Federal Tax Return

PEOPLES IMPACT NETWORK INC

2023

Taxx Nation Inc 3612 Lawrence Dr Naperville, IL 60564 Phone: 331-215-7663 Fax: 331-215-7646 ranju@taxxnation.com Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I — Identification						
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)				
Print	PEOPLES IMPACT NETWORK INC	84-4669403				
	Number, street, and room or suite no. If a P.O. box, see instructions.					
File by the due date for	1402 BRADFORD TRACE DR					
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	ALLEN, TX 75002					

Enter the Return Code for the return that this application is for (file a separate application for each return).

Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) Form 4720 (individual) 03 Form 5227 Form 990-PF 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 5330 (individual) Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Fax No. If the organization does not have an office or place of business in the United States, check this box	Code 09
Form 4720 (individual) 03 Form 5227 Form 990-PF 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extentime to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 Fax No.	
Form 990-PF 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III. including signature, is applicable only for an extentime to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 Fax No.	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 08 • After you enter your Return Code, complete either Part II or Part III. Part III. Part III. including signature, is applicable only for an extension of time to file Form 5330, you must enter the following information. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613	10
Form 990-T (trust other than above) 06 Form 5330 (individual) Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extentime to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613	11
Form 990-T (corporation) 07 Form 5330 (other than individual) Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III. Part III, including signature, is applicable only for an extentime to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613	12
Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extentime to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613	13
 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extentime to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 	14
time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 Fax No.	
Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 Fax No.	sion of
The books are in the care of MUSHTARI NAGPURWALA Telephone No. (408) 386-5613 Fax No.	
Telephone No. (408) 386-5613 Fax No.	
If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)	[If this is and attach
 I request an automatic 6-month extension of time until <u>11/15</u>, 20 <u>24</u>, to file the exempt organization for the organization named above. The extension is for the organization's return for: X calendar year 20 <u>23</u> or tax year beginning, 20, and ending, 20, 20, 20, 20, 20, 20, 20, 20	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	
any nonrefundable credits. See instructions. 3a \$	0
bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev. 1-2024) PEOPLES IMPACT NETWORK INC		84-4669403	Page 2
Part III	- Extension of Time To File Form 5330 (see instructions)			
1	I request an extension of time until, 20, to file Form 5330. You may be approved for up to a 6-month extension to file Form 5330, after the normal due da	ate of Forn	n 5330.	
а	Enter the Code section(s) imposing the tax. 1a			
b	Enter the payment amount attached.	1b	\$	
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c		
2	State in detail why you need the extension.			
Linder pen	altise of periury. I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and com	olete and that	t I am authorized	

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature

Date

Form **8868** (Rev. 1-2024)

5/1/2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

		the Treasury ue Service	Go	o to www.irs.	gov/Form990	for instructio	ns and the	latest	informatior			Inspection	n
			endar year, or tax		-			, and e					
B C			C Name of organizat		LES IMPACT N	NETWORK INC	С	,		Employer ic	lentifica	ation number	
-	dress o		Doing business as				-						
			Number and street	t (or P.O. box if m	nail is not delivere	d to street addres	ss) Room	n/suite	84-	4669403			
Na	ame cha	ange	1402 BRADFOR	D TRACE DF	۲				E	Telephone n	umber		
In	itial retu	ım	City or town			State	ZIP o	ode	080	941 2537	7		
Fir	al roturn	/terminated	ALLEN			ТХ	7500)2	303	3412331			
	anetum	leminated	Foreign country na	ame	Foreign province	e/state/county	Forei	gn postal					
Ar	nended	return							G	Gross receip	ots \$	2^2	14,047
A	oplicatio	on pending	F Name and address	s of principal offic	cer:				H(a) Is this a g	roup return for	subordina	ates? Yes	X No
			NAMITHA NAYAI	K 1402 BRAI		CE DR ALLE	N TX 750	002	H(b) Are all s				No
		-		1			_			attach a list.			
1 18	ax-exen	npt status:	X 501(c)(3)	501(c) ((insert	no.) 4947	7(a)(1) or	527			000 110		
JV	lebsite	: HTT	PS://PEOPLESIN	MPACT.ORG				-	H(c) Group e	xemption nu	mber		
κ F	orm of	organization:	X Corporation	Trust	Association	Other		L Yea	r of formation:	2020	M Sta	te of legal domicile:	ΤХ
Pa	rt I	Sun	nmary										
Ĭ	1		scribe the organ	ization's mise	sion or most s	ignificant act	tivities:	TÔE	ROMOTE	SUSTAIN	ARI F	FASHION REU	SE
8	•	CLOTHI				igninoant dot							0
Activities & Governance		020111							·····				
E	-		· · · · · · · · · · · · · · · · · · ·										
Š	2	Check th			tion discontinu			sposed	of more that	an 25% of		t assets.	
U at	3		of voting member								3		7
8	4		of independent v								4		7
itie	5	Total nun	nber of individual	ls employed i	in calendar ye	ar 2023 (Par	t V, line 2a	i)		· ·	5		0
ļ;	6	Total nun	nber of volunteer	s (estimate if									
9				5 (0500000	necessary).						6		
<	7a	Total unre	elated business r								6 7a		0
◄	7a b			revenue from	Part VIII, colu	umn (C), line	12			[0
▲			elated business r	revenue from	Part VIII, colu	umn (C), line	12		· · · ·	[7a	Current Year	
		Net unre	elated business r	revenue from xable income	Part VIII, colu e from Form 9	umn (C), line 90-T, Part I, I	12... line 11..		· · · ·	or Year	7a		
	b	Net unrel	elated business r ated business ta ions and grants (revenue from xable income (Part VIII, line	Part VIII, colu e from Form 9 e 1h)	umn (C), line 1 <u>90-T, Part I, l</u>	12 line 11	· · ·	· · · ·	or Year	7a 7b 625		
	b 8	Net unrel Contribut Program	elated business r ated business ta ions and grants (service revenue	revenue from <u>xable income</u> (Part VIII, line (Part VIII, lin	Part VIII, colu e from Form 9 e 1h) ue 2g)	umn (C), line 190-T, Part I, I 	12 line 11 	· · ·	· · · ·	or Year	7a 7b 625		11,503
Revenue A	b 8 9 10	Net unrel Contribut Program Investme	elated business r ated business ta ions and grants (service revenue nt income (Part V	revenue from <u>xable income</u> (Part VIII, line (Part VIII, lin VIII, column (Part VIII, colu e from Form 9 e 1h) le 2g) (A), lines 3, 4,	umn (C), line 190-T, Part I, I and 7d)	12 line 11 	· · ·	· · · ·	or Year	7a 7b 625 402		11,503
	b 8 9 10 11	Net unrel Contribut Program Investme Other rev	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, o renue (Part VIII, o	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li	Part VIII, colu e from Form 9 e 1h) le 2g) (A), lines 3, 4, ines 5, 6d, 8c,	umn (C), line 90-T, Part I, I and 7d) . . 9c, 10c, and	12 line 11 d 11e)	· · ·	· · · ·	or Year (178,4	7a 7b 625 402 0	20	11,503 02,544 0 0
	b 8 9 10 11 12	Net unrel Contribut Program Investme Other rev Total reve	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m	Part VIII, colu e from Form 9 e 1h) ue 2g) (A), lines 3, 4, ines 5, 6d, 8c, ust equal Part	umn (C), line 90-T, Part I, I and 7d) . . 9c, 10c, and VIII, column (/	12 line 11 d 11e) A), line 12)	· · · ·	· · · ·		7a 7b 6225 402 0 0	2(11,503 02,544 0 0 14,047
	b 8 9 10 11 12 13	Net unred Contribut Program Investme Other rev Total reve Grants a	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 nd similar amoun	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m ths paid (Part	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, iust equal Part IX, column (A	umn (C), line 90-T, Part I, I and 7d) . 9c, 10c, and VIII, column (/ A), lines 1–3)	12 line 11 d 11e) A), line 12)	· · · ·	· · · ·	or Year (178,4	7a 7b 525 402 0 0 027 714	2(11,503 02,544 0 0
Revenue	b 8 9 10 11 12 13 14	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, renue (Part VIII, o nue—add lines 8 nd similar amoun paid to or for mer	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part	Part VIII, colu e from Form 9 e 1h) (A), lines 3, 4, ines 5, 6d, 8c, <u>sust equal Part</u> IX, column (A)	umn (C), line <u>190-T, Part I, I</u> 	12 line 11 d 11e) A), line 12) 	· · ·	· · · ·		7a 7b 5 25 402 0 227 714 0	2(11,503 02,544 0 0 14,047 60,056 0
Revenue	b 8 9 10 11 12 13 14 15	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries,	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, renue (Part VIII, o nue—add lines 8 nd similar amoun paid to or for mer other compensatio	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part I on, employee	e 1h) e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, lust equal Part IX, column (A) benefits (Part I	umn (C), line <u>90-T, Part I, I</u> and 7d) , 9c, 10c, and <u>VIII, column (/</u> A), lines 1–3)), line 4) X, column (A),	12 line 11 d 11e) A), line 12) , lines 5–10	· · · · · · · · · · · · · · · · · · ·	· · · ·		7a 7b 525 402 0 027 714 0 0	2(11,503 02,544 0 14,047 30,056 0 0
Revenue	8 9 10 11 12 13 14 15 16a	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, renue (Part VIII, nue—add lines 8 f nd similar amoun paid to or for men other compensatio	(Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m through 11 (m thes paid (Part mbers (Part I on, employee ees (Part IX,	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, ust equal Part IX, column (A) benefits (Part I column (A), li	umn (C), line <u>90-T, Part I, I</u> and 7d) , 9c, 10c, and <u>VIII, column (/</u> A), lines 1–3)), line 4) X, column (A), ne 11e)	12 line 11 d 11e) A), line 12) , lines 5–10	· · · · · · · · · · · · · · · · · · ·	· · · ·		7a 7b 5 25 402 0 227 714 0	2(11,503 02,544 0 0 14,047 60,056 0
Revenue	b 8 9 10 11 12 13 14 15 16a b	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Profession Total fund	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 nd similar amoun paid to or for men paid to or for men paid to or for men paid fundraising for draising expense	(Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, os (Part IX, co	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, <u>sust equal Part</u> IX, column (A) benefits (Part I column (A), line blumn (D), line	umn (C), line <u>190-T, Part I, I</u> and 7d) bc, 10c, and <u>VIII, column (/</u> A), lines 1–3) b, line 4) X, column (A), ne 11e) 225)	12 line 11 d 11e) A), line 12) , lines 5–10	· · · · · · · · · · · · · · · · · · ·	· · · ·	178,4 178,4 179,(46,7	7a 7b 525 402 0 027 714 0 0 0 0	2(11,503)2,544 0 0 14,047 60,056 0 0 0
	b 8 9 10 11 12 13 14 15 16a b 17	Net unrel Contribut Program Investme Other rev Total reve Grants a Benefits Salaries, Professio Total func Other ex	elated business ra ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 nd similar amoun paid to or for men other compensatio onal fundraising for draising expense penses (Part IX,	(Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, co column (A), l	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, <u>ust equal Part</u> IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d,	umn (C), line <u>90-T, Part I, I</u> and 7d)	12 line 11 d 11e) A), line 12) , lines 5–10	· · · · · · · · · · · · · · · · · · ·	· · · ·	179,0 46,7	7a 7b 525 402 0 027 714 0 0 0 0 0 0 0 0 0 0 0 0	2(11,503)2,544 0 0 14,047 50,056 0 0 0 0 02,068
Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18	Net unrel Contribut Program Investme Other rev Total reve Grants a Benefits Salaries, Professio Total func Other ex Total exp	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 nd similar amoun baid to or for men bather compensation onal fundraising for draising expense benses (Part IX, enses. Add lines	(Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, cc column (A), l 13–17 (mus	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, ust equal Part IX, column (A) benefits (Part I column (A), line ines 11a–11d, t equal Part IX	umn (C), line <u>90-T, Part I, I</u> and 7d) , 9c, 10c, and VIII, column (<i>I</i> ,), lines 1–3)), line 4) , line 4) X, column (A) , ne 11e) , 25) , 11f–24e) X, column (A)	12 line 11 d 11e) A), line 12) , lines 5–10), line 25)	· · · · · · · · · · · · · · · · · · ·	· · · ·		7a 7b 525 402 0 027 714 0 0 0 10 126	2(11,503)2,544 0 0 14,047 30,056 0 0 0 0 0 0 0 2,068 32,124
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17	Net unrel Contribut Program Investme Other rev Total reve Grants a Benefits Salaries, Professio Total func Other ex Total exp	elated business ra ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 nd similar amoun paid to or for men other compensatio onal fundraising for draising expense penses (Part IX,	(Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, cc column (A), l 13–17 (mus	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, ust equal Part IX, column (A) benefits (Part I column (A), line ines 11a–11d, t equal Part IX	umn (C), line <u>90-T, Part I, I</u> and 7d) , 9c, 10c, and VIII, column (<i>I</i> ,), lines 1–3)), line 4) , line 4) X, column (A) , ne 11e) , 25) , 11f–24e) X, column (A)	12 line 11 d 11e) A), line 12) , lines 5–10), line 25)	· · · · · · · · · · · · · · · · · · ·			7a 7b 525 402 0 027 714 0 0 412 126 901	2(11,503)2,544 0 0 14,047 50,056 0 0 0 0 02,068
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other ex Total exp Revenue	elated business ra ated business ta ions and grants (service revenue nt income (Part VIII, o nue—add lines 8 nd similar amoun paid to or for mer other compensatio onal fundraising for draising expense benses (Part IX, enses. Add lines less expenses.	(Part VIII, line (Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ints paid (Part mbers (Part IX, ees (Part IX, co column (A), I 13–17 (must Subtract line	Part VIII, colu e from Form 9 e 1h) (A), lines 3, 4, ines 5, 6d, 8c, ust equal Part IX, column (A) benefits (Part I, column (A), line ines 11a–11d, t equal Part IX 18 from line 1	umn (C), line <u>90-T, Part I, I</u> and 7d). and	12 line 11 d 11e) A), line 12) . lines 5–10 	· · · · · · · · · · · · · · · · · · ·	· · · ·	58,4 07 Year	7a 7b 525 402 0 027 714 0 0 0 126 901 ear	2(2^ ((((11,503)2,544 0 0 14,047 60,056 0 0 0 0 0 0 0 0 22,068 52,124 51,923
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other ex Total exp Revenue	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, enue (Part VIII, enue nue—add lines 8 nd similar amoun baid to or for men other compensation onal fundraising for draising expense benses (Part IX, less expenses, se less (Part X, line	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part I on, employee ees (Part IX, co column (A), I 13–17 (mus Subtract line	Part VIII, colu e from Form 9 (A), lines 3, 4, ines 5, 6d, 8c, iust equal Part IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1	umn (C), line 90-T, Part I, I , 9c, 10c, and VIII, column (/ A), lines 1–3)), line 4) X, column (A), ne 11e) 25) , 11f–24e) . C, column (A) (2	12 line 11 d 11e) A), line 12) , lines 5–10), line 25) .)) 		58,4 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7	7a 7b 525 402 0 027 714 0 <td< th=""><th>2(2^ ((((</th><th>11,503)2,544 0 0 14,047 60,056 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th></td<>	2(2^ ((((11,503)2,544 0 0 14,047 60,056 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other ex Total exp Revenue Total ass Total liab	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, o nue—add lines 8 nd similar amoun paid to or for men other compensatio onal fundraising for draising expense benses (Part IX, i less expenses. Sets (Part X, line elities (Part X, line	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part IX on, employee ees (Part IX, co column (A), I 13–17 (mus Subtract line 16).	Part VIII, colu e from Form 9 (A), lines 3, 4, ines 5, 6d, 8c, <u>iust equal Part</u> IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1	umn (C), line 90-T, Part I, I , 90-T, Part I, I , 90-T, Part I, I , 90-T, Part I, I , 91-1 , 92-1 , 92-1 , 10-2 , 10-2 , 10-2 , 11-2 ,	12) 		58,4 179,0 179,0 46,7 58,4 105,7 73,9 of Current Yo 187,5 4,	7a 7b 525 402 0 027 714 0	2(2(() () () () () () () () (11,503)2,544 0 0 14,047 30,056 0 0 0 0 0 0 0 0 0 0 0 0 0
Net Assets or Fund Balances Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other exp Revenue Total ass Total ass Total liab Net asse	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 ind similar amoun paid to or for men paid to a	(Part VIII, line (Part VIII, line (Part VIII, lin VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part IX on, employee ees (Part IX, co column (A), I 13–17 (mus Subtract line 16).	Part VIII, colu e from Form 9 (A), lines 3, 4, ines 5, 6d, 8c, <u>iust equal Part</u> IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1	umn (C), line 90-T, Part I, I , 90-T, Part I, I , 90-T, Part I, I , 90-T, Part I, I , 91-1 , 92-1 , 92-1 , 10-2 , 10-2 , 10-2 , 11-2 ,	12) 		58,4 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7 0,7	7a 7b 525 402 0 027 714 0	2(2(() () () () () () () () (11,503)2,544 0 0 14,047 60,056 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Let Assets or Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other ex Total exp Revenue Total ass Total liab Net asse Sign	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, enue (Part VIII, enue nue—add lines 8 nd similar amoun baid to or for men baid to or for men to or fund balance baid to or fund balance baid to balance baid to balance baid to balance baid to balance baid to balance baid to balance balance baid to balance balance balance balance balance balance balance balance balance	(Part VIII, line (Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m nts paid (Part mbers (Part IX on, employee ees (Part IX, co column (A), l 13–17 (musi Subtract line 16) e 26) 	Part VIII, colu e from Form 9 (A), lines 3, 4, ines 5, 6d, 8c, <u>iust equal Part</u> IX, column (A), benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1	umn (C), line 90-T, Part I, I 	12 line 11 d 11e) d 11e) d 11e) d 11e) d 11e, d 11e,	· · · · · · · · · · · · · · · · · · ·	Pric	58,4 179,0 179,0 46,7 58,4 105,7 73,0 of Current Yo 187,0 4,1 183,7	7a 7b 525 402 0 027 714 0 0 0 0	2(2(() () () () () () () () (11,503)2,544 0 0 14,047 30,056 0 0 0 0 0 0 0 0 0 0 0 0 0
Net Assets or Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penalti	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other exp Revenue Total ass Total ass Total liab Net asse Sign es of perjury.	elated business r ated business ta ions and grants (service revenue nt income (Part V renue (Part VIII, o nue—add lines 8 ind similar amoun paid to or for men paid	(Part VIII, line (Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, cs (Part IX, cc column (A), I 13–17 (musi Subtract line 16).	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, <u>sust equal Part</u> IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1 line 21 from li	umn (C), line <u>190-T, Part I, I</u> and 7d) 	12 line 11 d 11e) A), line 12))) 	Beginning of	58,4 179,0 179,0 46,7 58,4 105,7 73,0 of Current Yo 187,0 4,1 183,7 st of my knov	7a 7b 525 402 0 027 714 0 0 0 0	2(2(() () () () () () () () (11,503)2,544 0 0 14,047 30,056 0 0 0 0 0 0 0 0 0 0 0 0 0
Net Assets or Expenses Revenue	b 8 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t II penalti	Net unrel Contribut Program Investme Other rev Total reve Grants at Benefits Salaries, Professio Total fund Other exp Revenue Total ass Total ass Total liab Net asse Sign es of perjury.	elated business r ated business ta ions and grants (service revenue nt income (Part VIII, enue (Part VIII, enue nue—add lines 8 nd similar amoun baid to or for men baid to or for men to or fund balance baid to or fund balance baid to balance baid to balance baid to balance baid to balance baid to balance baid to balance balance baid to balance balance balance balance balance balance balance balance balance	(Part VIII, line (Part VIII, line (Part VIII, line (Part VIII, line VIII, column (column (A), li through 11 (m ths paid (Part mbers (Part I on, employee ees (Part IX, cs (Part IX, cc column (A), I 13–17 (musi Subtract line 16).	Part VIII, colu e from Form 9 e 1h) e 2g) (A), lines 3, 4, ines 5, 6d, 8c, <u>sust equal Part</u> IX, column (A) benefits (Part I column (A), li blumn (D), line ines 11a–11d, t equal Part IX 18 from line 1 line 21 from li	umn (C), line <u>190-T, Part I, I</u> and 7d) 	12 line 11 d 11e) A), line 12))) 	Beginning of	58,4 179,0 179,0 46,7 58,4 105,7 73,0 of Current Yo 187,0 4,1 183,7 st of my knov	7a 7b 525 402 0 027 714 0 0 0 0	2(2(() () () () () () () () (11,503)2,544 0 0 14,047 30,056 0 0 0 0 0 0 0 0 0 0 0 0 0

Sign Here	Signature of office				Dat	e	
	NAMITHA NA	YAK		PRESIDE	NT		
	Type or print name	e and title					
	Print/Type prepar	rer's name	Preparer's signature	C)ate		PTIN
Paid						Check if	
Preparer	Ranju Mahesl	hwari	Ranju Maheshwari	Ę	5/18/2024	self-employed	P01592314
Use Only	Firm's name	Taxx Nation Inc			Firm's EIN	81-502410	2
	Firm's address	3612 Lawrence Dr, I	Naperville, IL 60564		Phone no.	331-215-76	63
May the IRS d	iscuss this retu	rn with the preparer sh	nown above? See instructions				X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. $\ensuremath{\mathsf{HTA}}$

Form 9	90 (2023)	PEOPLES IMPACT NETWORK		84-4669403 Page 2
Ра	rt III	Statement of Program Service Check if Schedule O contains	e Accomplishments a response or note to any line in this Part III	
1	-	escribe the organization's mission: MOTE SUSTAINABLE FASHION RE	USE CLOTHING	
2	the prior If "Yes,"	Form 990 or 990-EZ?		Yes 🗙 No
3	services	•	ke significant changes in how it conducts, any pro	gram
4	Describe expense	e the organization's program service a	ccomplishments for each of its three largest progr ganizations are required to report the amount of g	
4a		MOTE SUSTAINABLE FASHION RE	162,124_ including grants of \$60,056 USE CLOTHING	6) (Revenue \$214,047_)
4b	(Code:		including grants of \$	
)	
		G		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	(Expens		grants of \$ 0) (Revenue \$	0)
4e	Total pro	gram service expenses	162,124	

Form 990 (2023) PEOPLES IMPACT NETWORK INC

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		~
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
_		4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		v
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			~
	VII, VIII, IX, or X, as applicable.			
-				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>	44-		v
	Schedule D, Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an once, employees, or agents outside of the office states	70		
U U	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.	146		v
45		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х

Form **990** (2023)

Page **3** 84-4669403

Form 990 (2023)
Part IV

		-	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		Х
2-7u	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	290		Х
20	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
29	"Yes," complete Schedule L, Part IV	28c 29		X X
25 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
00	conservation contributions? If "Yes," complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			~
250	III, or IV, and Part V, line 1.	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		Х
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par			1	
	Check if Schedule O contains a response or note to any line in this Part V	• •	•	
			Yes	No
1a ⊾	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 0			
С	reportable gaming (gambling) winnings to prize winners?	1c	Х	

	DescriptionDescriptio	9403	Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" 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			
•u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	vu		
Ň	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
U	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organization have excess business holdings at any time during the year?	8		
0		0		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
a L		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
a b		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
120	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		1
15		4 5		х
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
_	If "Yes," complete Form 6069.			

Form 9	90 (2023) PEOPLES IMPACT NETWORK INC 84-4	669403	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No	11	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion 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	7		
	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
•	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		v
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			~
74	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			~
~	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	V	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b	^	
L	describe on Schedule O how this was done.	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	х	
b	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
-	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	5044		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (20) and 20) and 200-T (section (20) and 20) and 20) and 200-T (section (20) and 20) and	n 501(c))	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	0		
10	Own website Another's website X Upon request Other (explain on Schedule	,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and financial statements available to the public during the tax year.	JUIICY,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		13		
	1402 BRADFORD TRACE DR. ALLEN. TX 75002	· •		

Form 990 (2023)	PEOPLES IMPACT NETWORK INC	84-4669403	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated				
	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	ees				
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the						

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

organization's tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	neck ss pe	ition more rson irecte	e than of is both pr/truste employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	40.00	X				ă				
(1) NAMITHA NAYAK PRESIDENT	10.00 0.00	x								
(2) RANJANI NANGIA	10.00	^								
VICE PRESIDENT	0.00	x								
(3) MUSHTARI NAGPURWALA	5.00	~								
TREASURER	0.00	x								
(4) KALAI KRISHNAMURTHY	5.00									
DIRECTOR OF GRANTS	0.00	X								
(5) SHEHNAZ NAGPURWALA	5.00									
DIRECTOR OF INTERNAL AFFAIRS	0.00	X								
(6) MADHAVI NAIR	5.00									
DIRECTOR OF COMMUNITY OUTREACH	0.00	X								
(7) SHAILESH SHIRVAIKAR	5.00									
PIN-ED LEAD AND YOUTH ADVISOR	0.00	X								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2023)	PEOPLES IMPACT											4-466		Page 8
Pa	art VII	Section A. Officers, Dir	ectors, Tru	istees, Key Em	ploye I	es,			ghest	Co	ompensated Em	nployees (contini	ued)	
		(A) Name and title		(B) Average			Pos neck	more	than o is both		(D) Popertable	(E) Roporto	blo	Ectim	(F) ated amount
		Name and title		Average hours per week (list any hours for related organizations below dotted line)				irecto	or/truste		Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reporta compensa from rela organization 1099-MI 1099-NE	ation ated s (W-2/ SC/	com fr orgar	of other opensation rom the nization and organizations
(15)												N			
(16)															
(17)											\frown				
(18)															
(19)									ć						
(20)											0				
(21)															
(22)															
(23)															
(24)															
(25)															
1b	Subtotal				·						0		0		0
С		n continuation sheets to	-								0		0		0
 2	Total num	d lines 1b and 1c) ber of individuals (includin	g but not lir	nited to those lis					 recei\	/ed	0 more than \$100		0		0
		e compensation from the o													0 Yes No
3	employee	ganization list any former on line 1a? <i>If "Yes," comp</i>	olete Sched	ule J for such in	dividu	ual .	-			•				3	x
4	the organ	idividual listed on line 1a, i ization and related organiz	ations grea	iter than \$150,00	00? If	f "Ye	s,"	com	plete	Sc	hedule J for suc				
5	Did any p	· · · · · · · · · · · · · · · · · · ·	eive or accr		n fror	m ar	ıy u	nrel	ated o	orga	anization or indiv			4	X
- S oot		es rendered to the organize ependent Contractors	ation? If "Ye	es," complete So	chedu	ıle J	for	suc	h per:	son				5	X
1	Complete	this table for your five high ation from the organization												ax ve	ar.
			(A) I business add					<u>, -u</u>	2.10	.3	(B) Description of ser			(C) ompens	
															0
															0
															0
															0
2		ber of independent contra 1 \$100,000 of compensation			ed to	tho	se li	isteo	abov 0	ve)	who received				0

	990 (202					84-46694	03 Page 9
Par	t VIII						—
		Check if Schedule O contains a response or	note to any line ir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	·				luncion revenue		sections 512–514
ts s	1a	Federated campaigns	0				
ran	b	Membership dues	0				
, G	С	Fundraising events	0				
ar A	d	Related organizations	0				
s, G	е	Government grants (contributions) 1e	0				
ion Si	f	All other contributions, gifts, grants, and	44 500				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f	11,503				
ŭ Ţ	g	Noncash contributions included in	\$ 0				
aŭ C	h	lines 1a–1f		11,503			
	- "		Business Code	11,505			
8	2a	SALES		202,114			
ωŽ		OTHERS		430			
Se	с	·					
Program Service Revenue	d						
ñg	е			0			
Pro	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		202,544			
	3	Investment income (including dividends, interes					
		other similar amounts)		0			
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties	(ii) Personal	0			
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	c	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
-		other than inventory 7a	0				
nue	b	Less: cost or other basis					
		and sales expenses 7b					
Re	C	Gain or (loss)		0			
Other Reve	d 8a	Net gain or (loss)	 T	0			
£	Ua	events (not including \$ 0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from fundraising events .	<u></u>	0			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses					
	C	Net income or (loss) from gaming activities .	<u>· · · · · ·</u>	0			
	10a	Gross sales of inventory, less returns and allowances	0				
	b	Less: cost of goods sold					
	C C	Net income or (loss) from sales of inventory		0			
S			Business Code				
Miscellaneous Revenue	11a						
ane ∍nu	b						
cellaneo	С			0			
lisc	d	All other revenue		0			
Σ	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions		214,047	0	0	0

PEOPLES IMPACT NETWORK INC

following SOP 98-2 (ASC 958-720)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . (D) (B) (C) (A) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 60.056 60.056 2 Grants and other assistance to domestic individuals. See Part IV. line 22. 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 n 0 4 5 Compensation of current officers, directors, 0 0 Compensation not included above to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 0 9 ٥ 10 Ó 11 Fees for services (nonemployees): 51,000 Management 51,000 а ò b 2.915 2,915 С Accounting Lobbying ٥ d Professional fundraising services. See Part IV, line 17 . . . 0 е Investment management fees 0 f Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) . . . 0 0 12 Advertising and promotion 1.995 1.995 13 Office expenses 2,931 2,931 1,090 14 Information technology 1,090 15 Royalties 0 23,242 23,242 16 Occupancy 17 0 18 Payments of travel or entertainment expenses ٥ for any federal, state, or local public officials. Conferences, conventions, and meetings 19 0 20 Interest 0 Payments to affiliates . . . 0 21 22 Depreciation, depletion, and amortization. 0 0 0 23 Insurance 521 521 . . Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PAYPAL FEES 5,039 5.039 а b С SHIPPING & POSTAGE 12,826 12.826 d 509 509 е All other expenses 25 Total functional expenses. Add lines 1 through 24e 162,124 162,124 n 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

n

	n 990 (2				84-4669403 Page 11
Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X .		• •	<u> [_]</u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	187,901	1	236,577
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4		0	4	0
	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	0	5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
S	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6 7	
Assets	7	Notes and loans receivable, net	0	-	0
As	8	Inventories for sale or use	0	8 9	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	other basis. Complete Part VI of Schedule D10a0Less: accumulated depreciation10b0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11.	0	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intensible assets	0	14	0
	15	Other assets See Part IV line 11	0	15	0
	16	Other assets. See Part IV, line 11	187,901	16	236,577
	17	Accounts payable and accrued expenses	0	17	200,011
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	4,115	25	868
	26	Total liabilities. Add lines 17 through 25.	4,115	26	868
es		Organizations that follow FASB ASC 958, check here			
nc		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	0	27	
а р	28	Net assets with donor restrictions	0	28	
ŭ		Organizations that do not follow FASB ASC 958, check here			
Ľ		and complete lines 29 through 33.			
o s	29	Capital stock or trust principal, or current funds	0	29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	183,786	31	235,709
Net Assets or Fund Balances	32	Total net assets or fund balances	183,786	32	235,709
Z	33	Total liabilities and net assets/fund balances	187,901	33	236,577
					Form 990 (2023)

Form 9	990 (2023) PEOPLES IMPACT NETWORK INC	84-46694	03	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		214,047
2		2		162,124
3		3		51,923
4		4		183,786
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	3		
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))	o		235,709
Part		*		
	Check if Schedule O contains a response or note to any line in this Part XII.			
			Y	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2	2b	X
Ň	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			
С	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?	· · · 2	2c	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
2-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			x
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	· · ·	Ba	
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		Bb	
				90 (2023)
		Г ¹		(2023)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2023 Open to Public

OMB No. 1545-0047

	ent of the Treasury Revenue Service	Go		1990 for instructions ar		st informa		Inspection
	the organization						Employer identification	
PEOPL	ES IMPACT NET	WORK INC					84-46	69403
Part				ganizations must co				
		•	•	or lines 1 through 12,	-		•	
1				f churches described in		170(b)(1)((A)(i).	
2				ach Schedule E (Form				
3		-	-	ation described in sec	-			
4		arch organizatio e, city, and state		nction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Er	iter the
5		n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state	, or local govern	ment or governmen	tal unit described in se	ection 170)(b)(1)(A)(v).	
7			eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	om a gove	rnmental u	init or from the gene	ral public
8	A community tr	ust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9				section 170(b)(1)(A)(ix ure (see instructions).				
10 🗋	receipts from a support from gi	ctivities related to ross investment	to its exempt functio	an 33 1/3% of its suppo ins, subject to certain e ed business taxable in See section 509(a)(2) .	exceptions come (les	s; and (2) r s section {	no more than 33 1/3 511 tax) from busine	% of its
11	An organizatior	n organized and	operated exclusivel	y to test for public safe	ety. See se	ection 509)(a)(4).	
12	one or more pu	iblicly supported	organizations desc	y for the benefit of, to ribed in section 509(a ibes the type of suppo	i)(1) or see	ction 509(a)(2). See section 5	509(a)(3).
а	the supporte	ed organization(ervised, or controlled I larly appoint or elect a ions A and B.				
b	Type II. A su control or m	upporting organiz anagement of th	zation supervised or	controlled in connecti zation vested in the sa				
С	Type III fun	ctionally integra	ated. A supporting of	organization operated i You must complete F				rated with,
d	Type III non that is not fu	-functionally in Inctionally integr	tegrated. A support ated. The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w	ith its supported org uirement and an att	
е	Check this b	ox if the organiz	ation received a wr	lete Part IV, Sections itten determination from Ily integrated supportin	m the IRS	that it is a		e III
f	•	er of supported				auon.		0
g			about the support					· · · ·
(i) Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total							0	0

	rt II Support Schedule for Orga (Complete only if you checked	ed the box on li	cribed in Sec ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify u	
	Part III. If the organization fa	ils to qualify un	der the tests li	sted below, plea	ase complete F	Part III.)	
	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		<u>0</u> 0
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)			Č	0		
6	Public support. Subtract line 5 from line 4						0
-	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
_		(a) 2019 0	(b) 2020	0		(e) 2023 0	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0			0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	\odot	,			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Ş					0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the orga organization, check this box and stop here	anization's first, sec	ond, third, fourth,	or fifth tax year as a	a section 501(c)(3)	12	<u>0</u>
Sec	ction C. Computation of Public Su	pport Percenta	age				
14 15	Public support percentage for 2023 (line 6, c Public support percentage from 2022 Sched	ule A, Part II, line 1	4			14 15	0.00% 0.00%
	33 1/3% support test—2023. If the organiz and stop here. The organization qualifies as	s a publicly support	ed organization .				🗌
	33 1/3% support test—2022. If the organiz box and stop here. The organization qualified	es as a publicly sup	ported organizatio	on			🔲
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets Part VI how the organization meets the facts organization	the facts-and-circur	mstances test, che	ck this box and sto	op here. Explain in		🔲
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box an nization qualifies a	nd stop here . Expl	ain	
18	Private foundation. If the organization did instructions				this box and see		
_							

Schedule A (Form 990) 202

Sche	dule A (Form 990) 2023 PEOPLES	IMPACT NETWO	ORK INC			84-466940	03 Page 3
Pai	rt III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you check	ed the box on li	ne 10 of Part I	or if the organiz	zation failed to	qualify under Pa	art II.
	If the organization fails to qu	alify under the	tests listed belo	ow, please com	plete Part II.)		
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				625	11,503	12,128
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		34,255	148,383	177,766	202,114	562,518
3	Gross receipts from activities that are not an		- ,	-)	,		
-	unrelated trade or business under section 513.						0
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						0
3	furnished by a governmental unit to the						
	organization without charge						0
6	•	0	34,255	148,383	178,391	213,617	574,646
0	Total. Add lines 1 through 5	0	54,255	140,303	170,391	213,017	574,040
/a	received from disqualified persons						0
							0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)			•			574,646
	ction B. Total Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	34,255	148,383	178,391	213,617	574,646
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
с	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	34,255	148,383	178,391	213,617	574,646
14	First 5 years. If the Form 990 is for the orga					2.0,011	
	organization, check this box and stop here			,	()()		X
Soc	ction C. Computation of Public Su						
-						15	0.00%
15	Public support percentage for 2023 (line 8, o	.,	•	. , ,		15	0.00%
<u>16</u>	Public support percentage from 2022 Sched					16	0.00%
-	ction D. Computation of Investmen					47	
17	Investment income percentage for 2023 (line		-			17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organ						
-	not more than 33 1/3%, check this box and s				-		· · · · · L
b	33 1/3% support tests—2022. If the organ						
	line 18 is not more than 33 1/3%, check this	-	-				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

	ule A (Form 990) 2023 PEOPLES IMPACT NETWORK INC	84-4669403	I	Page 5
Part	IV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b ar			
	11c below, the governing body of a supported organization?	11		
b	A family member of a person described on line 11a above?	11	b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pl			
	detail in Part VI.	11	С	
Sect	tion B. Type I Supporting Organizations			T
		•	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su	-w-		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	-		X
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		X
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 "Ves," explain in Pa	int		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			V
Sect	supervised, or controlled the supporting organization.	2		Х
Seci	tion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the director		res	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contro or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		X
Sect	tion D. All Type III Supporting Organizations			<u> </u>
Jeci	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the p			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			Х
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part 1			
	the organization maintained a close and continuous working relationship with the supported organization(s			Х
3	By reason of the relationship described on line 2, above, did the organization's supported organizations ha			<u> </u>
Ū	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		х
Sect	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar (see instructio	ns)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			

- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2023 PEOPLES IMPACT NETWORK INC			1669403 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VII Saa
instructions. All other Type III non-functionally integrated supporting organ	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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		7
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10	N	
d Total (add lines 1a, 1b, and 1c)	1d	0	(
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	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section C - Distributable Amount		0	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		(
2 Enter 0.85 of line 1.	2		(
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		(
4 Enter greater of line 2 or line 3.	4		(
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		(
7 Check here if the current year is the organization's first as a non-functional	llv inte	prated Type III supporting	

instructions).

1

Schedule A (Form 990) 2023

Part	Ule A (Form 990) 2023 PEOPLES IMPACT NETWORK INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cc ion D - Distributions	ontinued)
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	_6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (i) Underdist Pre-2	ributions
1	Distributable amount for 2023 from Section C, line 6	

			9	
9	Distributable amount for 2023 from Section C, line 6	0		
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.	Ċ		
3	Excess distributions carryover, if any, to 2023			
а	From 2018 0			
b	From 2019 0			
C	From 2020 0			
d	From 2021 0			
е	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount	-		0
<u> </u>	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
C	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j	0		0
	and 4c.	0		
8	Breakdown of line 7.			
<u>a</u>	Excess from 2019 0			
<u>b</u>	Excess from 2020			
<u> </u>	Excess from 2021			
d	Excess from 2022 0			
e	Excess from 2023 0			

Schedule A (Form 990) 2023

84-4669403

1

2 3

4

5 _6 7

8

Current Year

Page 7

0

Schedule A (F Part VI	Form 990) 2023 PEOPLES IMPACT NETWORK INC Supplemental Information. Provide the explanations required by Part II, line		Page 8
	 III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; F 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 lines 2, 5, and 6. Also complete this part for any additional information. (See 	Part IV, Section E, lines 1c, 2a, 2b, 5, 6, and 8; and Part V, Section E,	
		,	
		•	
		- ()	
	č		
		ク	
	\sim		
	. (7)		
	X		

SCHE	DULE	D
(Form	990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

2023
Open to Public

	ment of the Treasury	Ca ta unun ira na	Attach to Form 99		41 a	Open to Public
	I Revenue Service	Go to www.irs.gov	/Form990 for instructions			Inspection
	of the organization			Empl	oyer identifica	tion number
	PLES IMPACT NE					4-4669403
Part		ions Maintaining Donor A			r Account	is.
	Complete i	f the organization answere				
			(a) Donor advised	funds	(b) Funds	s and other accounts
1		end of year				
2		contributions to (during year) .				
3		grants from (during year)				
4		at end of year				
5		tion inform all donors and dono				
~	•	anization's property, subject to				YesNo
6	-	tion inform all grantees, donors				1
		e purposes and not for the ben			er purpose	
		missible private benefit?		<u>·····</u>		Yes No
Par		tion Easements.				
		f the organization answere				
1		nservation easements held by				
	Preservation	of land for public use (for exampl	e, recreation or education)	Preservation of a	historically	important land area
	Protection of	f natural habitat		Preservation of a	certified his	storic structure
	Preservation	of open space				
2		a through 2d if the organization	n held a qualified conserv	ation contribution in the	e form of a c	conservation
		last day of the tax year.				leld at the End of the Tax Year
а	Total number of o	conservation easements .			2a	
b	Total acreage res	stricted by conservation easem	ents		2b	
С	Number of conse	ervation easements on a certifie	ed historic structure includ	led on line 2a...	2c	
d		ervation easements included or				
		structure listed in the National			2d	
3	Number of conse	ervation easements modified, tr	ansferred, released, extir	nguished, or terminated	I by the orga	anization during
	the tax year					
4		s where property subject to con				
5		ation have a written policy reg				
		nforcement of the conservation				Yes No
6	Staff and volunteer	r hours devoted to monitoring, ins	pecting, handling of violation	ns, and enforcing conserv	ation easem	ents during the year
7	Amount of expense	es incurred in monitoring, inspecti	ng, handling of violations, a	nd enforcing conservatior	1 easements	during the year
_						
8		ervation easement reported on				
		h)(4)(B)(ii)?				
9		ribe how the organization repo				
		nd include, if applicable, the te		ganization's financial s	tatements t	hat describes the
Devi		counting for conservation ease		T	0:	A 4 -
Par		ions Maintaining Collection			er Similar	Assets.
		f the organization answere				
1a		n elected, as permitted under F				
		orical treasures, or other simila				
b		ovide in Part XIII the text of the				
a	•	n elected, as permitted under F	· · · · ·			
		reasures, or other similar asset	-	n, education, or resear	ch in further	ance of public
		the following amounts relating t				¢
		uded on Form 990, Part VIII, lir				\$
•		ed in Form 990, Part X				۵
2	-	n received or held works of art			inancial gai	n, provide the
_	-	ts required to be reported unde	-			¢
a		d on Form 990, Part VIII, line 1				\$
b	Assets included i	in Form 990. Part X				. እ

Sched	ule D (Form 990) 2023 PEOPLES IMPACT NET	VORK INC		84-46694	403	Page 2
Part	III Organizations Maintaining Collect	tions of Art, Historic	al Treasures, or Ot	her Similar Assets	(continued))
3	Using the organization's acquisition, accession	on, and other records, che	eck any of the following	that make significant u	use of its	
	collection items (check all that apply).					
а	Public exhibition	d 🗌 L	oan or exchange prog	ram		
b	Scholarly research					
с	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain how	they further the organi	zation's exempt purpos	se in Part	
	XIII.					
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Yes	No
Part	IV Escrow and Custodial Arrangeme	ents.				
	Complete if the organization answe). Part IV. line 9. or r	eported an amount	on Form	
	990, Part X, line 21.		, , ,			
1a	Is the organization an agent, trustee, custodia	an, or other intermediary	for contributions or othe	er assets not		
	included on Form 990, Part X?	-			Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	g table.			4
				A	mount	
С	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		0
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21, f	or escrow or custodial	account liability?	Yes X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	ation has been provide	d in Part XIII....		
Part	V Endowment Funds.	•				
	Complete if the organization answe	red "Yes" on Form 990), Part IV, line 10.			
	(a) (Current year (b) Prior y	ear (c) Two years bad	ck (d) Three years back	(e) Four years	s 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					
t	Administrative expenses		0			
g	End of year balance	0		0 0		0
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	%	e ig, column (a)) neid a	15.		
a b	Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c	Term endowment %	<u> </u>				
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posses	-	hat are held and admir	nistered for the		
	organization by:	Ū			Yes	No
	(i) Unrelated organizations				3a(i)	
	(ii) Related organizations				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required of	n Schedule R?		3b	
4	Describe in Part XIII the intended uses of the	organization's endowme	nt funds.			
Part						
	Complete if the organization answe	red "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part 2	X, line 10.	
	Description of property		(b) Cost or other basis	(c) Accumulated	(d) Book valu	le
		(investment)	(other)	depreciation		
1a		0	0			0
b	Buildings	0	0	0		0
C d	Leasehold improvements	0	0	0		0
d	Equipment	0	0	0		0
e Total	Other	÷		-		0
		-, -: -: · · · · · · · · · · · · · · · · ·				5

Total Add lines 1a through 1e	(Column (d) must equal Form 990, Part X, line 10c, column (B)).	
	(0)	

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 99	0, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	Il derivatives	0		
(2) Closely	held equity interests	0		
(3) Other	· · ·			
(D)				
(E)				
(F)				
(G)				•
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B)) .	0		
Part VIII	0			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 99	0, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation:
(4)				
(1)				
(2)				
<u>(3)</u> (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B)) .	0		
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11d. See Form 99	0. Part X. line 15.
	(a) Descr		,	(b) Book value
(1)	^			
(2)				
(3)				
(4)		•		
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 15, o	col. (B))		0
Part X	Other Liabilities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
<u>1.</u>		tion of liability		(b) Book value
				0
	IT CARD LIABILITIES			868
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, o	col. (B))		868
	(· / · · · · · · · · · · · · · · · · ·	·· (=// · · · · · ·		500

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

Schedu	ule D (Form 990) 2023 PEOPLES IMPACT NETWORK INC	84-4669403	Page 4
Par			<u> </u>
	Complete if the organization answered "Yes" on Form 990, 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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.).		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		^r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.).		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.).		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V. line 4: Part X	. line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		

Page 5

Part XIII	Supplemental Information (continued)
	A

SCHEDULE I		Grants and	Grants and Other Assistance to Organizations,	ance to Organ	izations,		OMB No. 1545-0047
(Form 990)		Governmen: Complete if the ord	Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV line 21 or 22	uals in the Uni	ted States		2023
Denartment of the Treasury			Attach to Form 990.	orm 990.			Open to Public
Internal Revenue Service		Go to	Go to www.irs.gov/Form990 for the latest information	or the latest informatic	on.		Inspection
Name of the organization						Employer identification number	cation number
PEOPLES IMPACT NETWORK INC	ETWORK INC					84	84-4669403
Part General	General Information on Grants and Assistance	s and Assistance					
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate the amou	unt of the grants or assi	stance, the grantees' e	iligibility for the grants o	or assistance, and	
the selection crite	the selection criteria used to award the grants or assistance?		· · · · ·	· · · · ·	· · · ·		Yes X No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring		the use of grant funds in the United States.	n the United States.			
Part II Grants a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization an 900 Part IV line 21 for any recipient that received more than \$5,000. Part II can be dunicated if additional snare is needed	o Domestic Organ	nizations and Dome	estic Governments		Complete if the organization answered "Yes" on Form ad if additional snare is needed	d "Yes" on Form
1 (a) Name and address of organization	forganization (b) EIN	(if annication	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
(1) UNDER MY UMBRELLA		C			omer)		
(2) 2 THE NEXT SHIFT			2,300				
(3) UNITED THROUGH HOPE	HOPE						
(4) ONE EARTH ONE CHANCE	HANCE		5,000				
(5) WEEKEND WONDERS 4 KIDS	RS 4 KIDS		1.500				
(6) KIRAN INC			5,000	S 1.			
(7) ASHIYANAA			5,000				
(8) COLOR ME SAFE FOUNDATION	DUNDATION		5,000	9	C		
(9) LIFT R&R			2,000		5		
(10) FRESH START FOR YOUR HEAR	YOUR HEAR		2,000				
(11) MAUI FOOD BANK			4,671				
(12) UNDER MY UMBRELLA			3 500				
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government organize	ations listed in the line 1	I table	- · · · · · · · · · · · · · · · · · · ·	· · · ·	
3 Enter total numb For Paperwork Reduction	3 Enter total number of other organizations listed in the line 1 table For Panerwork Reduction Act Notice see the Instructions for Form 990	sted in the line 1 table uctions for Form 990		· · · ·	· · · ·	•	18 Schedule I (Form 990) 2023
			-				

HTA

F Schedule I (F Part III	PEOPLES IMPACT NETWORK INC Schedule I (Form 990) 2023 Schedule I (Form 990) 2023 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of colspan (c) Amount of noncesh assistance (f) Description of recipients or assistance (f) Description of recipients oreached or assistance (f) De	omestic Individu I space is needec (b) Number of recipients	als. Complete if the (c) Amount of cash grant	 organization answe (d) Amount of noncash assistance 	sred "Yes" on Form 990 (e) Method of valuation (book, FMV, appraisal, other)	84-4669403 Page 2 , Part IV, line 22. (f) Description of noncash assistance	
3 5 -							
و ي 4							
7 Part IV	Supplemental Information. Provide the information required in	e the information r	equired in Part I, line	e 2; Part III, column	2; Part III, column (b); and any other additional information.	ional information.	
				D	0		
						Schedule I (Form 990) 2023	_

	U	Continuatio	ation Sheet for Schedule I (Form 990)	Schedule I (Form 990)		Dare 1 of 1
Name of the organization						Employer identification number	5
PEOPLES IMPACT NETWORK INC						84-4669403	
Part II Continuation of Grants and Other Assistance to	and Other As	-	Governments and Organizations in the United States	ganizations in tl	ne United States		
(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) GRASSROOTS PROJECTS			5,000				
(14) MUFFIN			5.000				
(15) TOMORROW'S LEADERS TODAY	2		3 700				
(16) HUNGRY BUSTERS	5		1.500				
(17) THE LAST PATROL		C,	3.000				
(18) MUFFIN			185				
(19)			C				
(20)			X				
(21)							
(22)				<u>S</u>			
(23)							
(24)				0	C		
(25)					5		
(26)							
(27)					-		
(28)							
(29)							

		Continuati	ation Sheet for Schedule I (Form 990)	Schedule I (F	orm 990)	Page 1 of 1
Name of the organization PEOPLES IMPACT	Name of the organization PEOPLES IMPACT NETWORK INC					mber
Part III C	Continuation of Grants and Other Assistance to Individuals in the United States	Assistance to In	dividuals in the Ur	ited States		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8						
თ						
10	S					
5	5					
12						
13		5	÷ C			
14						
15						
16						
17						
18						
19				5		
20						
21						
22						
23						
24						
25						
26						

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	ns on 2023 Open to Public Inspection
Name of the organization PEOPLES IMPACT N	ETWORK INC	Employer identification number 84-4669403
Form 990, Part VI, Se	ction B, Line 11B: ORGANIZATIONS PROCESS TO REVIEW FORM 990: C	RGANIZATION
HOLDS A SPECIAL N	IEETING TO REVIEW THE TAX RETURN AND UPON UNANIMOUS VOTE	FOR APPROVAL ONE OF
THE OFFICERS OF T	HE ORGANIZATION WILL SIGN THE RETURN FOR FILING WITH THE A	PROPRIATE TAX
AUTHORITIES		
Form 990, Part VI, Se	ction B, Line 19: GOVERNING DOCUMENTS DISCLOSURE EXPLANATIO	N: UPON
WRITTEN REQUEST	THE ORGANIZATION WILL PROVIDE ANY GOVERNING DOCUMENTS,	DISCLOSURE EXPLANATION,
FINANCIAL STATEM	ENTS AND CONFLICT OF INTEREST STATEMENT TO THE PUBLIC	
	• ()	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
PEOPLES IMPACT NETWORK INC	84-4669403
	A
	/

Form	887	'9-1	٢E
------	-----	------	----

Department of the Treasury

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning

, 2023, and ending _____, 20 Do not send to the IRS. Keep for your records.

2023

Internal Re	evenue Service	Go to www.irs.	gov/Form8879TE for the latest informat	ion.	
Name of fil	er			EIN or SSN	
PEOPLE	ES IMPACT NET	WORK INC		84-466	9403
Name and	title of officer or pers	on subject to tax			
1	IA NAYAK			PRESIDENT	
Part I	Type of F	eturn and Return Informatio	n		
CP and F 5a, 6a, 7a 5b, 6b, 7 applicable	Form 5330 filers n a, 8a, 9a, or 10a b, 8b, 9b, or 10b e line below. Do i	ay enter dollars and cents. For all oth below, and the amount on that line for whichever is applicable, blank (do no ot complete more than one line in Pa		neck the box on line 1a, ank, then leave line 1b, return, then enter -0- on	2a, 3a, 4a, 2b, 3b, 4b, he
	m 990 check her		nue, if any (Form 990, Part VIII, column (A		· · · · ·
	m 990-EZ check		1ue, if any (Form 990-EZ, line 9)		
	m 1120-POL che		Form 1120-POL, line 22).		
	m 990-PF check		on investment income (Form 990-PF, Pa		
	m 8868 check he		Je (Form 8868, line 3c)		
	m 990-T check h		Form 990-T, Part III, line 4)		-
	m 4720 check he	· ·	Form 4720, Part III, line 1)		-
	m 5227 check he		sets at end of tax year (Form 5227, Item		
	m 5330 check he		orm 5330, Part II, line 19)		
	m 8038-CP chec		edit payment requested (Form 8038-CP, Part III, I		b
Part II	Declarati	on and Signature Authorizat	ion of Officer or Person Subject	to Tax	
2023 electrony complete intermedia acknowle the date of (direct de return, ar 1-888-35) processir the paym	Ctronic return and I further declare iate service provid edgement of recei of any refund. If a abit) entry to the fi ad the financial in 3-4537 no later th ng of the electroni	accompanying schedules and statem that the amount in Part I above is the er, transmitter, or electronic return ori of or reason for rejection of the transm policable, I authorize the U.S. Treasur fancial institution account indicated in titution to debit the entry to this accound an 2 business days prior to the payment of taxes to receive confidered a personal identification number (F	, (EIN) <u>84-4669403</u> and the ents, and, to the best of my knowledge and amount shown on the copy of the electron ginator (ERO) to send the return to the IRS hission, (b) the reason for any delay in pro- y and its designated Financial Agent to init the tax preparation software for payment to init. To revoke a payment, I must contact the ent (settlement) date. I also authorize the fin- that information necessary to answer inquir IN) as my signature for the electronic return	ic return. I consent to all S and to receive from the cessing the return or refu- tiate an electronic funds of the federal taxes owe the U.S. Treasury Financia inancial institutions invol iries and resolve issues in	rrect, and ow my IRS (a) an and, and (c) withdrawal d on this al Agent at ved in the related to
PIN: che	eck one box on	у			_
X	I authorize	Taxx Nation Inc ERO firm name	to enter my PII	N 60564 Enter five numbers, bu do not enter all zeros	as my signature t
	a state agency		I have indicated within this return that the IRS Fed/State program, I also aut screen.		
	electronically f	ed return. If I have indicated withi	t to the entity, I will enter my PIN as my n this return that a copy of the return is program, I will enter my PIN on the retu	being filed with a stat	e agency(ies)
Signature	of officer or person s	biect to tax		Date	

	Buto
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	15952860564 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the that I am submitting this return in accordance with the requirements of Pub. 4 IRS e-file Providers for Business Returns	

ERO's signature	Ranju Maheshwar
-----------------	-----------------

Date

5/18/2024

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form	887	' 9 -'	ΓE
------	-----	---------------	----

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning ______, 2023, and ending ______

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

84-4669403

EIN or SSN

PRESIDENT

Name of filer

PEOPLES IMPACT NETWORK INC

Name and title of officer or person subject to tax

NAMITHA NAYAK

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-	
CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a,	
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b,	
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the	
applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	

2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22).	3b	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5).	4b	
5a	Form 8868 check here X	b	Balance due (Form 8868, line 3c)	5b	0
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

I am a person subject to tax with respect to (name Under penalties of periury. I declare that I am an officer of the above entity or of entity) PEOPLES IMPACT NETWORK INC , (EIN) 84-4669403 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize	Taxx Nation Inc	to enter my PIN		as my signature
	ERO firm name		Enter five numbers, but	
			do not enter all zeros	

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

	Dale	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	159528	
	do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the	,	

that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Ranju Maheshwari

Date _____

5/18/2024

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

PEOPLES IMPACT NETWORK INC

84-4669403

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Fo	orm family	applicabil	ity	
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041
Name of signing officer or fiduciary . <u>NAMITHA</u> NAYAK					
Check ("X") if foreign officer and does not have a SSN/TIN					
Check ("X") if officer opts not to provide SSN/ITIN OR					
Enter SSN/EIN of signing officer or fiduciary	Y	Y	Y	Y	Y
	•				
Total Income from Prior Year return	Y	Y	Y		Y
If claiming deduction for Salary & Wages on current year return, mark this box and enter the <u>COUNT</u> of original W2's reported to SSA for this tax year.	Y	Y	Y		
	-	1	I		
If claiming Compensation of Officers on current year return, mark this box					
and enter the number of officers		Y	Y		
	V	V	V		
Parent Company EIN	Y	Y	Y		
Business's Primary Physical Address:					
Street					
Line 2					
City St Zip					
Country Province Postal Code	Y	Y	Y		
Grantor Name					
Grantor SSN					Y
Indicate which, if any, of the following forms this entity is required to file.					
720 990 1042					
940 941 943 944 945	Y	Y	Y		
	<u> </u>				
Were estimated tax payments made for this entity towards the current tax year's liability?					
Yes No		Y	Y		Y
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
First Payment, regardless of quarter or date paid. Method Direct Debit/ACH Cash Check EFTPS					
Method Direct Debit/ACH Cash Check EFTPS					
Amount paid with first quarter					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					
EFTPS Confirmation Number					
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.					
Last Payment, regardless of quarter or date paid.					
Do NOT use if only one estimated payment was made.					
Method Direct Debit/ACH Cash Check EFTPS					
Amount of last payment					
Date payment was requested to be debited					
For Cash payments, date cash was deposited. For Check payments, date on check.					
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment					

EFTPS Confirmation Number

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3		
	Related organizations			
	Government grants (contributions).			
6	All other contributions, gifts, grants, and similar amounts not included above:			
	CHARITABLE CONTRIBUTIONS RECEIVED		11,503	
	Other contributions total	6 _	11,503	0
7	Total	7	11,503	0

Part X, Line 25 (990) - Other Liabilities

_	Total:	4,115	868
	Description	Beginning	End
1	Federal income taxes	0	0
2	CREDIT CARD LIABILITIES	4,115	868