# Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

20**19** 

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form **990** (2019)

Cat. No. 11282Y

A	For the	e 2019 calen	dar year, or tax year begin		, 2019, and end	ling		, 20				
В	Check if	f applicable:	C Name of organization HUN	IAN IMPACTS INSTITUTE			D Employe	er identification number				
	Address	s change	Doing business as					45-589652				
	Name c	hange	Number and street (or P.O.	box if mail is not delivered to s	treet address)	Room/suite	E Telephor	ne number				
	Initial re	iturn	312 SOUTH 3RD STREET			7	917 727-9761					
	Final ret	um/terminated	City or town, state or provin	ce, country, and ZIP or foreign	postal code	M	110000000000000000000000000000000000000					
П	Amende	ed return	BROOKLYN, NY 11211				G Gross re	ceipts \$				
	Applicat	tion pending	F Name and address of princip	oal officer:		H(a) is this	·····	ubordinates? Yes V No				
mmm								included? Yes No				
1	Tax-exe	empt status:	501(c)(3) 501(c)	( ) ◀ (insert no.)	4947(a)(1) or 527			(see instructions)				
J	************		manimpactsinstitute.org			www.www.ww	p exemption nu					
K	***************************************	***************************************	Corporation Trust As	sociation ☐ Other ▶	L Year of for	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del>	legal domicile: NY				
1000000	art I	Summa	***************************************		a real or for	rriduca).	MI State Of	regal domene.				
200-AN	1	***************************************	cribe the organization's	miceian ar maet cianific	ant antivition. TUC	LI IBAAN IBADAC	TO INICTITUE	TE IS A TUINIV AND				
0	*	DO TANK	TO HOLLIO	ON IN THEIR OVAL								
anc	***************************************	DO TANK WHOSE MISSION IS TO INSPIRE DIVERSE PEOPLE TO TAKE ENVIRONMENTAL AND SOCIAL ACTION IN THEIR OWN, IMPACTFUL WAY.										
E	2		box ▶ ☐ if the organiza	dian dianantia and its an			**************************************					
20	3	Nicombar at	in 25% of it									
O or	4	Number of	voting members of the	Joverning body (Part VI,	ine (a)		. 3	10				
Activities & Governance	5	Total number of	independent voting mer	(b)	. 4	10						
-5	6	Total numi	per of individuals employ	ed in calendar year 2011	9 (Part V, line 2a)		. 5	1				
Ç		Total numi	per of volunteers (estima	te if necessary)		* * * * 1	pp.sssss	60				
*	7a		ated business revenue fr	* * * *	. 7a							
************	b	Net unrela	ted business taxable inco	ome from Form 990-T, li	ne 39		. 7b					
	0	Combribustia		ear	Current Year							
Revenue	8		ons and grants (Part VIII,			***************************************	84614	105730				
Ver	9		Program service revenue (Part VIII, line 2g)									
8	10	investmen	I Income (Part VIII, colum		·							
	11	Other reve	nue (Part VIII, column (A)		9667							
**********	12	l otal reven	ue-add lines 8 through	11 (must equal Part VIII, o	column (A), line 12)	***************************************	94281	105730				
	13	Grants and	similar amounts paid (P									
	14		aid to or for members (Pa			***************************************						
60	15		her compensation, emplo		43986	49514						
Expenses	16a		al fundraising fees (Part I		* * * * *							
Ď.	b		alsing expenses (Part IX,		************************	Property.	45	And the second				
w	17	Other expe	nses (Part IX, column (A)	), lines 11a-11d, 11f-24d	e) , , ,		36581	61000				
	18	Total expe	nses. Add lines 13-17 (m	iust equal Part IX, colum	nn (A), line 25) .		80567	110514				
	19	Revenue le	ss expenses. Subtract li	ne 18 from line 12			13714	-4784				
Assets or f Balances						Beginning of Co	urrent Year	End of Year				
iset.	20		s (Part X, line 16)	* * * * * * * *			64843	58563				
7 P	21	Total liabili	ties (Part X, line 26)	* * * * * * * *			4201	2705				
2.5		Net assets	or fund balances. Subtra	act line 21 from line 20			60642	55858				
Pi	art II	Signatu	re Block				***************************************					
Un	der pena	lities of perjury	I declare that I have examined	this return, including accompa	inying schedules and st	atements, and to	the best of my	knowledge and belief, it is				
tru	e, correc	t, and complet	e. Declaration of preparer (other	than officer) is based on all inf	ormation of which prep	arer has any know	ledge.					
		Land	N 10/10				5-1422	0				
Sig	gn	/ Signati	ure of afficer			Da	ate					
He	re		TARA DEPORTE	GRECA DIETECTO	Sf							
		Type o	r print name and title	·	**************************************							
Pa	ы	Print/Type	preparer's name	Preparer's signature		Date	Check ✓	if PTIN				
	iu epare	EMIL GO	MEZ	Mund Alm		5-14-20	self-employ					
	e Onl	\$ 9001	ne FMIL GOMEZ, CPA	on on the filling and decimally and the annual learness of the second		Fire	π's EIN ▶					
US	e VIII	Firm's add	ress ▶ 2365 LORILLARD P	LACE APT. 8 BRONX, NY	10458	·	one no.					
Ma	y the IF	***************************************	his return with the prepa					. Ves No				

For Paperwork Reduction Act Notice, see the separate instructions.

art III	Statement of Program Service Accomplishments	
artiii	Check if Schedule O contains a response or note to any line in this Part III	<u>D</u>
Т	Briefly describe the organization's mission: THE HUMAN IMPACTS INSTITUTE IS A THINK-AND-DO TANK WHOSE MISSION IS TO INSPIRE DIVERSE PEOPLE TO TAKE ENVIRONMENTAL AND SOCIAL ACTION IN THEIR OWN, IMPACTFUL WAY.	**************************************
p If	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es 🗹 No
S	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🗹 No
6	Describe the organization's program service accomplishments for each of its three largest program services, as mexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	neasured by as to others
1	(Code: ) (Expenses \$ 13339 including grants of \$ ) (Revenue \$ 1' WORKSHOPS - INTERNSHIPS, YOUTH LEADERSHIP INTENSIVES, TREE CARE TUESDAYS, ENVIRONMENTAL WORKSHOP ACCOMPLISHMENTS: 90 EVENTS HELD; 802 EDUCATIONAL HOURS PROVIDED; 6033 EDUCATION PARTICIPANTS; 13 - AN AGE OF PARTICIPANTS NUMBER OF PLANTS STEWARDED: 120	7652 ) PS VERAGE
*	(Code: ) (Expenses \$ 3737 including grants of \$ ) (Revenue \$ EVENTS - HUMAN IMPACT SALONS AND HUMAN IMPACT HOURS ACCOMPLISHMENTS: 18 EVENTS HELD; 517 EDUCATIONAL HOURS PROVIDED; 4021 EDUCATION PARTICIPANTS; 25 - A AGE OF PARTICIPANTS	2299 ) VERAGE
4c	(Code: ) (Expenses \$ 57804 including grants of \$ ) (Revenue \$ EXHIBITS - CREATIVE CLIMATE AWARDS; HUMAN IMPACTS STORIES  ACCOMPLISHMENTS - 10 EVENTS HELD; 1319 EDUCATIONAL HOURS PROVIDED; 10055 EDUCATION PARTICIPANTS; 25 - AVERAGE AGE OF PARTICIPANTS	39402)
		~~~
	Other program services (Describe on Schedule O.)	

Part I	V Checklist of Required Schedules		Yes	No
	The state of the s		169	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	1	
9	complete Schedule A	2	1	*****************
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		<b>V</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>V</b>
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>V</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		
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, VII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
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		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		1
12a	Schedule D. Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	208		<b>/</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20t		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

art I\	-		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
3	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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
4a	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		1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c 24d		1
d 5a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		/
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	
7	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		
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	280		,
9	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1.5		
0	conservation contributions? If "Yes," complete Schedule M	30		,
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
12	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? If "Yes." complete Schedule R, Part 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 35		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	- January 1997		-
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	301	0	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	474		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	V.		
98 Par	19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	3 4	
	Official I obliquid o contains a response of fiscal cash, and a second of the cash and a second		Y	96
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	c	
	reportable gaming (gambling) winnings to prize winners?	manahamma	orm 9	

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)	TV.	s No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  2a		-13%
		2b v	/
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
	Note: If the sum of lines 1a and 2a is greater than 230, you may be required to be unrelated business gross income of \$1,000 or more during the year?	За	<b>V</b>
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		
4a	a financial account in a foreign country (such as a bank account, securities account, or other limancial account,	4a	1
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).		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year.	5a sh	+-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5b 5c	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 00	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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	6b	0.000
	gifts were not tax deductible?	OD	
7	Organizations that may receive deductible contributions under section 170(c).	100	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
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	1
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 7h	7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	///	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	1
9	Sponsoring organizations maintaining donor advised funds.	2-	1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	36	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		
a	Initiation fees and capital contributions included on Part VIII, line 12		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources	T.J	
	against amounts due or received from them.)	40-	
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 recover or document of tax-exempt interest recover or document or o		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	T all	alf a
	- 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	
	If "Yes," see instructions and file Form 4720, Schedule N.	40	
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.	For	990 (2019

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 throu response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Check if Schedule O contains a response or note to any line in this Part VI	Scriedule O. Si	CC 1119	er www.	Orio.
Sectio	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 1a	10	344		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or und supervision of officers, directors, trustees, or key employees to a management company or other	person . L	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 99	occets?	5		7
5	Did the organization become aware during the year of a significant diversion of the organization's	assets :	6		7
6 7a	Did the organization have members or stockholders?	t or appoint	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?	) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:	aken during			
а	The governing body?	* * * *	8a	4	
b	Each committee with authority to act on behalf of the governing body?		8b	<b>✓</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	ada l	1
Secti	on B. Policies (This Section B requests information about policies not required by the In	ternai neverii	Je U	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?		10a		1
10a	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters.			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided and the organization provided a complete copy of this Form 990 to all members of its governing body before for the organization provided and the organization provided a complete copy of the organization provided and the organization provid	ourposes?	10b 11a	1	······
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
b	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this was done.	cy? If "Yes,"	12c	<b>4</b>	
13	Did the organization have a written whistleblower policy?		13	<b>V</b>	
14	Did the organization have a written document retention and destruction policy?		14	4	
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation at	ind decision?			
а	The organization's CEO, Executive Director, or top management official		15a 15b	1	-
b	Other officers or key employees of the organization		130		
16a	with a taxable entity during the year?	* * * *	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	sareguard the	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NEW YORK				po po
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that a Own website Another's website Upon request Other (explain on Sche	ppiy. edule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.				policy
20	State the name, address, and telephone number of the person who possesses the organization' TARA DEPORTE 312 SOUTH 3RD STREET #7 BROOKLYN, NY 11211 917 727-8761	s books and re	cord	5 📂	

## 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours	rage box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the	
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and related organizations	
(1) TARA DePORTE				garage contract				00000	10600	0	
EXECUTIVE DIRECTOR	40		ļ	<u> </u>	-	<u> </u>	ļ	36000		······································	
(2) SARANGI IYENGAR									0	0	
PRESIDENT	2			<u> </u>		<b></b>		0	V	······	
(3) DOUG SEMMES VICE-PRESIDENT						100000000000000000000000000000000000000		0	0		
(4) LISA JAYCOX											
SECRETARY	2							0	0		
(5) GEORGE WUKOSON								0	0		
TREASURER	1			-	1			<u> </u>		<u></u>	
(6) LAUREN BEEBE						-		0	0		
BOARD MEMBER	1		_	-	<del> </del>		-	<u> </u>			
(7) DAVID FLORES WILSON BOARD MEMBER								0	0		
(8) MEHRDAD MOGHADDAM											
BOARD MEMBER	1							0	C		
(9) LINDSAY SWORD					-						
BOARD MEMBER	1				-		-			•	
(10) MELISSA VILLAIN					Control of the Contro			C			
BOARD MEMBER	1		4	_			4		*		
(11) HARA WANG	, <sub>M-10</sub> , <sub>M-1</sub>		00000						1		
BOARD MEMBER	1		<u> </u>		_						
(12)		**	(Analysis in the second second		200000000000000000000000000000000000000						
(13)		*									
(14)									••••••••••••••••••••••••••••••••		

Part V	(2019)  Section A. Officers, Directors, T  (A)  Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D)  Reportable Reportable compensation from the from relater				Estimated amount of other compensation				
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	TO THE	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15)	******************************										
16)											
17)											
(18)									•		
(19)			-								
(20)	**************************************					***************************************					
(21)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~										
(22)										***************************************	
(23)	######################################										
(24)											•
(25)	************************************				•						
1b c	Subtotal	t VII, Sect	. x .		ж х	x x		* * *			
2	Total number of individuals (including bureportable compensation from the organ	ut not limit	ed to	thos	se li	ste	d abov	/e) \	who received mo	ore than \$100,00	
3	Did the organization list any former employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	Schedule	J for	suc abl	h in a co	ome ome	<i>dual</i> ensat	ion	and other comp	ensation from t	he ine
	organization and related organizations	greater	than :	\$15 	0,0	007	// "Y	es,	complete Scr	equie J for su	4 1
5	Did any person listed on line 1a receive for services rendered to the organizatio	or accrue n? If "Yes,	comp " com	ens plei	ations te S	on fi iche	om al	ny t I foi	inrelated organii r such person	zation or individi 	5 V
Secti	on R. Independent Contractors										
1	Complete this table for your five his compensation from the organization. Re	ghest comp	npens ensati	on	d in	the	calenc	nt i	contractors that year ending with	or within the org	Idinzandii a tan yaa
	(A) Name and business a		*******************************						Description of s		(C) Compensation
***************************************			www.commons.com				***************************************				
190000000000000000000000000000000000000			***************************************								
2	Total number of independent contract	tors finch	ıdina	but	nr	ot lii	mited	to	those listed ab	ove) who	

art V	Ш	Statement of Revo	enue	ina a sas	nane	e or note to an	v line in this Pa	rt VIII		C
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check if Schedule C	Conte	ans are			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512–514
	1a	Federated campaign	S		1a					
and Other Similar Amounts		Membership dues			1b					# 18 X
and Other Similar Amounts	C	Fundraising events			1c			大海()		
Ž.	d	Related organization			1d	202222222222222222222222222222222222222		10 数 16	<b>海、海、海</b>	集 等 集
<u>ē</u>	е	Government grants (			1e			<b>人民意</b> 美	<b>电影影响</b>	
E	f	All other contribution	s, gifts,	grants,						
9		and similar amounts no			1f	105730		The The The		
8	9	Noncash contributio	ns incli	uded in						
2		lines 1a-1f			19		105730			
ā	h	Total. Add lines 1a-	·1f		*	Business Code	100700			
						COSHESS COOL				
Revenue	2a	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	44 44 45 45 45 45 45 45 45 45 45 45 45 4		40 40 40 40 T					
Revenue	b	age age and any fact the state one can can part out out, out, out, out, the sail 100 100 100 100 100 100 100 100 100 10				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************		
S	d	************								
Be.	6					<b>******</b>				
	f	All other program se	ervice r	evenue	* *					
	g	Total. Add lines 2a-								
	3	Investment income	(inclu	ding divi	dends	s, interest, and				
		other similar amoun	its) .							
	4	Income from investr					***************************************	***************************************		
	5	Royalties		k + +	***************************************					B. N. S
				(i) Rea	31	(ii) Personal				
	6a	Gross rents	6a		***************************************					
	b	Less: rental expenses	**************************************					A State of		
	C	Rental income or (loss)  Net rental income of	X			<b>.</b>				
	d		JI (1033)	(i) Secur	~~~~	(ii) Other				
	7a	Gross amount from sales of assets	-		*************					
		other than inventory	1 1							
6	b	Less: cost or other basis			***************************************					
Revenue		and sales expenses .	7b	************************************						
ě l	C	Gain or (loss)	7c							
E E	d	Net gain or (loss)	* ×		· r	>				
ð	8a			draising						
0		events (not including of contributions re	3 \$	on line						
		1c). See Part IV, lin			8a					
	b				8b					
	C					<del></del>				
	9a									
	00	activities. See Part			9a					
	Ł		ses .		9b	anakammana manana m				
	(					ies 🕨				
	10a	Gross sales of								
		returns and allowa			10:	**************************************				
		Less: cost of good	is sold	anine of	10l					
	(	Net income or (los	is) irom	Sales Of	mivell	Business Code			100	
SES	44					CACON FOOD CACOO				
Dec M	11:	and the same and an experience and the same			******				·····	
scellaned Revenue		Q 	e			•	······································	12.		
Miscellaneous Revenue		d All other revenue			× ×					
Ž		e Total. Add lines 1	1a-11c	1	e e		>		100	
***************************************	12		***********	BABABBBAABBAABAABABABAABAABAABAA	*******	***************************************	<b>1</b> 057	730		

Part IX	Statement of Functiona	Expenses		
			44 4 64 41	

	Check if Schedule O contains a response of	A)	(6)	1/4/	( <b>D</b> ) Fundraising
b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	······································			
5	Compensation of current officers, directors, trustees, and key employees	46600	46600		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				00000000000000000000000000000000000000
7	Other salaries and wages				······································
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				***************************************
9	Other employee benefits				
10	Payroll taxes	2914	2914		***************************************
11	Fees for services (nonemployees):				
а	Management	(1) and (1) an			***************************************
b	Legal				
c	Accounting	2000		2000	***************************************
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		100		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10000	10000		warestern and the same of
13	Office expenses		······································		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8430	8430		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				**************************************
20	Interest				***************************************
21	Payments to affiliates				***************************************
22	Depreciation, depletion, and amortization .				
23	Insurance	3183	3183		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	OUTSIDE SERVICES	19216	19216		
b		5000		5000	
c	*** ***** * **** * **** * **** * **** *	3898	****		
d	**************************************	1050	and management and a second contraction of the second contraction of t		4
е	APP ATTACLED COLLO	8223		<del></del>	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	110514	102209	8305	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Par	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	28687	1	17081
	2	Savings and temporary cash investments		2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	3	Pledges and grants receivable, net		3	2020
	4	Accounts receivable, net	5950	4	8920
	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	856	5	1685
	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	
23	7	Notes and loans receivable, net	20070	7	30877
Assets	8	Inventories for sale or use	29350	8	JUG ( )
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
- 1 .	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	***************************************
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	***************************************
	15	Other assets. See Part IV, line 11		15	rozon
	16	Total assets. Add lines 1 through 15 (must equal line 33)	64843		58563 2705
	17	Accounts payable and accrued expenses	4201	17	2/00
	18	Grants payable		18	
	19	Deferred revenue	<b>3</b>	19	
	20	Tax-exempt bond liabilities		20	
200000000	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
9	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
993000000000000000000000000000000000000	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
990744400		of Schedule D		25	
***************************************	26	Total liabilities. Add lines 17 through 25		26	
seo		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
8	27	Net assets without donor restrictions		27	
eg	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	The Control of the		
ö	29	Capital stock or trust principal, or current funds		29	
23	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
556	31	Retained earnings, endowment, accumulated income, or other funds		31	
4	32	Total net assets or fund balances	60642		5585
2	33	Total liabilities and net assets/fund balances		33	5856 Form <b>990</b> (201

Part	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		105730
2	Total expenses (must equal Part IX, column (A), line 25)	2		110514
3	Revenue less expenses. Subtract line 2 from line 1	3		-4784
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		60642
5	Net unrealized gains (losses) on investments	5		***************************************
6	Donated services and use of facilities	6	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7	Investment expenses	7		
8	Prior period adjustments	8		·····
9	Other changes in net assets or fund balances (explain on Schedule O)	9	***************************************	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	0,000,000,000,000	5585
Zart	KII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	s		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," e Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	npiled or	2a	
h	Were the organization's financial statements audited by an independent accountant?		2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts	ant? .	ZC	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain on		
	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the	3a	1
За	Single Audit Act and OMB Circular A-133?		j	*

#### SCHEDULE A (Form 990 or 990-EZ)

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

... 20

20**19** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(E)

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 45-2589652 **HUMAN IMPACTS INSTITUTE** 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 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 3373% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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, C 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . g Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) is the organization (ii) EIN (iii) Type of organization (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-10 instructions) document? instructions) above (see instructions)) No Yes (A) (B) (C) (D)

Part I	Support Schedule for Organizat (Complete only if you checked the Part III. If the organization fails to	hox on line	5. 7. or 8 of	Part For II trie	3 Organización	lianou to que	alify under
ectio	n A. Public Support			***************************************			(f) Total
alend	lar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(I) IOIAI
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						***************************************
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			(a) 11 - 2.00 b		34 - 100/44 (1008)	<u></u>
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)						
6	Public support. Subtract line 5 from line 4						<u></u>
	on B. Total Support		410040	(-) 0017	(d) 2018	(e) 2019	(f) Total
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(0) 2010		
7	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					15 19 1	
12	Gross receipts from related activities, etc.	:. (see instruct	tions)			12	CO4(-)(O)
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		nd, third, four	in, or fifth tax )	/ear as a secu	ion 50 f(c)(5)
Sect	ion C. Computation of Public Suppo	rt Percenta	ge				***************************************
14	Public support percentage for 2019 (line	6, column (f)	divided by line	11, column (f)		15	
15 16a	Public support percentage from 2018 Sc 331/3% support test—2019. If the organ box and stop here. The organization qua	nization did no alifies as a pul	ot check the bi blicly supporte	ox on line 13, and organization	and line 14 is 3	33 <sup>1</sup> /3% or more	
b	331/3% support test - 2018. If the organithis box and stop here. The organization	ization did no qualifies as a	nt check a box a publicly supp	on line 13 or oorted organiza	16a, and line 19 ation	5 is 331/3% or	more, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	leets the "fact "facts-and-cit	ts-and-circum: rcumstances"	stances" test, test. The orga	check this box nization qualifi	and <b>stop ner</b> es as a public	e, explain in ly supported
b		2018. If the or tation meets meets the "fa	rganization did the "facts-and acts-and-circu	I not check a l J-circumstance mstances" tes	oox on line 13, es" test, check t. The organiza	16a, 16b, or this box and ation qualifies	17a, and line I <b>stop here</b> as a publicly
18	Private foundation. If the organization of	did not check	a box on line	13, 16a, 16b, 1	7a, or 17b, che	eck this box an	nd see

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

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

Section	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		37175	96343	85780	105730	376614
2	received. (Do not include any "unusual grants.") 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	51586 49136	16426	435	8603	O	74600
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					402720	451214
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	100722	53601	96778	94383	105730	P1 21 CP
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 8	Add lines 7a and 7b					10 Table 1	451214
Secti	on B. Total Support						70 T
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019 105730	(f) Total 451214
9 10a	Amounts from line 6	100722	53601	96778	94383	105/30	701217
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	100722				I	451214
14	First five years. If the Form 990 is for toganization, check this box and stop he		n's first, secor	nd, third, fourth	or fifth tax y	ear as a sectio	n 501(c)(3) · · ▶ □
Sect	tion C. Computation of Public Suppo	rt Percentag	le				400.00.01
15	Public support percentage for 2019 (line	8, column (f), o	divided by line	13, column (f))		15	100.00 % %
16	Public support percentage from 2018 Sc	hedule A, Part	III, line 15 .		4 K K K K	16	70
300000000000000000000000000000000000000	tion D. Computation of Investment Ir	ncome Perce	ntage /n ai.i.a.a	hy lina 12 coli	imo (fi)	17	0.00 %
17	Investment income percentage for ZV19 line 100, column (i), divided by into 10, dolors (ii)						%
18 19a	331/3% support tests—2019. If the orga	nization did no cand <b>stop here</b>	t check the bo . The organizat	ox on line 14, a tion qualifies as	ind line 15 is r a publicly supp	nore than 331/31 ported organizat	ion . Fig.
lb	331/a% support tests—2018. If the organ line 18 is not more than 331/3%, check this	ization did not box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more than a supported organ	33 ⅓, and hization ► [
20	Private foundation. If the organization of	did not check a	box on line 1	4, 19a, or 19b,	check this box	and see instru	ctions >

#### Part IV

**Supporting Organizations** 

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefrom, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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de detail in Part VI.		
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ated, supervised, or lorganization, lamong the supported the tax year.		
e supported "Yes," explain in <b>Part</b> ) that operated,		
	Yes	No
ajority of the directors a <b>Part VI</b> how control attrolled or managed		
	V	N-
	2	
zations have a le organization's the organization's	3	
rest during the year (see ins	ructions	ij.
ne 3 below.		
orted a government entity (see	e instructio	ons)
	Yes	No
	2a	
nvolvement, one or more " explain in <b>Part VI</b> the ngaged in these	2b	320
and observed to	1 6	
cers, directors, or	3a	
ms, and activities of each nization in this regard.		diam'r
	ifth month of the ded during the prior tax and (iii) copies of the previously provided?  ed by the supported are explain in Part VI how atted organization(s).  Test during the year (see instance) are 3 below.  In the exempt purposes of an in Part VI identify the ineir exempt purposes, organization determined anyolvement, one or more are explain in Part VI the ingaged in these coers, directors, or	ifth month of the ded during the prior tax and (iii) copies of the ded by the supported if explain in Part VI how are de organization(s).  It is a below.  In the exempt purposes of the organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the exempt purposes, organization determined in Part VI identify the ingaged in these in the exempt purposes.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ  Section A—Adjusted Net Income	ization	(A) Prior Year	(B) Current Year (optional)
Abbab badda a salah gaja	4		
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3	***************************************	
3 Other gross income (see instructions)	4	***************************************	
4 Add lines 1 through 3.	5		***************************************
5 Depreciation and depletion	+		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	***************************************	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The second second	
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	The second second	*
7 Check here if the current year is the organization's first as a non-functional instructions.	Illy inte	grated Type III suppor	rting organization (se

art \				Current Year
	on D-Distributions			
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			2113
***************************************	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.	<b>海条</b> 美		
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
Ĭ	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	100000000000000000000000000000000000000		
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b		100		
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			100000000000000000000000000000000000000

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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.)
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization
HUMAN IMPACTS INSTITUTE

## **Schedule of Contributors**

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

2019

Employer identification number

45-2589652

Organization type (check one): Section: Filers of: ) (enter number) organization ☑ 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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/s% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HUMAN IMPACTS INSTITUTE Employer identification number 45-2589652

Part I	Contributors (see instructions). Use duplicate co			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	PERMANENT MISSION OF GERMANY  871 UNITED NATIONS PLAZA  NEW YORK, NY 10017	\$ 35000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	PATAGONIA.ORG  259 W SANTA CLARA STREET  VENTURA, CA 93001	\$ 11950	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	RSF SOCIAL FINANCE  1002 O'REILLY AVENUE  SAN FRANCISCO, CA 94129	\$ 5000	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 Oncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
A 20 A 30 A 30 A 30 A		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
49, 49, 40, 41, 45, 46, 46, 46		\$	Person	

Part II	Noncash Property (see instructions). Use duplicate cop	bies of Part II if additional space	e is needed.
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
39. 60. 60. 60. 60. 60. 60.		\$	
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
<b>汽水油油水油</b>		\$	
(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
95 35 75 76 90 99 99 s		\$	

Part III

Employer identification number

Part III	Exclusively religious, charitable, etc., contributions to ore (10) that total more than \$1,000 for the year from any one the following line entry. For organizations completing Part III contributions of \$1,000 or less for the year. (Enter this inform Use duplicate copies of Part III if additional space is needed		ne total of exclusively religious, charitable, etc.,			
(a) Na	Use duplicate copies of Part III II additi					
(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				
200000000000000000000000000000000000000	Transferee's name, address, and					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift 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			
20 40 40 40 40 40 40 40 40 40 40 40 40 40	Transferee's name, address, and	(e) Transfer of gift	fer of gift  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			
10 300 00° 00° 00° 00° 00° 00° 00° 00° 00	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | Employer identification number

OMB No. 1545-0047

Open to Public Inspection

HI INAA!	N IMPACTS INSTITUTE		45-2589652
Par	Organizations Maintaining Donor Advis	sed Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered "	es" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	neld in donor advised
	funds are the organization's property, subject to the	organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, ar	id donor advisors in writing that gra	for any other nurnose
	only for charitable purposes and not for the benefit conferring impermissible private benefit?	t of the donor or donor advisor, or	Yes No
-		* 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Lange of the Control
Par	Conservation Easements. Complete if the organization answered "	Ves" on Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the o	reanization (chack all that anniv)	*
1	Preservation of land for public use (for example, recre	ation or education) Preservation	of a historically important land area
		Preservation	of a certified historic structure
	Protection of natural habitat	LLJ 1 1030(Valio)	
^	Preservation of open space  Complete lines 2a through 2d if the organization he	Id a qualified conservation contribut	ion in the form of a conservation
2	easement on the last day of the tax year.	a a quamita concentration a contract	Held at the End of the Tax Year
	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in	c) acquired after 7/25/06, and no	t on a
u	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or to	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy regulations, and enforcement of the conservation ear	arding the periodic monitoring, in sements it holds?	, , , , , LI Yes LI NO
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforce	ing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	ng conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		□ Yes □ No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	ue and expense statement and
	balance sheet, and include, if applicable, the text of	t the footnote to the organization's	inanciai statements that describes the
-	organization's accounting for conservation easeme		v Other Similar Assets
Par	Organizations Maintaining Collection Complete if the organization answered	Ves" on Form 990 Part IV line	R
-20000000000000000000000000000000000000			
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets	s hold for public exhibition, educat	ion or research in furtherance of public
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote	to its financial statements that desc	ribes these items.
	If the organization elected, as permitted under FA	SR ASC 958 to report in its revenu	e statement and balance sheet works of
b	art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or ns:	research in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • • •
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art following amounts required to be reported under F	, historical treasures, or other simi	lar assets for financial gain, provide the
а	Description of the Control of the Co		
h			

Part	III Organizations Maintaining	Collections of A	rt, Histo	rical T	reasures, o	or Oth	er Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	er record	s, check	any of the	followi	ng that make sig	ınificant us	se of its
а	☐ Public exhibition				or exchange				
b	☐ Scholarly research		e 🗸	] Other	SALES - FUN	ID RAIS	SING	***	
c	Preservation for future generations								
4	Provide a description of the organizati								in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive of than to be maintain	donations ined as pa	of art, I art of the	nistorical tre organizatio	asures n's coll	or other similar	☐ Yes	☑ No
Part	Complete if the organization 990, Part X, line 21.	ngements. answered "Yes"	on Form	1 990, F	Part IV, line	9, or r	eported an am	ount on F	orm
18	Is the organization an agent, trustee, included on Form 990, Part X?			* *		ons or	other assets no	☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the foll	owing ta	able:	f			
							AI	nount	
C	Beginning balance			v. x		1c			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
d	Additions during the year				* * * *	1d			************
е	Distributions during the year					1e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ending balance					11		n [""] \$5	[T] NI.
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liability	/ [_] Yes	U NO
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planatio	n has been p	provide	d on Part XIII .	, , , , , , , , , , , , , , , , , , ,	
DESCRIPTION OF THE PROPERTY OF	IV Endowment Funds.								
	Complete if the organization	answered "Yes	" on Forn	n 990, I	Part IV, line	10.			
***************************************		(a) Current year	(b) Prio		(c) Two years	back	(d) Three years back	(e) Four yo	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses			***************************************					
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
9	End of year balance								
2	Provide the estimated percentage of t	the current year er	nd balance	e (line 1	g, column (a)	) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment >	%							
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
За		e possession of the	he organiz	zation th	at are held	and ad	ministered for th	e	
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	organizations listed	d as requir	red on S	chedule R?			3b	
4	Describe in Part XIII the intended use	s of the organizati	on's endo	wment	funds.			***************************************	
Par	Land, Buildings, and Equip	oment.							
	Complete if the organization	n answered "Yes	" on For	m 990,	Part IV, line	11a.	See Form 990,	Part X, li	ne 10.
***************************************	Description of property	(a) Cost or o	ther basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book	
1a	Land		***************************************						
b									
	to a control of the control of the		***************************************						
C		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	***************************************	0.000000000000000000000000000000000000	
d e			***************************************					***************************************	
	I. Add lines 1a through 1e. (Column (d)	must equal Form	oon Part	X colum	n /R) line 1(	)c.) .	>	***************************************	***************************************

	Complete if the organization answered "Yes" on Form	1 330, mart IV, IIIIe	110. 000 1 01111 0001
***************************************	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financia	derivatives		
	neld equity interests		
Other			
(A)			
(B)			
(C)			
(D)	***************************************		
(E)	***************************************		
(F)	***************************************		
(G) (H)	· 1999年的高高高高高度 美国 医克克克斯 医克克克斯氏征 1999年的 1999		
stal (Coli	ımn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨		The state of the s
art VIII	Lavantananta Drogram Balatad		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)		***************************************	
<u>7)</u> (8)			
(0)		•	
(9)			
(9) Fotal. (Col	umn (b) must equal Form 990, Part X, col. (B) line 13.) .		
(9) T <mark>otal.</mark> (Col Part IX	Other Assets		Avid 0 5 - 2000 Pert V line 1
otal. (Col		m 990, Part IV, line	e 11d. See Form 990, Part X, line 1
otal. (Col	Other Assets	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1
otal. (Col Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1 (b) Book value
otal. (Col Part IX	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	a 11d. See Form 990, Part X, line 19 (b) Book value
otal. (Col Part IX (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1:
otal. (Col Part IX (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1 (b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1 (b) Book value
(1) (2) (3) (4) (6)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 1 (b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	a 11d. See Form 990, Part X, line 15 (b) Book value
otal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 19 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on For		e 11d. See Form 990, Part X, line 19 (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on For  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Fo		(b) Book value
otal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization answered "Yes" on For (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
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otal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization answered "Yes" on For  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Foline 25.		e 11e or 11f. See Form 990, Part X
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otal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on For (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.  (a) Description of liability	rm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X

			ue per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
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:			
а	Net unrealized gains (losses) on investments		***************************************	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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	48		
b	Other (Describe in Part XIII.)	4b	40	
C	Add lines 4a and 4b	401	40	***************************************
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	(2.)	nces per Beturn	***************************************
Part	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,	Part IV. line 12a.	11303 per rioterin	
	Total expenses and losses per audited financial statements			
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<del></del>
2	Donated services and use of facilities	2a		
a	Prior year adjustments	2b		
b	Other losses	2c		
C	Other (Describe in Part XIII.)	2d		
d e	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		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b	+ + + + + + +	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ie 18.)	5	
Part	XIII Supplemental Information.			
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any ad	ditional information.	
	( XI, IIIes 20 and 45, and Fart XII, IIIos 20 and 45. 750 composition part			
	( XI, lines 20 and 45, and Fart XII, lines 20 and 40. Face and 40.			
	( XI, IIIIes 20 and 40, and Fart XII, IIIIos 20 and 40. Face and 40. F			
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	( X, mes zu and 4), and rarr XII, mes zu and 40. 100 composition of the composition of th			

Schedule D (Fo	Little matter (continued)	
Part XIII	Supplemental Information (continued)	
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	<b>建设数据的电流发展,然后从在原理建设建设设施的设计的设计的设计的设计的工作工作及发生人对对企业的企业的企业的企业的企业的企业的企业的企业的企业的企业企业企业企业</b> 企业企业企	***************************************
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
HUMAN IMPACTS INSTITUTE

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

45-2589652

PART IX STATEMENT OF FUNCTIONAL EXPENSES LINE 24E **COLUMN B COLUMN C** TOTAL NAME 3750 3750 BAD DEBT EXPENSE 32 166 BANK CHARGES 616 820 204 **DUES AND SUBSCRIPTIONS** 75 75 FILING FEE 1461 POSTAGE, SHIPPING 1851 PRINTING, COPYING 1851 100 **MISCELLANEOUS** 100 691 8148 8223 TOTAL PART VI, SECTION B - POLICIES LINE 11B A DRAFT OF THE ORGANIZATIONS' 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT. INCLUDED WITH THIS DRAFT ARE QUESTIONS REGARDING THE PRESENTATION OF INFORMATION, BOTH FINANCIAL AND NON-FINANCIAL. SELECTED MEMBERS OF THE ORGANIZATIONS' BOARD RECEIVE THE DRAFT, REVIEW IT AND RESPOND TO THE OUTSIDE ACCOUNTANTS' QUESITONS. CHANGES MAY BE MADE TO THE DRAFT FORM AS A RESULT OF THE BOARDS' REVIEW. AFTERWARDS, A FINAL FORM 990 IS PREPARED FOR BOARD REVIEW. ART VI. SECTION C - DISCLOSURE LINE 19 ALL PERTINENT DOCUMENTS RELATING TO THE ORGANIZATION CAN BE FOUND ON ITS WEBSITE: www.humanimpactsinstitute.org PART VI. SECTION B - POLICIES INE 12C EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: [A] HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, [B] HAS READ AND UNDERSTANDS THE POLICY, [C] HAS AGREED TO COMPLY WITH THE POLICY, AND [D] UNDERSTANDS THAT THE ORGANIZATION IS ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

Name of the organization HUMAN IMPACTS INSTITUTE	Employer identification number 45-2589652
PART VI, SECTION B - POLICIES LINE 15A	
THE EXECUTIVE DIRECTORS' ANNUAL SALARY HAS BEEN DETERMIN	IED BY REVIEW BY THE BOARD AND ADVISORY COUNCIL
IN INFORMAL CONVERSATION AND HAS BEEN DETERMINED AS \$110	K BASED UPON COMPARISON DATA (TAKING THE MEDIAN INCOME
IN NEW YORK CITY FOR EXECUTIVE DIRECTORS) FROM	
http://www.payscale.com/research/US/Job=Executive_Director_Non-Profit_	Organization/Salary/17e71b06/NewYork-NY
HOWEVER, AS THERE IS NOT YET ENOUGH MONEY TO PAY THE EXE	CUTIVE DIRECTOR THE STARTING OPTIMAL SALARY, THE FLAT
RATE OF \$3,000/MONTH HAS BEEN APPLIED BASED UPON WHAT IS F	POSSIBLE FOR THE ORGANIZATION AT THIS TIME.
PART VI, SECTION B - POLICIES LINE 16B	
THE SALARIES/HOURLY WAGES FOR OTHER STAFF HAVE BEEN DET	ERMINED BY REVIEW OF OTHER LOCAL NON-PROFITS IN THE
ENVIRONMENTAL FIELD IN NEW YORK CITY, THROUGH THE USE OF	ONLINE PLATFORMS SUCH AS https://www.glassdoor.com AND
idealist.org. THESE RATES WERE ALSO DISCUSSED INFIRMALLY WITH	BOARD AND ADVISORY COUNCIL MEMBERS AND AGREED
UPON FOR CONTRACTORS. ALL SERVICES HAVE BEEN AGREES UPO	ON BASED UPON THE ESTIMATED RATES AND COSTS BY THE
CONTRACTORS' SERVICES, OR AS STIPULATED IN GRANTS RECEIVE	ED.
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E	THE HUMAN IMPACTS INSTITUTE IS A THINK-AND-DO TANK WHOSE MISSIST TO WAY.  INVIRONMENTAL AND SOCIAL ACTION IN THEIR OWN, IMPACTFUL WAY.	
F	prior Form 990 or 990-EZ?	es ☑ No
5	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'es ☑ No
1	Describe the organization's program service accomplishments for each of its three largest program services, as reexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation that the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 13339 including grants of \$ ) (Revenue \$ WORKSHOPS - INTERNSHIPS, YOUTH LEADERSHIP INTENSIVES, TREE CARE TUESDAYS, ENVIRONMENTAL WORKSHO ACCOMPLISHMENTS: 90 EVENTS HELD; 802 EDUCATIONAL HOURS PROVIDED; 6033 EDUCATION PARTICIPANTS; 13 - A AGE OF PARTICIPANTS NUMBER OF PLANTS STEWARDED: 120	17652 ) DPS AVERAGE
b	(Code: ) (Expenses \$ 3737 including grants of \$ ) (Revenue \$	2299 )
	EVENTS - HUMAN IMPACT SALONS AND HUMAN IMPACT HOURS  ACCOMPLISHMENTS: 18 EVENTS HELD; 517 EDUCATIONAL HOURS PROVIDED; 4021 EDUCATION PARTICIPANTS; 25 - AGE OF PARTICIPANTS	AVERAGE
		1900 1900 1900 1900 1900 1900 1900 1900
	, (D.,, ¢	39402 \
c	(Code: ) (Expenses \$ 57804 including grants of \$ ) (Revenue \$ EXHIBITS - CREATIVE CLIMATE AWARDS; HUMAN IMPACTS STORIES  ACCOMPLISHMENTS - 10 EVENTS HELD; 1319 EDUCATIONAL HOURS PROVIDED; 10055 EDUCATION PARTICIPANTS;  25 - AVERAGE AGE OF PARTICIPANTS	39402)
c	EXHIBITS - CREATIVE CLIMATE AWARDS; HUMAN IMPACTS STORIES  ACCOMPLISHMENTS - 10 EVENTS HELD; 1319 EDUCATIONAL HOURS PROVIDED; 10055 EDUCATION PARTICIPANTS;	39402)
4c	EXHIBITS - CREATIVE CLIMATE AWARDS; HUMAN IMPACTS STORIES  ACCOMPLISHMENTS - 10 EVENTS HELD; 1319 EDUCATIONAL HOURS PROVIDED; 10055 EDUCATION PARTICIPANTS;	39402)
4c	EXHIBITS - CREATIVE CLIMATE AWARDS; HUMAN IMPACTS STORIES  ACCOMPLISHMENTS - 10 EVENTS HELD; 1319 EDUCATIONAL HOURS PROVIDED; 10055 EDUCATION PARTICIPANTS;	39402)

art I	V Checklist of Required Scriedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schodule A	1	1	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3	******	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		<b>\</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If res,	8	1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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, Paris VI,			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a		1
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		1
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	then \$10,000 from grantmaking	14b		1
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		4
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
20a	Land to the state of the state	20		1
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1

art I	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
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	23		1
24a	employees? If "Yes," complete Schedule J.  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			
	Which and complete Schodule K. It "NO." do to line 258	24a 24b		1
b	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			
C		24c 24d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
d	Did the experiencien set as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess believe the section with a disguslified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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?	25b		4
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	1	
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		4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	3000750		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		- ×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	200		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358		1
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	35t	)	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	1	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
	Crieck is acriedate of contains a response of rises to any		Ye	s N
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	d L		
	reportable gaming (gambling) winnings to prize winners?	10	· · · · · · · · · · · · · · · · · · ·	90 (20

art	- I Tay Campliance (continued)		
			res No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Chatements filed for the calendar year ending with or within the year covered by this return	2b	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	V
	Nets, if the sum of lines to and 2a is greater than 250, you may be required to e-lile (see instructions).	3a	1
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	
b	If "Ves" has it filed a Form 990-T for this year? If "No" to line 30, provide an explanation on Schedule 0.	30	
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	1
h	11 (1) I when the same of the foreign country		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAn).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year:	5a	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?	5b	
c	If "Vee" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 tay deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-7.4	1
	and services provided to the payor?	7a 7b	*
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	1
	required to file Form 8282?		Printer.
d	IL ASS. IUDICATE THE UNITIDE OF LOUIS OFOR HIGO COUNTY AND	7e	1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	71	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>V</b>
g	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h	1
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
8	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	4
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		A 15 16
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- grant 1777	-
11	Section 501(c)(12) organizations. Enter:		135
а	Gross income from members or shareholders		- The Co.
b			
	against amounts due or received from them.)	12a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120	
b	il 165, Gitter tite amount of tax exempt areas of the second of the seco	7 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	
а	Note: See the instructions for additional information the organization must report on Schedule O.	1000	
	and the state of t		- CO
b	the organization is licensed to issue qualified health plans		200
C	120		
14a	The state of the s	14a	
b	10 Kint II all a contraction of Cobadula O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	
***************************************	If "Yes," complete Form 4720, Schedule O.		000
		For	m 990 (2019)

orm 99(	0 (2019)	) 1 10%-11	and fo	ra '	No'
Part \		Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Screen and the second s			
		Check if Schedule O contains a response or note to any line in this Part VI			
ectio	on A.	Governing Body and Management	,	res	No
		the source had at the end of the tax year. 1a 10			
1a	Ente	the number of voting members of the governing body at the one of the text			
	if the	ere are material differences in voting rights among members of the governing body, or ere governing body delegated broad authority to an executive committee or similar mittee, explain on Schedule O.			
b	-	the number of voting members included on line 1a, above, who are independent . 10			
2	Did :	any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		1
3	Did 1	the organization delegate control over management duties customarily performed by or under the direct	3		1
4	975 1 1 A	the make any significant changes to its governing documents since the prior to the 350 mag.	5		1
5	FRI J.	the amenization become aware during the year of a significant diversion of the organization of discourse	6		1
6	Did	the organization have members or stockholders?			
7a	000	the organization have members, stockholders, or other persons who had the power to elect or appoint or more members of the governing body?	7a		~
b	***	any governance decisions of the organization reserved to (or subject to approval by) members, skholders, or persons other than the governing body?	7b		7
8	the	the organization contemporaneously document the meetings held or written actions undertaken during year by the following:	8a	1	
a	The	governing body?	8b	1	
9	1- 46	age any officer director trustee or key employee listed in Part VII. Section A, who cannot be reached at			
	44		9		
Sect	ion E	3. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			P	Yes	N.
10a	Did	the organization have local chapters, branches, or affiliates?	10a		-
b	affil	Yes," did the organization have written policies and procedures governing the activities of such chapters, iates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has	the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	
b	Des	scribe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	F
12a	Did	the organization have a written conflict of interest policy? If "No," go to line 13	12b	1	-
b	Wer	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	Ť	$\vdash$
С	Did	the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," scribe in Schedule O how this was done.	12c	1	
40		I the organization have a written whistleblower policy?	13	1	
13	Did	the organization have a written document retention and destruction policy?	14	1	T
15	Did	the process for determining compensation of the following persons include a review and approval by ependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The	e organization's CEO, Executive Director, or top management official	15a	1	
b	Oth	ner officers or key employees of the organization	15b	1	
	If "	Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	wit	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement hat ataxable entity during the year?	16a		
b	pai	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its rticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ganization's exempt status with respect to such arrangements?	16b		
Sec	tion	C. Disclosure			
17	Lis	at the states with which a copy of this Form 990 is required to be filed ▶ NEW YORK	A SEC SEC SEC SEC SEC SEC SEC		ia inclui
18	(3)	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website   Another's website   Upon request  Other (explain on Schedule O)			
19	De	escribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict dinancial statements available to the public during the tax year.			po
20	St	ate the name, address, and telephone number of the person who possesses the organization's books and response 312 SQUTH 3RD STREET #7 BROOKLYN, NY 11211 917 727-8761	ecord:	3	

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organiza  (A)  Name and title	(B) Average hours	(do no	ot ch	Posi eck	ition more	than c is both or/trust	one an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(4) TARA DORORTE	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TARA DePORTE										
EXECUTIVE DIRECTOR	40						ļ	36000	10600	0
(2) SARANGI IYENGAR										
PRESIDENT	2							0	0	0
(3) DOUG SEMMES VICE-PRESIDENT								0	0	0
(4) LISA JAYCOX										
SECRETARY	2							0	0	C
(5) GEORGE WUKOSON TREASURER								0	0	0
(6) LAUREN BEEBE										
BOARD MEMBER	1							0	0	0
(7) DAVID FLORES WILSON										
BOARD MEMBER	1	-						0	0	
(8) MEHRDAD MOGHADDAM	200									
BOARD MEMBER	1	· ·						0	0	
(9) LINDSAY SWORD										
BOARD MEMBER	1							0	0	(
(10) MELISSA VILLAIN										
BOARD MEMBER	1							0	0	(
(11) HARA WANG										
BOARD MEMBER	1							0	C	
(12)										
(13)										***
(14)								***************************************	***************************************	

Part \	Section A. Officers, Directors, 1	rustees,	Key E	Emp	oloy	yee	s, an	d H	lighest Compe	nsated Emplo	yees (continued)		
						c) ition			(D)	(E)	(F)		
	(A)	(B) Average			eck	mon	than o		Reportable	Reportable	Estimated amount		
	Name and title	hours					or/trust		compensation from the	compensation from related	of other compensation		
		per week (list any	9 5	ins	9	X <sub>0</sub>	e Hig	For	organization	organizations	from the		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	hest	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations		
		related organizations	organizations		tor tr	onal		ploy	com				
		dotted line)	uste	trus		88	pens						
		Doctor into	· ·	tee			Highest compensated employee						
(15)													
(19)		***************************************			ļ			-					
(16)													
(17)			,										
(18)	######################################												
(19)			***										
(20)			0.00										
(21)													
(22)													
(23)													
	***************************************	. 00, 000 to 00 00 00 00 00 00 00 00 00 00 00 00 00											
(24)			• • •										
(25)	20 m m m m m m m m m m m m m m m m m m m		Ar 200. 7										
1b	Subtotal	4 K F #				·		-					
c d	Total from continuation sheets to Par Total (add lines 1b and 1c)					÷		A					
2	Total number of individuals (including be reportable compensation from the organization)	ut not limite						/e) \	who received mo	ore than \$100,00			
3	Did the organization list any former	officer, di	irecto	r, tı	rust	ee,	key	em	ployee, or high	est compensate	Yes No		
	employee on line 1a? If "Yes," complete							· ·	and other comp	onantian from the	3 /		
4	For any individual listed on line 1a, is the organization and related organizations individual	s greater t	than	\$15	0,00	00?	If "Y	es,	" complete Sch	edule J for suc	ch 4 ✓		
5	Did any person listed on line 1a receive for services rendered to the organizatio	or accrue n? If "Yes,"	comp	ens plet	atio	on fr	om ar	ny u I foi	inrelated organiz	ration or individu	al 5 🗸		
Sect	ion B. Independent Contractors									***************************************			
1	Complete this table for your five his compensation from the organization. Re	ghest components	pensa ensati	ated on t	or t	dep	ender calend	nt (	contractors that year ending with	or within the org	than \$100,000 o anization's tax year		
1211	(A) Name and business a	ddress					75-7		(B) Description of s	ervices	(C) Compensation		
***************************************			~~~~				***************************************						
				***********		***************	······································						
2	Total number of independent contractived more than \$100,000 of compe	ctors (inclu	ding m the	but ora	no aniz	t lir	nited on >	to	those listed ab	ove) wno	Loopin William		

12

Total revenue. See instructions

Part V	<b>/III</b>	Statement of Reve Check if Schedule C	nue			a or note to an	v line in this Pa	rt VIII		🗆
		Check if Schedule C	cont	ains a re	sponse	or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
so so	1a	Federated campaign	S .		1a					20 10
Other Similar Amounts	b	Membership dues .			1b					2 3
5 8	C	Fundraising events .			1c			18 A.		The Tax of
r A	d	Related organization			1d					
5 2	е	Government grants (			1e					电 电
Sir	f	All other contributions	s, gifts	s, grants,	4.6	105730				3 30 30
		and similar amounts not			1f	100700		The Table	1 to 1 to 1 to 1	
\$ 5	9	Noncash contribution			19 9			<b>海</b>		2 2 3
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-				,	105730			
	- 11	Total Add lines to				Business Code	100		100	
90	2a									
Program Service Revenue	b	***************************************								
Se	C	***								
gram Ser Revenue	d	***********								
P B	е	100 May 100 100 100 100 100 100 100 100 100 10								
ď	f	All other program se Total. Add lines 2a-								
	9	Investment income								
	3	other similar amoun	ts)	iding div			The state of the s			
	4	Income from investn	nent o	f tax-exer	npt bo	nd proceeds				
	5			p b 6						
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a						4 T	
	b	Less: rental expenses	6b					100		486
	d	Rental income or (loss)  Net rental income o		4						
- 25		Gross amount from	11033	(i) Secur	ities	(ii) Other		100	CONTROL OF THE PARTY OF THE PAR	
	7a	sales of assets							100 A	
		other than inventory	7a				Section 1	Salar Sa	The same of the sa	Colores Color
<u>e</u>	b	Less: cost or other basis						the second		
E e		and sales expenses .	7b	·····			-	A CONTROL OF		
Revenue	C	Gain or (loss)	7c		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100000			
6)	d	Net gain or (loss)			1	· · · · · · · · · · · · · · · · · · ·				1940
t o	8a	Gross income fro events (not including		naraising				100 miles		
		of contributions re	ported	d on line			ALIENSE SERVICE	200		
		1c). See Part IV, line			8a					
	b	Less: direct expens	es .	* 4. x	8b		100		A STATE OF THE PARTY OF THE PAR	
	c	Net income or (loss	) from	fundraisi	ng eve	nts 🕨				
	9a							20.00		
	L.	activities. See Part			9a 9b					
	b				I	s <b>&gt;</b>				and the
	10a	Gross sales of i					100		and the same of th	
	, ua	returns and allowar			10a					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: cost of goods			10b	<u>.t</u>	100			100
	С	Net income or (loss	) from	sales of	invento					
S						Business Code				1,000
Miscellaneous Revenue	11a	THE THE SEC AND	age and are also are may may							
scellaneo Revenue	b				1 (de 100 Me) (de 100 Me) (de 100 A					
Re		AP 30 SE		* * *	* *			***************************************		
Ž	6		a-110	d	, .	>	-			
	12	Total revenue. Se				<b>b</b>	1057	30		

# Part IX Statement of Functional Expenses

	Ofarement on	Mile Control of the c	***************************************		1.4 (A)
		organizations must complete al	I columne All other	organizations must	complete column (A).
Paction 501	(c)(3) and 501(c)(4)	organizations must complete all	Columna. Par Caron	O GO, Maderio To Train	
100 TION I DO I	(c)(c) and co, (a)( )	4 . 3	***************************************		

	Check if Schedule O contains a response of	(A)	(E)	[0]	(D) Fundraising
b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	46600	46600		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	A	2914		***************************************
10	Payroll taxes	2914	7914		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2000		2000	***************************************
C	Accounting	2000		2000	***************************************
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	······			***************************************
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				***************************************
12	Advertising and promotion	10000	10000		
13	Office expenses	***************************************			***************************************
14	Information technology				***************************************
15	Royalties				***************************************
16	Occupancy		0.400		
17	Travel	8430	8430		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	······			
22	Depreciation, depletion, and amortization .		A. A. A.		······································
23	Insurance	3183	3183		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		The second secon		
	(A) amount, list line 24e expenses on Scriedule O.) OUTSIDE SERVICES	19216	19216		
a	RECRUITMENT FEES	5000		5000	
b	SUPPLIES	3898			
d	TELEPHONE	1050		614	
9	manufacture of the second of t	8223	7532	691	
25	Total functional expenses. Add lines 1 through 24e	110514	102209	8305	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX.		
**********	***************************************	Check if Schedule O contains a response of flote to any line in this flat	(A) Beginning of year		(B) End of year
		Cash—non-interest-bearing	28687	1	17081
	1			2	
	2	Savings and temporary cash investments		3	
	3	Pledges and grants receivable, net	5950	4	8920
	4	Accounts receivable, net			
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	856	5	1685
		controlled entity or family member of any of these persons	000		
	6	Loans and other receivables from other disqualified persons (as defined		6	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		7	
53	7	Notes and loans receivable, net	00050		30877
Assets	8	Inventories for sale or use	29350	8	30077
AS	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			at what at
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	P0500
	16	Total assets. Add lines 1 through 15 (must equal line 33)	64843		58563
***************************************	17	Accounts payable and accrued expenses	4201	-	2705
	18	Grants payable		18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
US	22	Loans and other payables to any current or former officer, director,	The second second		
tie	Mar Max	trustee, key employee, creator or founder, substantial contributor, or 35%	The second		100
Liabilities		controlled entity or family member of any of these persons		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	2.43	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
(C)		Organizations that follow FASB ASC 958, check here ▶ □			
90		and complete lines 27, 28, 32, and 33.			
le	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
Po	-	Organizations that do not follow FASB ASC 958, check here ▶ □			
E E		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
4	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
950	31	Retained earnings, endowment, accumulated income, or other funds		31	
A	32	Total net assets or fund balances	60642	32	55858
No	33	Total liabilities and net assets/fund balances	64843	33	58563

Part	XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		. 🖂
	Total revenue (must equal Part VIII, column (A), line 12)		105730
1	Total revenue (must equal Part VIII, column (A), line (2)		110514
2	Total expenses (must equal Part IX, column (A), line 25)		-4784
3	Revenue less expenses. Subtract line 2 from line 1	***************************************	60642
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	***************************************	
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities		
7	Investment expenses		
8	Prior period adjustments	***************************************	
9	Other changes in net assets or fund balances (explain on Schedule O)	***************************************	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		55858
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		. D
1 2a	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," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	2b	1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain or Schedule O.	26	
За	Single Audit Act and OMB Circular A-133?	38	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publi

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 45-2589652

HUMAN IMPACTS INSTITUTE					45-2589		
Part I Reason for Publ	lic Charity Status (All c	organizations must o	complete	this pa	rt.) See instruction	S.	
The organization is not a private	e foundation because it is	: (For lines 1 through 1	12, check	only one	DOX.)		
1 A church convention	of churches, or associatio	on of churches describ	ed in sec	tion 1/U	(D)(1)(A)(I).		
2 A school described in	section 170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 o	r 990-EZ)	.)		
	entive beautiful convice arms	anization described in	section	1/0(0)(1)	(A)(III).	ws pro 8 - 21	
4 A medical research or	ganization operated in co	njunction with a hospi	tal descri	bed in se	ection 170(b)(1)(A)(II	i). Enter the	
hamital'a manan citic	and etate:						
section 170(b)(1)(A)(i	ated for the benefit of a (v). (Complete Part II.)					unit described in	
a Classification avian	al anyornment or govern	mental unit described	in section	n 170(b)(	1)(A)(v).		
7 An organization that r	normally receives a subst 170(b)(1)(A)(vi). (Complete	tantial part of its supp	ort from	a govern	mental unit or from	the general public	
8 A community trust de	scribed in section 170(b)	(1)(A)(vi). (Complete P	art II.)				
• [] •	-tun-mination danaginad	lin paction 170/h/(1)(	Alfix) one	rated in	conjunction with a la	nd-grant college	
or university or a non-	-land-grant college of agri	iculture (see instruction	isj. Eilei	uic nam	o, city, and ataka or		
10 An organization that r	normally receives: (1) mores related to its exempt ful	e than 33 /3% of its su	pport from	m contrib	outions, membership and (2) no more than	331/3% of its	
annual france in	es related to its exempt full nvestment income and uninitization after June 30, 197	related Dusiness lakal	ne higgin	C (1000 00	CHOIL CLI PONY I I ALLE	ousinesses	
44 Man organization organ	nized and operated exclus	sively to test for public	safety. S	see secti	on 509(a)(4).		
49 An examination organ	nized and operated exclus	sively for the benefit of	, to perfo	rm the fu	nctions of, or to carr	y out the purposes	
of one or more nubli	cly supported organization	ins described in section	on 509(a	(1) or se	ction analalty. See	section analalial	
Check the box in lines	s 12a through 12d that des	scribes the type of sup	porting o	rganizatio	on and complete line:	s ize, izi, aliu izy	
the supported org supporting organi	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
control or manage	rting organization supervisement of the supporting of the supporting of the must complete Part I	organization vested in	the same	with its s persons	upported organization that control or mana	on(s), by having age the supported	
its supported orga	ally integrated. A suppor anization(s) (see instruction	ons). You must compl	ete Part	IV, Secti	ons A, D, and E.		
that is not functio	ctionally integrated. A su onally integrated. The orga instructions). You must o	inization generally mus	st satisfy	a distribu	ition requirement an	rted organization(s) d an attentiveness	
e Check this box if	the organization received rated, or Type III non-fund	l a written determination	on from th	ne IRS the	at it is a Type I, Type	II, Type III	
	upported organizations .						
g Provide the following in	nformation about the supp	ported organization(s).					
(i) Name of supported organiza	ation (ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							

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.)

	on A. Public Support		#10040	(-) 0017	(d) 2018	(e) 2019	(f) Total	
alen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(6) 2019	(i) rotar	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4	100			1 200			
	on B. Total Support	T	T # 1 0040	(-) 0017	(4) 2010	(e) 2019	(f) Total	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(6) 2019	(I) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10	ALK I		1000				
12	Gross receipts from related activities, etc.					12	······································	
13	First five years. If the Form 990 is for t							
	organization, check this box and stop he						<b>&gt;</b> 🖂	
********	on C. Computation of Public Suppo				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del>		
14	Public support percentage for 2019 (line					14	%	
15	Public support percentage from 2018 Sc 331/3% support test—2019. If the organ	hedule A, Parl	t II, line 14 .	v on line 12	and line 14 in 2	15	% check this	
ioa	box and <b>stop here.</b> The organization qua							
h	331/3% support test—2018. If the organ							
ŭ								
17a	this box and stop here. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—: 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets t meets the "fa	he "facts-and- cts-and-circun	-circumstance nstances" test	s" test, check . The organiza	this box and tion qualifies a	stop here. as a publicly	
18	supported organization	did not check a	a box on line 1	3, 16a, 16b, 17	7a, or 17b, che	ck this box and	d see	
***************************************	instructions		4 x , + +		x x F + *		, , , <b>&gt;</b> [	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2013	(0) 2010	30,20			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51586	37175	96343	85780	105730	376614
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	49136	16426	435	8603	0	74600
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					405700	451214
6 7a	Total. Add lines 1 through 5	100722	53601	96778	94383	105730	451214
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 8	Add lines 7a and 7b	780					451214
Sect	ion B. Total Support						(A) TO 1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	100722	53601	96778	94383	105730	451214
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	100722	53601	96778	94383	105730	451214
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3) · · ▶ □
Sect	tion C. Computation of Public Suppo		<del></del>				
15	Public support percentage for 2019 (line			13, column (f))		15	100.00 %
16	Public support percentage from 2018 Sc	hedule A. Part	III, line 15 .			16	%
	tion D. Computation of Investment In						
17	Investment income percentage for 2019	(line 10c, colun	nn (f), divided l	by line 13, colu	ımn (f))	17	0.00 %
18	Investment income percentage from 201	8 Schedule A.	Part III, line 17			18	%
19a	331/3% support tests-2019, if the organ	nization did not	check the box	x on line 14, a	nd line 15 is n	nore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	on . 🕨 🗸
b		ization did not c	check a box on	line 14 or line	19a, and line 1	6 is more than 3	331/3%, and
20	Private foundation. If the organization of						

Part IV Supporting Organizations

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

	-	-	**************************************	
04:		AII	Commanding	Organizations
Section	A.	All	Supporting	Olamiranono

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

		Yes	No	
g y				
s	1			
er	2 3a			
d e	3b			
3)	3c			
lf	4a			
n n	4b			
on ed B)				
, "	4c			I
iN n;		100		
dy	5a			
to	5b 5c			-
ed or	6			
or	7			
7?	8			
ed	9a		H	
ch	9b	400		
efit	9c			
on ed	10:			
to	10	4		

Part	Supporting Organizations (continued)	Yes No
		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 in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	Yes No
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 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
Sect	ion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Sect	tion D. All Type III Supporting Organizations	
000	don or Air (po in experience)	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), 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
Sec	tion E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C		(see instructions)
2	Activities Test. Answer (a) and (b) 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
1	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	300
	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? Provide details in Part VI.	3a
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

instructions. All other Type III non-functionally integrated supporting organ	146.041.071		(B) Current Year
Section A-Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		

Part \	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	tations (continued)	Current Year		
Section	ection D—Distributions					
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo				
3	Administrative expenses paid to accomplish exempt purp					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive			
0	Distributable amount for 2019 from Section C, line 6					
9	Line 8 amount divided by line 9 amount					
10 Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6		The second second			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015		T (4) (2) (3)			
c	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e		100 mg			
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
i	Carryover from 2014 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A STATE OF THE STA			
4	Distributions for 2019 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount	3.3.4.6.4.6.4.4.4.4.4.4.4.4.4.4.4.4.4.4.				
С	Remainder, Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		The same of			
8	Breakdown of line 7:			2535		
а	Excess from 2015		100 CO			
b	Excess from 2016			Laure Hall 1997		
C	Excess from 2017					
d	***************************************					
0		and the second		A 100 PM		

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.)
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### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

**HUMAN IMPACTS INSTITUTE** 

## **Schedule of Contributors**

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

Employer identification number

45-2589652

Organization type (check one): Section: Filers of: ) (enter number) organization √ 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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) filling 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HUMAN IMPACTS INSTITUTE

Employer identification number 45-2589652

art I	Contributors (see instructions). Use duplicate co		(d)	
(a) No.	(b) Name, address, and ZIP + 4	(D)		
1	PERMANENT MISSION OF GERMANY  871 UNITED NATIONS PLAZA	\$ 35000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	NEW YORK, NY 10017  (b)  Name, address, and ZIP + 4  Total contributions		(d) Type of contribution	
No. 2	PATAGONIA.ORG		Person	
	259 W SANTA CLARA STREET  VENTURA, CA 93001	\$11950	(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	RSF SOCIAL FINANCE  1002 O'REILLY AVENUE  SAN FRANCISCO, CA 94129	\$	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	
10, 10 to 10 to 10 to		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.	

Employer identification number

art II Nor	cash Property (see instructions). Use duplicate cop	pies of Part II if additional space	s is needed.
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
i) 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
		\$	

Part III

**Employer identification number** 

C	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.					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4 Relationships	ationship of transferor to transferee			
i) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 Rel	r of gift  Relationship of transferor to transferee			
) No. rom 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. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
As an in an in a	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 Re	lationship of transferor to transferee			

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

### 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.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
HUMAN IMPACTS INSTITUTE

Employer identification number 45-2589652

Part	Organizations Maintaining Donor Advis	ed Funds or Other Similar Ful	nds or Accounts.
	Complete if the organization answered "Y	(a) Donor advised funds	(b) Funds and other accounts
	T. (a) was been at and of your		
	Total number at end of year		
2	Aggregate value of grants from (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	dvices in writing that the assets	held in donor advised
5	Did the organization inform all donors and donor a funds are the organization's property, subject to the	organization's exclusive legal conti	U(c, , , , , , , , , , , , , , , , , , ,
6	Did the organization inform all grantees, donors, and only for charitable purposes and not for the benefit conferring impermissible private benefit?	of the donor or donor advisor, or	for any other purpose
Part	II Conservation Easements.	v v F 000 Dart IV line 7	
	Complete if the organization answered "Y	es" on Form 990, Part IV, IIIIe /	*
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (for example, recreating Protection of natural habitation of public uses and protection of public uses (for example, recreating public uses and public	tion or education)	n of a historically important land area n of a certified historic structure
	Preservation of open space  Complete lines 2a through 2d if the organization held	d a qualified conservation contribut	tion in the form of a conservation
2	easement on the last day of the tax year.	a dominate porton and a second	Held at the End of the Tax Ye
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		. 2b
b	Number of conservation easements on a certified his	storic structure included in (a)	2c
C	Number of conservation easements included in (	acquired after 7/25/06, and no	t on a
d	historic structure listed in the National Register .	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2d
3	Number of conservation easements modified, transtax year ►  Number of states where property subject to conservations.	ferred, released, extinguished, or t	erminated by the organization during t
5	Does the organization have a written policy region violations, and enforcement of the conservation eas	arding the periodic monitoring, in ements it holds?	L Yes L N
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enfor	cing conservation easements during the ye
7	Amount of expenses incurred in monitoring, inspecting  ▶ \$		
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		Yes L N
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easemeters.	onservation easements in its reven the footnote to the organization's nts.	ue and expense statement and financial statements that describes the
	t III Organizations Maintaining Collections Complete if the organization answered "	Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, educat	ion, or research in furtherance of put
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 (i) Revenue included on Form 990, Part VIII, line 1	SB ASC 958, to report in its revenue for public exhibition, education, or as:	ue statement and balance sheet works research in furtherance of public servi
	(ii) Assets included in Form 990, Part X		, <b>.</b> . <b>.</b> . <b>.</b>
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other sim	ilar assets for financial gain, provide ins:
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

Part	Organizations Maintaining C	collections of A	Art, Histo	rical Treas	sures, or Ott	ner Similar Ass	pissont use of its
3	Using the organization's acquisition, ac collection items (check all that apply):	ccession, and oth					nincant use of its
	☐ Public exhibition		d L	Loan or ex	change progra	am	
b	Scholarly research		e 🗸	Other SAL	ES - FUND RAI	SING	
C	Preservation for future generations						d ausmoon in Par
	Provide a description of the organization XIII.						
5	During the year, did the organization s assets to be sold to raise funds rather t	han to be mainta	donations lined as pa	of art, histo rt of the org	rical treasures anization's co	s, or other similar lection?	☐ Yes ☑ No
Part	Complete if the organization a	ngements. answered "Yes	" on Form	990, Part	IV, line 9, or	reported an am	ount on Form
	Is the organization an agent, trustee, included on Form 990, Part X?					other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the follo	owing table:		***************************************	nount
							IOGIN
C	Beginning balance	* * * * *		* * * *	10	<del></del>	
d	Additions during the year		* * * *				
е	Distributions during the year		x x + *				***************************************
f	Ending balance	F 000 F	last V lina	of for occre			Yes N
2a	Did the organization include an amoun If "Yes," explain the arrangement in Pa	t on Form 990, F	ra if the eve	slanation ha	s been provid	ed on Part XIII .	, <u> </u>
	If "Yes," explain the arrangement in Pa	IN AIII. CHECK HE	en me ex	Sicti ictercoll i ica	O DOOM PROPERTY		
Par	Endowment Funds. Complete if the organization	aneward "Yes	" on Forn	990 Part	IV. line 10.		
	Complete if the organization	(a) Current year	(b) Prior	vear (c)	Two years back	(d) Three years back	(e) Four years back
	Designation of year balance	(a) Odiloit you.					
1a	Beginning of year balance						
b	Net investment earnings, gains, and						
С	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
9	End of year balance						
2	Provide the estimated percentage of the	he current year e	nd balance	e (line 1g, co	olumn (a)) held	as:	
а	Board designated or quasi-endowmer		%				
b	Permanent endowment						
C	Term endowment ▶ %		1000/				
	The percentages on lines 2a, 2b, and			ation that a	ra hald and a	dministered for th	
За	Are there endowment funds not in the	e possession or	ine organiz	auon mai a	re new and a	diminatered for the	Yes N
	organization by: (i) Unrelated organizations						3a(i)
							3a(ii)
b	If "Yes" on line 3a(ii), are the related of				dule R?		3b
4	Describe in Part XIII the intended uses						
Par	t VI Land, Buildings, and Equip	ment.					
	Complete if the organization	answered "Ye	s" on For				
	Description of property	(a) Cost or (invest		(b) Cost or of (other		Accumulated depreciation	(d) Book value
1a	Land	×	***************************************				
b	Buildings			······			
С	Leasehold improvements	•					
d	Equipment			***************************************			
е	Other	2 200	000 8	/ l C	Il line the l		
Tota	I. Add lines 1a through 1e. (Column (d) r	must equal Form	990, Part )	k, column (E	i), line TUC.) .		

	Complete if the organization answered "Yes" on Fo  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Einancia	I derivatives		
	neld equity interests		
Other	iola adaily into account the control of the control		
A)			
B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		A. A. M.	Est Service
	ımn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨		
art VIII	Investments – Program Related.  Complete if the organization answered "Yes" on Fo	om 000 Part IV line	11c See Form 990, Part X, line 1
		(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) DOOK VANCE	Cost or end-of-year market value
(1			
2)			
;) })			
/ <u>/</u>  }			
5)			
5)			
7)			
8)			
9)	1 (2) (2)		
	umn (b) must equal Form 990, Part X, col. (B) line 13.)	•	
9) otal. <i>(Col</i> Part IX	Other Assets.		11d. See Form 990. Part X, line 1
otal. (Col	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Col Part IX	Other Assets.		11d. See Form 990, Part X, line (b) Book value
otal. (Col	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Coli Part IX 1) 2)	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Coll Part IX 1) 2)	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Col. Part IX  1) 2) 3)	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Col. Part IX  1) 2) 3) 4)	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
1) 2) 3) 4) 6)	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Colored National Colored National	Other Assets.  Complete if the organization answered "Yes" on F		11d. See Form 990, Part X, line 1 (b) Book value
otal. (Cole Part IX 1) 2) 33) 44) 55) 66) (7)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description	orm 990, Part IV, line	(b) Book value
otal. (Col Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  (iumn (b) must equal Form 990, Part X, col. (B) line 15.)	orm 990, Part IV, line	11d. See Form 990, Part X, line 1 (b) Book value
otal. (Cole Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	orm 990, Part IV, line	(b) Book value
otal. (Col.	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  lumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F	orm 990, Part IV, line	(b) Book value
otal. (Colored National Nation	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	(b) Book value
otal. (Col. Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col. Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Colored National Nation	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, line	(b) Book value
otal. (Col. Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col. Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Colored National Nation	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Colored IX	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Colored National Nation	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Col. Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col. Part X	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Col. Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col. Part X  (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value
otal. (Col. Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Co. Part X  (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on F  (a) Description  Jumn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on F line 25.  (a) Description of flability	orm 990, Part IV, line	(b) Book value

Part	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Meturn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	T <sub>1</sub>
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	26	
	Recoveries of prior year grants	26	
d	Other (Describe in Part XIII.)	2d	2e
е	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	i . i	
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	48	
b	Other (Describe in Part XIII.)	4b	4c
C	Add lines 4a and 4b		5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	mante With Evnances n	
Part	XII Reconciliation of Expenses per Audited Financial States	Port IV line 12a	
	Complete if the organization answered "Yes" on Form 990,	raitiv, into 12a.	11
1	Total expenses and losses per audited financial statements	* * * * * * * * * *	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	
а	Donated services and use of facilities	2b	
b	Prior year adjustments	2g	
C	Other losses		
d	Other (Describe in Part XIII.)		2e
е	Add lines 2a through 2d		3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	Other (Describe in Part XIII.)	4b	
b	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II	ine 18.)	5
Part	XIII Supplemental Information.		
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	rt to provide any additional	information.
-00-00 NO NO NO NO NO			
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Schedule D (For	m 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
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sacrances and pay appropriate service services, per consensus		
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# **SCHEDULE L**

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 for instructions 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

HMUA	N IMPACTS INSTITUTE										58965			
Par	- D	A Transaction	ns (section 501 answered "Yes	s" on F	orm 990	), Part IV, III	nd sec ne 25a	tion 501(c)(29) of a or 25b, or Fort	organi m 990	zatior -EZ, I	ns onl Part V	, 11110	40b.	
1	(a) Name of disqualified p		(b) Relationship be		isqualified			(c) Description					(d) Corr Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount of under section 4958								ring th	ne yea	\$			
3	Enter the amount of	tax, if any, o	n line 2, above,	reimb	ursed by	the organiz	zation			,	<b>&gt;</b> \$			
Par	Complete if th organization re	e organizatio eported an ar	erested Person n answered "Ye nount on Form	es" on I 990, Pa	art X, line	e 5, 6, or 22	<u>2.</u>	38a or Form 99	T					/ritten
		(b) Relationship with organization		(d) Loan to or from the organization?		(e) Original principal amount		(T) Balance due			by bo	by board or committee?		ement?
				То	From				Yes	No	Yes	No	Yes	No
(1)	TARA DePORTE	EXEC.DIR.	PHONE		✓		1685	1685	5	✓	<b>✓</b>		1	-
(2)												-		-
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(9)									-		-	-	-	-
(10)														
Tota							. •	\$ 168	5					
Par	t III Grants or Ass Complete if the	sistance Ber ne organizatio	nefiting Intereson answered "Ye	ted Pe	rsons.									
(a	a) Name of interested person		onship between inte on and the organizati		(c) Amoun	t of assistance		(d) Type of assistand	ce	(6	e) Purpo	ose of a	assista	nce
(1)														
(2)														
(3)														
(5)														
(6)														
(6)														
(8)														
(9)							-			-				
							1			1				

Part IV	Business Transactions Involving Complete if the organization ans	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)						_
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information. Provide additional information for	or responses to questions	s on Schedule L (see	e instructions).		

#### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**HUMAN IMPACTS INSTITUTE** 

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

45-2589652

PART IX STATEMENT OF FUNCTIONAL EXPENSES LINE 24E COLUMN C **COLUMN B** TOTAL NAME 3750 3750 **BAD DEBT EXPENSE** 32 166 **BANK CHARGES** 616 204 820 **DUES AND SUBSCRIPTIONS** 75 75 FILING FEE 1461 POSTAGE, SHIPPING 1851 1851 PRINTING, COPYING 100 100 **MISCELLANEOUS** 691 8223 8148 TOTAL PART VI, SECTION B - POLICIES LINE 11B A DRAFT OF THE ORGANIZATIONS' 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT. INCLUDED WITH THIS DRAFT ARE QUESTIONS REGARDING THE PRESENTATION OF INFORMATION, BOTH FINANCIAL AND NON-FINANCIAL. SELECTED MEMBERS OF THE ORGANIZATIONS' BOARD RECEIVE THE DRAFT, REVIEW IT AND RESPOND TO THE OUTSIDE ACCOUNTANTS' QUESITONS. CHANGES MAY BE MADE TO THE DRAFT FORM AS A RESULT OF THE BOARDS' REVIEW. AFTERWARDS, A FINAL FORM 990 IS PREPARED FOR **BOARD REVIEW** ART VI, SECTION C - DISCLOSURE LINE 19 ALL PERTINENT DOCUMENTS RELATING TO THE ORGANIZATION CAN BE FOUND ON ITS WEBSITE: www.humanimpactsinstitute.org PART VI, SECTION B - POLICIES INE 12C EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: [A] HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, [B] HAS READ AND UNDERSTANDS THE POLICY, [C] HAS AGREED TO COMPLY WITH THE POLICY, AND [D] UNDERSTANDS THAT THE ORGANIZATION IS ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

ame of the organization	Employer identification number
HUMAN IMPACTS INSTITUTE	45-2589652
PART VI, SECTION B - POLICIES LINE 15A	
THE EXECUTIVE DIRECTORS' ANNUAL SALARY HAS BEEN DETERMINED BY REVI	EW BY THE BOARD AND ADVISORY COUNCIL
N INFORMAL CONVERSATION AND HAS BEEN DETERMINED AS \$110K BASED UP	ON COMPARISON DATA (TAKING THE MEDIAN INCOME
N NEW YORK CITY FOR EXECUTIVE DIRECTORS) FROM	
nttp://www.payscale.com/research/US/Job=Executive_Director_Non-Profit_Organization/	Salary/17e71b06/NewYork-NY
HOWEVER, AS THERE IS NOT YET ENOUGH MONEY TO PAY THE EXECUTIVE DIR	
RATE OF \$3,000/MONTH HAS BEEN APPLIED BASED UPON WHAT IS POSSIBLE FO	
RATE OF \$3,000/MONTH HAS BEEN APPLIED BASED OF ON THIRT TO FOODBLE FO	
PARTILL OF COLOUR DOLLOW AND	
PART VI, SECTION B - POLICIES LINE 16B	A DELICION OF OTHER LOCAL MON PROFITS IN THE
THE SALARIES/HOURLY WAGES FOR OTHER STAFF HAVE BEEN DETERMINED B	
ENVIRONMENTAL FIELD IN NEW YORK CITY, THROUGH THE USE OF ONLINE PLA	
idealist.org. THESE RATES WERE ALSO DISCUSSED INFIRMALLY WITH BOARD AN	
UPON FOR CONTRACTORS. ALL SERVICES HAVE BEEN AGREES UPON BASED U	PON THE ESTIMATED RATES AND COSTS BY THE
CONTRACTORS' SERVICES, OR AS STIPULATED IN GRANTS RECEIVED.	
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