Audit Act and OMB Circular A-133? | | 3a | | × |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | ao th | | | |
| ~ | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit | | 3b | | |
| | · · · · · · · · · · · · · · · · · · · | | - 0.0 | | (0004) |

REV 05/24/22 PRO Form **990** (2021)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 1 (continued)

Continuation Statement

Description

institutions and development agencies accountable to their human rights and environmental responsibilities and work to promote a more just and equitable global economy.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description agreements on water, education, compensation, livelihoods, and security and human rights. As part of agreements reached, an independent expert conducted a compensation audit and livelihoods analysis, making findings that validated community claims and strong remediation recommendations the company has agreed to honor. -----Supporting Guinean communities to voice their demands in mediations with Compagnie de Bauxite de Guinée (CBG) and beginning to secure redress for harms from dynamite blasting and destruction of water sources. Our extensive advocacy with CBG's owners Rio Tinto and Alcoa and major car brands that source from the mine has led to a change in CBG's conduct. -----Co-launching and co-leading the #StopEACOP campaign to stop the disastrous East African Crude Oil Pipeline (EACOP) project. Costs of the project skyrocketed as 15 major commercial banks and 7 insurers and reinsurers agreed to steer clear, along with export credit agencies and development finance institutions. Hundreds of CSOs and thousands of individuals supported this vibrant campaign with public mobilizations, legal actions, research, shareholder activism, and media advocacy. -----Supporting plaintiffs representing seven hundred Cambodian farming families in Asia's first transboundary class action lawsuit against sugar giant Mitr Phol for its complicity in their forcible displacement in 2008-2009 and ongoing refusal to provide remedy or compensation. We also filed a successful petition in the Northern District of Georgia, under the U.S. Foreign Legal Assistance Statute, asking the U.S. Court to help the plaintiffs obtain evidence from Coca-Cola, a former customer of Mitr Phol, to assist the litigation in Thailand. -----Starting formal mediation process with Avesoro Resources, creating a vital opportunity for affected Liberian communities to seek redress for the terrible impacts suffered as a result of the New Liberty gold mine project. -----Supporting the Samin Indigenous peoples in filing a complaint against HeidelbergCement with the German National Contact for Responsible Business Conduct, resulting in the company agreeing to pause development of a proposed limestone mine and cement factory that threatens their sacred karsts, livelihoods and water resources, whilst mediations are pending. -----Holding IFC accountable for its role in financing the Philippines' coal boom due to

industry worldwide.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description

its irresponsible financial intermediary lending practices. In 2017, we worked with the Philippine Movement for Climate Justice to file a complaint on behalf of 19 coal affected communities to the International Finance Corporation's Compliance Advisor Ombudsman. The CAO completed its investigation in 2021 and the subsequent report includes several significant recommendations for remedial action to address the local environmental and social impacts of coal plants. -----Supporting communities downstream of the proposed Dairi Prima Mineral's zinc and lead mine in North Sumatra and tailings dam to understand the catastrophic risks of the mine and to advocate for it to be stopped. Our advocacy alongside communities at risk from a collapse of the proposed tailings dam so far helped stall the government in granting an environmental permit, slowing development of the mine while more environmental analysis is conducted. -----Distributing ANZ bank's compensation settlement to 1,096 families displaced by a former client. Each family received an amount greater than the Cambodian median annual household income, and communities set aside 3% to capitalize development projects. Because of our work, ANZ became the first commercial bank to adopt a human rights complaints mechanism giving other communities a path to justice. On both fronts, the case set an important human rights precedent for the banking

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

Description

projects, and since 2020 have published quarterly newsletters focusing on emerging issues in the global China space. In 2021, we produced new private briefings on the Asian Infrastructure Investment Bank for civil society stakeholders, as well as public pieces related to China's global investment footprint.

Inclusive Development International also supported the development of the People's Map of Global China, a collaborative platform for tracking China's international activities, which launched in 2021. The project sources content from civil society organizations, researchers, journalists and academics from around the world, producing profiles on China's bilateral relationships with various countries as well as profiles on specific development projects.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description

development and reform processes, including strengthening accountability at the

International Finance Corporation by contributing extensively to a new Compliance Advisor

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description

Ombudsman policy which was adopted by the World Bank Group on July 1, 2021.

.

In addition, we submitted detailed comments and engaged directly with Asian

Infrastructure Investment Bank (AIIB) and their partners to inform and influence the

development AIIB's new Environmental and Social Framework, which expands the bank's role

in reviewing and approving-or excluding-the highest-risk projects from financial

intermediary portfolios and adds important requirements for clients to develop

environmental and social managment systems.

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And we contributed to the stakeholder working group that helped ANZ bank develop a new human rights grievance mechanism, which gives communities harmed by the bank's projects access to remedy - a first for the commercial banking sector.

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 20**21**

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection**

Employer identification number Name of the organization Inclusive Development International 82-2413310 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 4,301. 1,182,970. 1,922,728. 1,304,559. 1,629,784. 6,044,342. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 4,301. 1,182,970. 1,922,728. 1,304,559. 1,629,784. 6,044,342. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 6,044,342. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 4,301. 1,182,970. 1,922,728. 1,304,559. 1,629,784. 6,044,342. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 6,044,342. Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2020 Schedule A, Part II, line 14 15 % 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

| Secti | on A. Public Support | | | , i | • | , | _ |
|------------|--|------------|-----------------|-----------------|------------|-----------------|-------------|
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| _ | , | | | | | | |
| 8 | Add lines 7a and 7b | | | | | | |
| O | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | (a) 2011 | (6) 2010 | (0) 2010 | (a) 2020 | (6) 2021 | (i) Total |
| 10a | Gross income from interest, dividends, | | | | | | |
| ·ou | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 4.4 | and 12.) | | - finat - : | Alebaci E. U | an fifth 1 | | - F04/-\/0\ |
| 14 | First 5 years. If the Form 990 is for the organization, check this box and stop her | • | | | - | | . , . , |
| Cooti | on C. Computation of Public Suppor | | | | | | – 📙 |
| <u> 15</u> | Public support percentage for 2021 (line 8 | | | 13 column (f) | | 15 | % |
| 16 | Public support percentage from 2020 Sch | | | | | | |
| | on D. Computation of Investment Inc | come Perce | ntage | | | 10 | 70 |
| 17 | Investment income percentage for 2021 (I | | | ov line 13 colu | ımn (fl) | 17 | % |
| 18 | Investment income percentage from 2020 (investment income percentage from 2020) | | | - | . ,, | | |
| 19a | 33 ¹ / ₃ % support tests—2021. If the organi | | | | | | |
| ısa | 17 is not more than 33 ¹ / ₃ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests—2020. If the organiz | _ | _ | - | | - | _ |
| ~ | line 18 is not more than 331/3%, check this b | | | | | | |
| 20 | Private foundation. If the organization die | _ | = | • | - | | _ |

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.)

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| | on A. All Supporting Organizations | | Yes | No |
|-----|---|-----|-----|-----|
| 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. | 1 | 100 | 110 |
| 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). | 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. | 3a | | |
| 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. | 3b | | |
| С | 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. | 3c | | |
| 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. | 4a | | |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5а | 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). | 5a | | |
| 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? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 6 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 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. | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | |
| 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. | 10a | | |

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.)

| Part I | Supporting Organizations (continued) | | | |
|-------------|--|-------|--------|--------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Section | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | netru | ctions | 2) |
| a b c | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (| | struct | ions). |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| L | · | Zd | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | Oh | | |
| 2 | | 2b | | |
| | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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 . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 3b | | |

| | | | | • |
|------|--|--------|---------------------------|-------------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | izations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g tru | st on Nov. 20, 1970 (expl | ain in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organ | nizat | ions must complete Sect | ions A through E. |
| Sect | ion A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| _ 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | 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-functional (see instructions) | ally i | ntegrated Type III suppor | rting organization |

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Section E—Distribution Allocations (see instructions) **Distributable Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 **a** From 2016 From 2017 **c** From 2018 **d** From 2019 **e** From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: Excess from 2017 . . . Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . .

Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

2021

Inclusive Development International 82-2413310 Organization type (check one): Filers of: Section: Form 990 or 990-EZ × 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

Inclusive Development International

Employer identification number 82-2413310

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 | 11th Hour Project 555 Bryant Street, Suite 370 Palo Alto CA 94301 | \$425,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Bread for the World Caroline-Michaelis-Str. 1 110115 Berlin, GM | \$107,922. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Heinrich Boell Stiftung 32/4 Soi Sukhumvit 53 Wattana Bangkok, TH | \$ 57,050. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Mott Foundation 503 S Saginaw Street Ste 1200 Flint MI 485021851 | \$ 200,000. | Person X Payroll |
| (a) | | | |
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | (b) Name, address, and ZIP + 4 Open Society Foundations 224 West 57th Street New York NY 10019 | (c) Total contributions \$ 130,000. | (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | Name, address, and ZIP + 4 Open Society Foundations 224 West 57th Street | Total contributions | Person X Payroll Noncash (Complete Part II for |

Name of organization

Inclusive Development International

82-2413310

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 |
|------------------|---|--------------------------------------|--|
| 7 | Planet Wheeler PO Box 1366 | \$ 120,000. | 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 |
| 8 | Radiata Foundation GPO Box 1236 | \$75,523 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | Rockefeller Brothers Fund 475 Riverside Drive Ste 900 New York NY 10015 | \$ 100,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | (c) Total contributions \$ 173,767. | |
| No. | Name, address, and ZIP + 4 Sigrid Rausing Trust | Total contributions | Person Payroll Noncash Complete Part II for |
| No. | Name, address, and ZIP + 4 Sigrid Rausing Trust 12 Penzance Place (b) | \$ 173,767. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 10 (a) No. | Name, address, and ZIP + 4 Sigrid Rausing Trust 12 Penzance Place (b) Name, address, and ZIP + 4 Trust for Mutual Understanding 1 Rockefeller Plaza , Room 2500 | \$ 173,767. (c) Total contributions | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

Schedule B (Form 990) (2021)

Name of organization

Inclusive Development International

Employer identification number 82-2413310

| Part I | Contributors (| (see instructions). | Use duplicate co | pies of Part I | if additional s | pace is needed. |
|--------|----------------|---------------------|------------------|----------------|-----------------|-----------------|
|--------|----------------|---------------------|------------------|----------------|-----------------|-----------------|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 (a) | Wellspring 10 Times Square, Suite 1600 New York NY 10018 (b) | \$200,000. | Person X Payroll |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 14 | Oxfam Novib Mauritskade 92514 HD | \$ 6,927. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 15 | Israelson Family Foundation, Inc. 409 Washington Ave Ste 900 Towson MD 212044906 | \$ 10,000. | 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.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

Schedule B (Form 990) (2021)

Name of organization

Inclusive Development International

82-2413310

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

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

Schedule B (Form 990) (2021)

Employer identification number

Inclusive Development International 82-2413310 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held `from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name o | f the organization | | Employer identification number |
|--------|--|---|--|
| Inc | lusive Development International | | 82-2413310 |
| Par | | sed Funds or Other Similar Fund | ls or Accounts. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 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 a funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, an | | |
| | only for charitable purposes and not for the benefit | | |
| | conferring impermissible private benefit? | | · · · · · □ Yes □ No |
| Par | Conservation Easements. | | |
| | Complete if the organization answered " | Yes" on Form 990. Part IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the o | | |
| - | Preservation of land for public use (for example, recrea | = : : : : : : : : : : : : : : : : : : : | f a historically important land area |
| | Protection of natural habitat | • | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hel | d a qualified conservation contribution | n in the form of a conservation |
| | easement on the last day of the tax year. | • | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | |
| C | Number of conservation easements on a certified hi | | |
| d | Number of conservation easements included in (| | |
| | | | · 2d |
| 3 | Number of conservation easements modified, trans | ferred, released, extinguished, or term | |
| | tax year ► | , , , , | , |
| 4 | Number of states where property subject to conserv | /ation easement is located ▶ | |
| 5 | Does the organization have a written policy rega | | ection, handling of |
| | violations, and enforcement of the conservation eas | ements it holds? | · · · · · |
| 6 | Staff and volunteer hours devoted to monitoring, inspec- | ting, handling of violations, and enforcing | conservation easements during the year |
| | • | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | g, handling of violations, and enforcing o | conservation easements during the year |
| | ▶ \$ | , , | 3 , |
| 8 | Does each conservation easement reported on line 2 | 2(d) above satisfy the requirements of s | section 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | · · · · · · □ Yes □ No |
| 9 | In Part XIII, describe how the organization reports co | | |
| | balance sheet, and include, if applicable, the text of | | ncial statements that describes the |
| | organization's accounting for conservation easemer | nts. | |
| Part | III Organizations Maintaining Collections | of Art, Historical Treasures, or 0 | Other Similar Assets. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASI | B ASC 958, not to report in its revenu | e statement and balance sheet works |
| | of art, historical treasures, or other similar assets | held for public exhibition, education, | or research in furtherance of public |
| | service, provide in Part XIII the text of the footnote to | o its financial statements that describe | es these items. |
| b | If the organization elected, as permitted under FAS | | |
| | art, historical treasures, or other similar assets held provide the following amounts relating to these item | s: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | • \$ |
| 2 | If the organization received or held works of art, | historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under FA | SB ASC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X | | ▶ \$ |
| b | Assets included in Form 990, Part X | | > \$ |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a | Part | Organizations Maintaining (| Collections of A | Art, His | torical T | reasures, | or Ot | her Similar As | sets (con | tinued) |
|--|--------|---|---------------------|-------------|-------------|----------------|-----------|----------------------|--------------|-----------|
| b | 3 | | ccession, and otl | her recor | ds, chec | k any of the | e follow | ving that make s | ignificant u | se of its |
| b Scholarly research e Other | а | ☐ Public exhibition | | d | Loan 🗎 | or exchange | e progr | am | | |
| c | b | ☐ Scholarly research | | | | | | | | |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | С | Preservation for future generations | | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance | 4 | Provide a description of the organization | on's collections a | and expla | ain how tl | hey further | the org | anization's exen | npt purpos | e in Part |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 5 | | solicit or receive | donation | s of art | historical tr | easure | s or other simila | ır | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? | | assets to be sold to raise funds rather t | than to be mainta | | | | | | | ☐ No |
| 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Seginning balance | Part | | • | | | | | | | |
| included on Form 990, Part X? | | 990, Part X, line 21. | | | | | | | | orm |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount | 1a | | | | | | | | ot | |
| c Beginning balance | | | | | | | | | ☐ Yes | ☐ No |
| c Beginning balance | b | If "Yes," explain the arrangement in Pa | rt XIII and comple | ete the fo | llowing ta | able: | | _ | | |
| d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | | | | | | | | Aı | mount | |
| Ending balance Tending bal | С | Beginning balance | | | | | 1c | | | |
| f Ending balance . | d | Additions during the year | | | | | 1d | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | е | Distributions during the year | | | | | 1e | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back losses (d) Three years back (e) Four years back losses (d) Grants or scholarships (e) Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) Frior year losses (g) Frior year (e) Two years back (d) Three years back (e) Four | f | Ending balance | | | | | 1f | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions | 2a | Did the organization include an amount | t on Form 990, Pa | art X, line | 21, for e | scrow or cu | ustodia | account liability | ? 🗌 Yes | ☐ No |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions | b | If "Yes," explain the arrangement in Pa | rt XIII. Check here | e if the ex | kplanation | n has been | provide | ed on Part XIII . | | |
| 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | Part | V Endowment Funds. | | | | | - | | | |
| Beginning of year balance | | Complete if the organization | answered "Yes' | on For | m 990, F | Part IV, line | e 10. | | | |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 4 Described in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. B Buildings C Leasehold improvements G Leasehold improvements G L | | | (a) Current year | (b) Prid | or year | (c) Two year | s back | (d) Three years back | (e) Four ye | ars back |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 4 Described in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. B Buildings C Leasehold improvements G Leasehold improvements G L | 1a | Beginning of year balance | | | | | | | | |
| d Grants or scholarships | b | Contributions | | | | | | | | |
| e Other expenditures for facilities and programs | С | | | | | | | | | |
| e Other expenditures for facilities and programs | d | Grants or scholarships | | | | | | | | |
| f Administrative expenses . g End of year balance | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| f Administrative expenses | • | | | | | | | | | |
| g End of year balance | f | - | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| a Board designated or quasi-endowment b Permanent endowment | | · - | o current veer on | d balana | o (lino 1a | column (a |)) bold (| 201 | | |
| b Permanent endowment | | · · · · · · · · · · · · · · · · · · · | - | | e (iiile 19 | , coluitiii (a |)) Held (| a5. | | |
| c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | a b | | | 70 | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | D | | ⁷⁰ | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations | C | |) | 200/ | | | | | | |
| organization by: (i) Unrelated organizations . | 20 | | • | | antion the | مامط معم | ممط مط | ministered for th | • | |
| (i) Unrelated organizations | Sa | | possession of th | e organi. | zauon ina | at are neid | and ad | ministered for th | | |
| (ii) Related organizations | | - | | | | | | | | es No |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (e) Buildings | | ., | | | | | | | | |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings | _ | • • | | | | | | | | |
| Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) | _ | | - | | | | | | 3b | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings | | | | n's endo | wment fu | unds. | | | | |
| Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (h) Cost or other basis (other) (ot | Part | | | , | | 5 N / . P | | 0 | D. LV P. | 40 |
| 1a Land (investment) (other) depreciation b Buildings (investment) (| | | | | | | | | | |
| b Buildings | | Description of property | '' | | · , | | | I | (d) Book v | alue |
| b Buildings | 1a | Land | | | | | | | | |
| c Leasehold improvements d Equipment | _ | | | | | | | | | |
| d Equipment | | 3 | | | | | | | | |
| e Other | | | | | | | | | | |
| | | | | | | | | | | |
| | | | ust equal Form 99 | 90, Part) | K, column | (B), line 10 |)c.) | • | | |

 $\mathsf{B}\mathsf{A}\mathsf{A}$

| Part VII | Investments – Other Securities. | | | |
|----------------|--|----------------------|------------------------|--|
| - | Complete if the organization answered "Yes" on For | rm 990, Part IV, lin | e 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | | od of valuation: of-year market value |
| (1) Financial | derivatives | | | |
| | neld equity interests | | | |
| (3) Other | · · · | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . | | | |
| Part VIII | Investments – Program Related. | 000 D. I.IV. I'. | . 44 . 0 | 000 D. IV II. 40 |
| | Complete if the organization answered "Yes" on For | 1 | | |
| | (a) Description of investment | (b) Book value | | od of valuation: of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| <u>(7)</u> | | | | |
| (8) (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) . | | | |
| Part IX | Other Assets. | 1 | | |
| | Complete if the organization answered "Yes" on For | rm 990, Part IV, lin | e 11d. See Form | 990, Part X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) Other | | | | 14,462. |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| _(7) | | | | |
| (8) | | | | |
| (9) | (1) 15 000 D 11 (D) (1 45) | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | | 14,462. |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on For | rm 990, Part IV, lin | e 11e or 11f. See | Form 990, Part X, |
| 1. | line 25. (a) Description of liability | | | (h) Daalaaska |
| | | | | (b) Book value |
| (1) Federal in | | | | |
| | y Liability | | | 0. |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 0. |
| | r uncertain tax positions. In Part XIII, provide the text of the footn | | n's financial statemer | |
| | s liability for uncertain tax positions under FASB ASC 740. Check | | | |

| Part | XI Reconciliation of Revenue per Audited Financial Stateme | ents | With Revenue per | Retu | rn. |
|---------------------|---|------------|------------------|---------------------|-----------------------|
| | Complete if the organization answered "Yes" on Form 990, F | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | • | |
| | Net unrealized gains (losses) on investments | 2a | | | |
| a b | Donated services and use of facilities | 2b | | | |
| | | | | - | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | - | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | · · | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | _ | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | |
| Part | | | | er Ret | turn. |
| | Complete if the organization answered "Yes" on Form 990, F | Part I | V, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| _ | Other (Describe in Part XIII.) | 4b | | | |
| D | | | | | |
| b | | | | 4c | |
| С | Add lines 4a and 4b | | | 4c | |
| с 5 | Add lines 4a and 4b | | | 4c 5 | |
| c 5 Part | Add lines 4a and 4b | e 18.) | <u> </u> | 5 | V line 4: Part X line |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |
| 5 Part Provid | Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1a | e 18.) | | 5 o; Part | |

| Schedule D (Fo | orm 990) 2021 | Page \$ |
|----------------|--------------------------------------|---------|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE O (Form 990)

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.

2021

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

82-2413310 Inclusive Development International Pt VI, Line 11b: The tax return is prepared by an external CPA. Pt VI, Line 11b: The finance committee of the board is sent a draft of the Pt VI, Line 11b: tax return to be reviewed and examined. Members of the Pt VI, Line 11b: committee at that time can review and, if applicable, Pt VI, Line 11b: discuss any line items in the return with the accountant Pt VI, Line 11b: who has prepared the return. If all items are found Pt VI, Line 11b: acceptable, the treasurer authorizes the external CPA to Pt VI, Line 11b: file the return electronically with the designated Pt VI, Line 11b: government agency by providing the external CPA a signed Pt VI, Line 11b: Form 8879, E-File Authorization. Pt VI, Line 12c: The conflict of interest policy statement is reviewed and Pt VI, Line 12c: signed annually. Pt VI, Line 15a: The Executive Director and Legal Director's compensation is set by the Compensation Committee of the Board of Directors Pt VI, Line 15a: (consisting of three Board members, not including the President, who is the Executive Director). Pt VI, Line 15a: Compensation is based on performance and comparability data on compensation levels paid to leaders of other organizations Pt VI, Line 15a: of a similar size, purpose, level of resources and level of The Executive Director sets compensation levels of other key employees, impact. Pt VI, Line 15a: based on performance and within an organizational compensation scale established by the Compensation Committee, which is based on comparability data. Pt VI, Line 15b: This is described in the answer to Part VI, Line 15a. Pt VI, Line 2: The CEO and a key employee are married.