Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

TIN: 26-2947725OMB No. 1545-0047

2022

Open to Public Inspection

A Fo	r th	ne 2022 ca	elendar year, or tax year beginning 07-01-2022 , and ending 06-30	-2023				
B Che	ck if a	applicable:	C Name of organization IGNITE WORLDWIDE			D Employ	er identi	fication number
○ Add	dress	change	IGNITE WORLDWIDE			26-294	7725	
		hange	Doing business as					
O Init		eturn rn/terminated	Doing business us					
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te		E Telephon	e number	r
О Арі	olicati	ion pending	3414 236th St SW			(206) 6	83-3258	3
			City or town, state or province, country, and ZIP or foreign postal code					
			Brier, WA 98036			G Gross re	ceipts \$ 7	744,166
			F Name and address of principal officer:	H(a)	Is this	a group re	turn for	
			Cathi Rodgveller 3414 236th St SW			inates?		☐Yes ✓No
			Brier, WA 98036	H(b)	Are all include	subordinat	es	☐ Yes ☐No
I Tax	-exer	mpt status:	✓ 501(c)(3) □ 501(c)() ◀ (insert no.) □ 4947(a)(1) or □ 527				ist. See	instructions.
J W	ebsi	te:▶ ww	v.igniteworldwide.org			exemption		
K Forn	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of	f format	ion: 2007		of legal domicile:
							WA	
Pa	rt I	Sumi	mary					
			cribe the organization's mission or most significant activities: orldwide is the answer to achieving gender equity in STEM. We work directly	, with to	achore	during the	o school	day to provide
			ing that promotes STEM education and career advancement for girls and no					
Ce			es. Through hands-on events that connect students with role models who li pilities for their futures.	ive and	work ir	their com	munities	s, students recognize
a		new possii	mines for their futures.					
Jen J								
50			- 0					
×8	_	Check thi	s box ▶ □ f voting members of the governing body (Part VI, line 1a)				3	4
es	4		f independent voting members of the governing body (Part VI, line 1b)				4	3
Activities & Governance	5		ber of individuals employed in calendar year 2022 (Part V, line 2a)				5	8
TO T	6		ber of volunteers (estimate if necessary)				6	626
-	7a		elated business revenue from Part VIII, column (C), line 12		•	•	7a	0
			ated business taxable income from Form 990-T, Part I, line 11				7b	0
		Net uniter	sted business taxable income from Form 550-1, Fart 1, line 11		 Drio	r Year	75	Current Year
		Contribut	ions and grants (Port VIII, line 1h)		FIIU	725,8	250	589,009
2			ions and grants (Part VIII, line 1h)					<u>_</u>
Revenue		_	service revenue (Part VIII, line 2g)			77,5	27	47,324
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)				_	375
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-11,6 791,7		44,219 680,927
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			/91,/		
			d similar amounts paid (Part IX, column (A), lines 1–3)				0	0
		•	paid to or for members (Part IX, column (A), line 4)				0	0
88			other compensation, employee benefits (Part IX, column (A), lines 5-10)			647,7	_	676,859
Expenses			nal fundraising fees (Part IX, column (A), line 11e)				0	0
×			aising expenses (Part IX, column (D), line 25) 140,085					
ш		•	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			59,0		93,597
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			706,7	773	770,456
	19	Revenue	ess expenses. Subtract line 18 from line 12			84,9		-89,529
Net Assets or Fund Balances				Begir	nning o	f Current Y	ear	End of Year
sets	20	Total acc	its (Part V. line 16)			920.0	340	724 140
Ass Be	20		tts (Part X, line 16)			829,6		734,149
und	21		lities (Part X, line 26)			25,1		18,974
- LL	22	Net asset	s or fund balances. Subtract line 21 from line 20			804,4	169	715,175

Part II Signature Block

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

Sign	S	ignature of officer			Date	
Here	N _C	athi Rodgveller CEO				
		ype or print name and title				_
		Print/Type preparer's name	Preparer's signature	Date 2024-05-10	Check if	PTIN P02529579
Paid		Firm's name ► The Charity CFO LLC		2024-03-10	self-employed	
Prepa Use (·				
	Jy	Firm's address > 1310 Papin Street Sui			Phone no. (314) 390-0220
		Saint Louis, MO 6310	23			
•		cuss this return with the preparer sho k Reduction Act Notice, see the se		Cat. N	No. 11282Y	
orm 99	90 (2022	2)	rage 2			Page 2
Part I	S 1	tatement of Program Service	Accomplishments			. 490 =
	Ch	neck if Schedule O contains a respons	e or note to any line in this Part III .			
- IGNITE that pro	Worldwi omotes S	escribe the organization's mission: Ide is the answer to achieving gender STEM education and career advancement nect students with role models who live	ent for girls and nonbinary youth from	m historically m	narginalized co	mmunities. Through hands-on
t I	he prior f "Yes," ເ	rganization undertake any significant Form 990 or 990-EZ?				☐ Yes ✓ No
S	ervices?	rganization cease conducting, or makens or the conduction of the c		cts, any progra	m 	
S	Section 5	the organization's program service ac $01(c)(3)$ and $501(c)(4)$ organizations nue, if any, for each program service r	are required to report the amount of			
A V P	olunteers articipatir) (Expenses \$ school chapter would include: panel discuss supporters, the building of peer support, are girls. Since 1999, IGNITE has educated a STEM. In the Seattle School District alone, fent.	nd hosting IGNITE events for girls. IGNITE nd empowered over 80,000 young women	hold events through in middle school a	ghout the year to and high school g	introduce STEM careers to the grades to pursue education and
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
- - - - -						
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
- - - - - -						
	Other pro	ogram services (Describe in Schedule s \$ 0 includi	O.) ng grants of \$	0) (Revenue s	\$	0)
`		ogram service expenses	471.707	, , , , , , , , , , , , , , , , , , , ,		,

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . 5 No 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No 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 No 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a No Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐮 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No **14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a No Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a Nο **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			N-
37	organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No No
38	is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.	37		No
Po	All Form 990 filers are required to complete Schedule O	38	Yes	
Ра	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 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 reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	0 (2022)
		r	OHH 99	v (2022)
	Page 5 ———————————————————————————————————			
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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
22	Enter the number of employees reported on Form W-3. Transmittal of Wage and			

	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? $\dots \dots \dots$	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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? If "Yes," complete Form 6069.	17		
	a rest complete rottii 00001	F	orm 99 0	0 (2022)

Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	~
Se	ction 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 4			Ì
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			Ī
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	$ \hbox{ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . } \\$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			İ
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.) Yes	No
Λa	Did the organization have local chapters, branches, or affiliates?	10a	Yes	140
	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?	10a	Yes	
1.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	100	103	
Ia	form?	11a	Yes	1
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	<u></u>
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			' -
6a	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		No
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		_
Se	ction C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section $501(c)(3)$ s only) available for public inspection. Indicate how you made these available. Check all that apply.			

17 List the states with which a copy of this Form 990 is required to be fi	led▶
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☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶The Charity CFO LLC 1310 Papin Street Suite 300 Saint Louis, MO 63103 (314) 390-0220

Check if Schedule O contains a response or note to any line in this Part VII							1 1

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

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

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

- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne			ation compens	sate	d an	y curr	ent	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is r/tru	both a istee)	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)		Institutional Trustee;	employee Key employee Officer custee;		Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) Cathi RodgvellerCEO		х		х				242,120	0	
(2) Larisa Goldin Board President		х		х				0	0	
(3) Raelene Sanders Board Treasurer	0	х		х				0	0	
(4) Manisha Arora Board Vice President	0	х		х				0	0	

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

Part VII

(C)
Position (do not check more than one (A) (B) (D) (E) (F) Name and title Average Reportable Reportable Estimated box, unless person is both an officer compensation amount of other hours per compensation week (list and a director/trustee) from the from related compensation any hours organization (Worganizations from the (W-2/1099for related 2/1099organization and

	below dotted line)	vidual trustee irector	Trustee;)er	employee	lest compensated loyee	ner	1113C/ 1077-INLC) PILOC/ 1033-INI	-0)	organiz	
										-		
										-		
										_		
										+		
										_		
										-		
										\dashv		
									+	+		
										+		
b Sub-Total			<u> </u>			•				ᆉ		
c Total from continuation sheet						Þ		242.420				
Total (add lines 1b and 1c) . Total number of individuals (in			to those listed	aho	we)	who re	ceiv	242,120 wed more than \$10	10, 000	0		
of reportable compensation fro	m the organiza	tion 🕨	1		-,				,			
Did the organization list any fo line 1a? <i>If "Yes," complete Sch</i> For any individual listed on line organization and related organization and related organization.	edule J for such	of repo	dual ortable compen	isati	on a	nd oth	• er c	compensation from		3	Yes	No
Did any person listed on line 1 services rendered to the organ			•		•			-		5		No
Section B. Independent Cor Complete this table for your five		ensate	d independent	cont	tract	ors tha	at re	eceived more than	\$100 000 of con	nnens	ation	
from the organization. Report	compensation for								's tax year.	Препа		
	(A) Name and busine	ss addre	ess					Descr	(B) iption of services		(C Comper	
Total number of independent con	tractors (includ	ina hut	not limited to	thoo	o lic	tod ab	0) (0)) who received me	ro than #100 00	O of		
compensation from the organizat		ing but	not infliced to	uios	e 115	teu ab	ove,) who received inc	re than \$100,00			
											Form 99	u (2022
			Pag	ge 9) –							
rm 990 (2022)												Page
Part VIII Statement of Rev												
Check if Schedule O c	ontains a respo	nse or i	note to any line		this (A)	Part VI	<u>II .</u>	(B)	 (C)		 (D)	
			Т		reve	enue		Related or exempt function revenue	Unrelated business revenue	ta	Rever excluded ax under: 512 -	iue from sections
Federated campaigns	1a											
ontributions, 0 fts Grants th Membership dues therAmt 0 milar	1b											
ក្នុក្រុម្ពីraising events 80,536	1c											

	0								
e G	overnment grants (con	tributio	ons) 1e						
£ ^!	0 Il other contributions, g	ifts a	rante						
ar	nd similar amounts not								
al	bove								
g No	508,473 oncash contributions in	cluded	l in						
lir	nes 1a - 1f:\$		1g						
	0								
h To	otal. Add lines 1a-1	f.			• • 589,009				
					Business Code				
2	a IGNITE School Progr	am			611110	47,324	47,324	0	
nue									
өлө	,								
a R									
ar vic									
Š	i								
Program Service Revenue	3								
Pro	<u> </u>					0	0	0	
1	f All other program	servi	ice revenue.						
	9 Total. Add lines				47,324		-		
	Investment income similar amounts)				erest, and other	375	0	0	
	Income from inves				d proceeds	0	0	0	
					_ i=	0	0	0	
			(i) Rea	ı	(ii) Personal				
6	a Gross rents	6a							
b	Less: rental	<u></u>							
	expenses Rental income	6b							
	or (loss)	6с		0	0				
	d Net rental incom	e or (
	- Cross amount	l,	(i) Securi	ties	(ii) Other				
'	a Gross amount from sales of	7a							
9	assets other than inventory								
nue	Less: cost or other basis and	7b							
ě	sales expenses								
<u>بد</u>	Gain or (loss)	7c		0	0				
Other Revenue	d Net gain or (loss) .							
0	a Gross income from f (not including \$	undrai	sing events 80,536 of						
	contributions reporte		ine 1c).						
	See Part IV, line 18			8a	78,650				
	b Less: direct exper c Net income or (lo			8b na ever	63,239	15,411		0	15
		<i>,</i>		J 27.51	its	13,.11			
9a	Gross income from See Part IV, line 19	gamii	ng activities.						
				9a					
	b Less: direct exper c Net income or (lo			9b ctivitie	S				
	or (10	JU) 110	gaining a		s ,				
10	DaGross sales of inv returns and allow								
1	returns and allow	ances		10a					
	h agg,	4 1	4						
	b Less: cost of good c Net income or (lo			10b	· · · •				

TTaMisc	Income	פפטטטפ	∠ၓ,ၓ∪ၓ	U	U	28,808
b						
Other Revenue	eMiscAmt					
d All oth	ner revenue		0	0	0	0
e Total	. Add lines 11a-11d	•	28,808			
12 Total	revenue. See instructions		680,927	47,324	0	44,594

		- Page 10			
Form 990 (· ,				Page 10
Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omploto all columns	All other organization	ons must complete col	umn (A)
-				-	uiiii (A).
	Check if Schedule O contains a response or note to an		(B)	(C)	(D)
Do not in 7b, 8b, 9b	iclude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21				
	s and other assistance to domestic individuals. See V, line 22				
gover	s and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15				
4 Benef	fits paid to or for members				
	pensation of current officers, directors, trustees, and mployees	222,404	138,997	39,676	43,731
define	pensation not included above, to disqualified persons (as ed under section 4958(f)(1)) and persons described in on 4958(c)(3)(B)	0			
7 Other	salaries and wages	388,065	242,531	69,229	76,305
	on plan accruals and contributions (include section and 403(b) employer contributions)				
9 Other	employee benefits	22,833	9,648	9,779	3,406
10 Payro	ll taxes	43,557	26,108	9,313	8,136
11 Fees f	for services (non-employees):				
a Manag	gement				
b Legal		0			
c Accou	ınting	10,950		10,950	
d Lobby	/ing				
e Profes	ssional fundraising services. See Part IV, line 17				
f Invest	tment management fees				
	(If line 11g amount exceeds 10% of line 25, column mount, list line 11g expenses on Schedule O)	25,025	17,645	7,080	300
12 Adver	tising and promotion	660	660		
13 Office	expenses	16,441	8,621	5,933	1,887
14 Inform	mation technology	14,103	8,173	3,543	2,387
15 Royali	ties				
16 Occup	pancy				
17 Travel	1	15,781	14,165	1,604	12
	ents of travel or entertainment expenses for any al, state, or local public officials				
19 Confe	erences, conventions, and meetings				
20 Intere	est				
21 Paymo	ents to affiliates				
22 Depre	eciation, depletion, and amortization	4,644	2,879	836	929
23 Insura	ance	420	260	76	84
24 Other misce excee	expenses. Itemize expenses not covered above (List ellaneous expenses in line 24e. If line 24e amount eds 10% of line 25, column (A) amount, list line 24e asses on Schedule O.)				
a Rani	V Face and Daimhuread Evnances	5 573	2 020	645	2 908

			·		•				·
į	b								
	С								
	d								
	e All o	other expenses							
25	Total	I functional expenses. Add lines 1 through 24e	770,456		471,707		158	8,664	140,085
26	repor	t costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.	1						
	Checl	k here 🕨 🗌 if following SOP 98-2 (ASC 958-72	0).						
								Form 9	990 (2022)
			5 44						
			———— Page 11 ———						
Forn	n 990	(2022)							Page 11
Pa	art X	Balance Sheet							
		Check if Schedule O contains a response or not	e to any line in this Part IX .						
					(A)			(B)	
					Beginning of	year		End of y	ear
	1	Cash-non-interest-bearing				683,835	1		669,620
	2	Savings and temporary cash investments				557	2		557
	3	Pledges and grants receivable, net				117,250	3		39,169
Assets	4	Accounts receivable, net					4		
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subsi controlled entity or family member of any of the	tantial contributor, or 35%				5		
	6	Loans and other receivables from other disqualit section $4958(f)(1)$), and persons described in section $4958(f)(1)$	fied persons (as defined unde	er			6		_
	7	Notes and loans receivable, net					7		
	8	Inventories for sale or use					8		
	9	Prepaid expenses and deferred charges				5,483	9		5,311
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,0	682					
	b	Less: accumulated depreciation	10b 14,	742		8,583	10c		3,940
	11	Investments—publicly traded securities .				13,932	11		15,552
	12	Investments—other securities. See Part IV, line	11				12		
	13	Investments—program-related. See Part IV, line	11				13		
	14	Intangible assets					14		
	15	Other assets. See Part IV, line 11					15		
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)			829,640	16		734,149
	17	Accounts payable and accrued expenses				25,171	17		18,974
	18	Grants payable					18		
	19	Deferred revenue					19		
	20	Tax-exempt bond liabilities					20		
es	21	Escrow or custodial account liability. Complete P					21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	butor, or 35% controlled entit				22		
	23	Secured mortgages and notes payable to unrela	ted third parties				23		
	24	Unsecured notes and loans payable to unrelated	·				24		
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	ayables to related third partie	es,			25		
	26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .				25,171	26		18,974
seou	20	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			20,171	20		10,071
ılaı	27	Net assets without donor restrictions		İ		804,469	27	İ	715,175
d B	28	Net assets with donor restrictions				0	28		0
or Fund Balances	20	Organizations that do not follow FASB ASC complete lines 29 through 33.		nd		i	20	 	
0 8	29	Capital stock or trust principal, or current funds		-			29		
Assets	30	Paid-in or capital surplus, or land, building or eq	•	<u> </u>			30		
As	31	Retained earnings, endowment, accumulated inc			004 400	31	<u> </u>	745 475	
to	32	Total net assets or fund balances				804,469	32	<u> </u>	715,175

	Page 12 ————				
orm	990 (2022)				Page 12
Par	t XI Reconcilliation 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			680,927
2	Total expenses (must equal Part IX, column (A), line 25)	2			770,456
3	Revenue less expenses. Subtract line 2 from line 1	3			-89,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			804,469
5	Net unrealized gains (losses) on investments	5			235
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			715,175
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If Yes , check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Un Guidance, 2 C.F.R. Part 200, Subpart F?	iform	2-		No
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red	3a		No
-	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	. cu	3b		
			F	orm 99	0 (2022)
orm	990 (2022)				
	ditional Data) at	+- F-	
Au			Return	to FC	or THI
	Software ID: 22015720				
	Software Version: v1.00				
orn	n 990, Special Condition Description:				
	Special Condition Description				

TIN: 26-2947725 OMB No. 1545-0047

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection Name of the organization **Employer identification number** IGNITE WORLDWIDE

Pa	rt I	Reason for Public	Charity Stat	us (All organization	s must compl	ete this part.) 9	26-2947725 See instructions.	
		ation is not a private fou						
1		A church, convention of	f churches, or as	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in sectior	170(b)(1)(A)(iii).	
4		A medical research org name, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit descri	oed in section
6		A federal, state, or loca			scribed in sect	ion 170(b)(1)(A	۱)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	to its exempt fur unrelated busin	nctions—subject to cert ness taxable income (le	tain exceptions,	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	zed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organizemore publicly supporte on lines 12a through 12	d organizations	described in section 5	09(a)(1) or se	ection 509(a)(2). See section 509(a	
а		Type I. A supporting o organization(s) the pov complete Part IV, Se	ver to regularly a	appoint or elect a majo				
b		Type II. A supporting management of the sup must complete Part 1	oporting organiz	ation vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and	th its supported orgar I an attentiveness req	nization(s) that is not uirement (see
е		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u> </u>	
g		de the following information		· · · · · · · · · · · · · · · · · · ·				
	(1) [Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota	ı							
For F	Paperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	B5F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
					=			
Sche	dule A	(Form 990) 2022						Page 2
	rt II	<u>`</u>	e for Organiz	zations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(1	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section	<u>on A.</u>	Public	Sup	port
Calenda	ır yea	r		

(o	or fiscal year beginning in) 🕨
1	Gifts, grants, contributions, and
	membership fees received. (Do not
	include any "unusual grant.") . .
2	Tax revenues levied for the

	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
t	147,831	504,523	775,998	759,859	589,009	2,777,220
						_

-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	147,831	504,523	775,998	759,859	589,009	2,777,220
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						1 260 FF2
	supported organization) included on line 1 that exceeds 2% of the amount						1,268,553
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						1,508,667
	ection B. Total Support						
Cal	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or 7	fiscal year beginning in) Amounts from line 4	147,831	1 1	775,998		` `	
8	Gross income from interest,	147,031	304,323	773,550	755,055	303,003	2,777,220
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						2,777,220
12	10 Gross receipts from related activities, e	tc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	first, second, third	, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organ	nization, check
	this box and stop here						•
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2022 (lin	e 6, column (f) di	ivided by line 11,	column (f))		14	54.323 %
15	Public support percentage for 2021 Sch					15	83.710 %
16a	33 1/3% support test—2022. If the o	organization did n	ot check the box of	on line 13, and line	e 14 is 33 _{1/3} % or	more, check this	_
	and stop here. The organization qualif						
b	33 1/3% support test—2021. If the box and stop here. The organization	-		•		•	
b	more, and if the organization meets th	est. The organizat t— 2021. If the one "facts-and-circ	rion qualifies as a programme rganization did not umstances" test, c	oublicly supported check a box on li heck this box and	organization ine 13, 16a, 16b, o I stop here. Expla		▶ ☐ 5 is 10% or the organization
18	meets the "facts-and-circumstances" t Private foundation. If the organization	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	- 0
	instructions						▶ <u>U</u> Form 990) 2022
						Schedule A (roi iii 990) 2022
			Page 3				
			rage 3				
Cab	adula A (Farm 000) 2022						
	edule A (Form 990) 2022	O	D	- Castian FOO	(-)(2)		Page 3
	Support Schedule for (Complete only if you					d to qualify und	er Part II If
	the organization fails t						C. 1 d. C 111 1.
	ection A. Public Support						
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are						
•	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the				1	1	+
7	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities		+		1	+	+
3	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5				1	+	
	Amounts included on lines 1, 2, and					1	<u> </u>
	3 received from disqualified persons Amounts included on lines 2 and 3				1		<u> </u>
b	received from other than disqualified						
	persons that exceed the greater of					1	

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	13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)	<u> </u>				L			
	ction B. Total Support	T	1		1				
	ndar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
(01)	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12									<u>.</u>
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,					+			
13	11, and 12.).								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3)	organiza	tion, ch	neck
	this box and stop here							1	ightharpoons
Se	ction C. Computation of Public								
15	Public support percentage for 2022 (lin			column (f))		15			
16	Public support percentage from 2021 S	, , ,	, ,	(//		16			
						10			
	ction D. Computation of Invest Investment income percentage for 20			lino 13 column (f))	1 4- 1			
17	· -	•			**	17			
18	Investment income percentage from 2					18			
19a	33 $1/3\%$ support tests-2022. If the							_	
	more than 33 $1/3\%$, check this box and								
b	33 1/3% support tests— 2021. If the	-			•			_	18 is
	not more than 33 1/3%, check this box	and ston here	The organization	rualifios as a publ	icly cupported ara	anization		-	
		and stop nere.	riie organization (quaimes as a publ	iciy supported org	a2ac.o			
20	Private foundation. If the organizati							ightharpoons	2022
20						instructions .		ightharpoons	2022
	Private foundation. If the organizati		a box on line 14,			instructions .		990)	
			a box on line 14,			instructions .		990)	2022 Page 4
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b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
С	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10-		
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).	10a 10b		
	Schedule A	(Form	1 990)	2022
	Daga F			
	Page 5			
Sche	dule A (Form 990) 2022			age 5
	rt IV Supporting Organizations (continued)		'	age J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations		1	
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	-			
_56	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's			
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the	1		
2	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2		
2	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			

a	The organization satisfied the Activities fest. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Com	plete line 3	below.			
С	The organization supported a governmental entity. Describe in Part VI hor	w you supp	orted a government entity (se	e instru	ctions)	
			, ,		•	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly fur	ther the exe	empt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," the organizations and explain how these activities directly furthered their exempt p	n in Part V	I identify those supported			
	responsive to those supported organizations, and how the organization determine					
	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the of the organization's supported organization(s) would have been engaged in? If ")					
	the organization's position that its supported organization(s) would have engaged					
	organization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
а	Did the organization have the power to regularly appoint or elect a majority of the	e officers, d	irectors, or trustees of each o	3a		
_	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, p supported organizations? If "Yes," describe in Part VI. the role played by the organizations					
	- The second of game and the second of the s		Schedule	3b	- 000)	202
			Schedule	A (FOR	n 990)	202
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	Page 6 ———					
	1.4 (5					
Sched	ule A (Form 990) 2022				P	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying				е	
	instructions. All other Type III non-functionally integrated supporting orga	anizations n	(A) Prior Year		rent Yea	ır
	Section A - Adjusted Net Income		(A) Frior real		onal)	
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gros	s 6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Cur	rent Yea	ır
	Section B - Millimum Asset Amount		(7.1) 7.100		onal)	•
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sh					
	tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see					
7	instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount	1		Currer	nt Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
3		4				
3	Enter greater of line 2 or line 3					
	Enter greater of line 2 or line 3 Income tax imposed in prior year	5				
4		5				
4	Income tax imposed in prior year	5				

c Excess from 2020. . .d Excess from 2021. . .e Excess from 2022. . .

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022			1	Page /
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (cont	inued)	Current Vans
Section D - Distributions		T		Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 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	(ii) Underdistribution: Pre-2022	s	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
Applied to underdistributions of prior years Applied to 2022 distributable amount				
 h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from Section D, line 7:				
Applied to underdistributions of prior years				
b Applied to underdistributions of prior years				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				

Schedule A (Form 990) (2022)

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Schedule A (Form 990) 2022

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test							
Return Reference	Explanation						
	Schedule A (Form 9	990) 2022					

Additional Data Return to Form

efile Public Visual Render ObjectId: 202411349349304986 - Submission: 2024-05-10 TIN: 26-2947725 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number IGNITE WORLDWIDE 26-2947725 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization ☐ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2022) for Form 990, 990-EZ, or 990-PF. Page 2

Schedule B (Form 990) (2022)

Page 2

Name of organization IGNITE WORLDWIDE

Employer identification number

Contributors

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
DESTRUCTES			Person
RESTRICTE	-	-	☐ Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,,		Person
-			☐ Payroll
		\$	☐ Noncash
			(Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trains, databos, and Eli-	Total contributions	Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash
			contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule F	(Form 990) (2022)		Page 3
Name of or	anization	Employer identificati	
IGNITE WO	ELDWIDE	26-2947725	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(0)		(0)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	_

				<u> </u>			
(a) No. from Part I	(b) Description of noncash	property give	en		(c) or estimate) instructions)	(d) Date received	
-					\$		
(a) No. from Part I	(b) Description of noncash		(c) or estimate) instructions)	(d) Date received			
-					\$		
(a) No. from Part I	(b) Description of noncash		(c) or estimate) instructions)	(d) Date received			
-					\$		
(a) No. from Part I	(b) Description of noncash	property give	en		(c) or estimate) instructions)	(d) Date received	
-					\$		
		F	Page 4			Schedule B (Form 990) (2022)	
	B (Form 990) (2022)				Cooplesson idea	Page 4	
Name of or IGNITE WO					26-2947725	ntification number	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See insuled the second of the	tributor. Comp e total of exclu structions.) ►	lete columns (a) the sively religious, ch \$	rough (e) aritable, e	and the following	ig line entry. For	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held			
_			\ -				
-	Transferee's name, address, and	ZIP 4 (6	e) Transfer of gift R	elationshi	p of transferor to	o transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, and	ZIP 4	e) Transfer of gift R	elationshi	p of transferor to	o transferee	
(a) No. from Part I	(b) Purpose of gift		(d) Descri	ption of how gift is held			
-	Transferee's name, address, and	ZIP 4	e) Transfer of gift R	elationshi	p of transferor to	o transferee	
(a) No. from Part I	(b) Purpose of gift	_	(c) Use of gift		(d) Descri	ption of how gift is held	

· <u></u>	(e) Transfer of gift
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
	Schedule B (Form 990) (2022)
Additional Data	Return to Form

efile Public Visual Render

ObjectId: 202411349349304986 - Submission: 2024-05-10

TIN: 26-2947725

OMB No. 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

Internal Revenue Service Inspection Name of the organization Employer identification number Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under FASB ASC 958 relating to these items:

Cat. No. 52283D Schedule D (Form 990) 2022

3 a											
а	Using the organization's acquisitems (check all that apply):	ition, accession	n, and other	records	, check an	y of the f	following t	that are a	significant (use of its	collection
-	Public exhibition				d	Loa	n or eych	ange proc	ırams		
L	a rubile exhibition										
ь	Scholarly research				е	→ Oth	er				
С	Preservation for future g	enerations									
4	Provide a description of the ord		lections and	evnlain	how they	further th	ne organi:	zation's ex	emnt nurne	nse in	
-	Part XIII.	gariization's coi	iections and	explain	now they	iui tilei ti	ne organiz	zation's ex	kempt purpt	ose III	
5	During the year, did the organi assets to be sold to raise funds									☐ Yes	s O No
Pa	rt IV Escrow and Custoo			_							
	Complete if the orga line 21.	nization ansv	vered "Yes	" on For	m 990, F	art IV, I	ine 9, or	reporte	d an amou	int on Fo	orm 990, Part
1a	Is the organization an agent, to	rustee, custodi	an or other	intermed	liary for co	ntributio	ns or oth	er assets	not		
	included on Form 990, Part X?									☐ Yes	s 🗆 No
b	If "Yes," explain the arrangeme	ent in Part XIII	and comple	te the fo	ollowing ta	ble:			A	Mount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year .							1e			
f	Ending balance							1f			
2a	Did the organization include ar	amount on Fo	rm 990, Par	t X, line	21, for es	crow or c	ustodial a	account lia	ability?	☐ Yes	s 🗆 No
b	If "Yes," explain the arrangeme		-		-				•		
	rt V Endowment Funds						р. от.ас	u u ,			
	Complete if the orga		vered "Yes	" on For	m 990, F	art IV, I	ine 10.				
_			(a) Currer	nt year	(b) Prio	r year	(c) Two y	rears back	(d) Three ye	ears back	(e) Four years ba
	Beginning of year balance .										
	Contributions										
	Net investment earnings, gains,										
	Grants or scholarships	•									
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2 a	Provide the estimated percenta Board designated or quasi-end	owment 🕨	ent year end	l balance	(line 1g,	column (a)) held a	is:			
b	Permanent endowment										
С	Term endowment ▶										
	The percentages on lines 2a, 2		ld equal 100	0%.							
3а	Are there endowment funds no organization by:	t in the posses	sion of the	organiza	tion that a	re held a	nd admin	istered fo	r the		Voc. No
	(i) Unrelated organizations .									32	(i) Yes No
	(ii) Related organizations .					·					(ii)
	If "Yes" on 3a(ii), are the relate		s listed as r	equired							
ь					on Schedu	le R? .				. 3	ь
ь 4	Describe in Part XIII the intend	led uses of the	organizatio	n's endo						. 3	b
4	rt VI Land, Buildings, ar			n's endo						. 3	b
4	Land, Buildings, ar Complete if the orga	nd Equipmen nization ansv	nt. vered "Yes	" on For	wment fur m 990, F	ds. Part IV, I				rt X, line	e 10.
4	rt VI Land, Buildings, ar	nd Equipme	nt. vered "Yes" ner basis	" on For	wment fur	ds. Part IV, I			m 990, Pa	rt X, line	
4 Pa	Land, Buildings, ar Complete if the orga Description of property	nd Equipment nization answ (a) Cost or oth	nt. vered "Yes' ner basis ent)	" on For	wment fur m 990, F	ods. Part IV, I	(c) Acc			rt X, line	e 10.
4 Pa	Land, Buildings, ar Complete if the orga Description of property Land	nd Equipment nization answ (a) Cost or oth	vered "Yes' ner basis ent)	" on For	wment fur m 990, F	ds. Part IV, I	(c) Acc		depreciation	rt X, line	e 10.
4 Pa	Land, Buildings, ar Complete if the orga Description of property Land Buildings	nd Equipment nization answ (a) Cost or oth	nt. vered "Yes' ner basis ent) 0 0	" on For	wment fur m 990, F	ds. Part IV, I	(c) Acc		depreciation 0	rt X, line	e 10.
Pa 1a b c	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements	nd Equipment nization answ (a) Cost or oth	vered "Yes" ver basis ent) 0 0 0	" on For	wment fur m 990, F	Part IV, I	(c) Acc		depreciation 0 0	rt X, line	e 10. I) Book value
Pa 1a b c d	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment	nd Equipment nization answ (a) Cost or oth	nt. wered "Yes" eer basis ent) 0 0 0 0	" on For	wment fur m 990, F	Part IV, I sis (other)	(c) Acc		0 0 14,742	rt X, line	e 10.
Pa 1a b c d e	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For	m 990, F	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	e 10. I) Book value
Pa 1a b c d e	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For	m 990, F	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	2 10. 1) Book value
Pa 1a b c d e	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For	m 990, F	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	e 10. I) Book value
1a b c d e	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For (b) Cost	mment furm 990, For or other ba	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	2 10. 1) Book value
1a b c d e	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For (b) Cost	m 990, F	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	2 10. 1) Book value
1a b c d e Tota	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other	nd Equipmer nization answ (a) Cost or oth (investme	nt. wered "Yes" her basis nnt) 0 0 0 0 0 0	" on For (b) Cost	mment furm 990, For or other ba	Part IV, I sis (other)	(c) Acc	cumulated o	0 0 14,742	rt X, line	2 10. 1) Book value
1a b c d e Tota	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other In. Add lines 1a through 1e. (Columbia)	nd Equipmen nization answ (a) Cost or oth (investme	nt. vered "Yes' her basis ent) 0 0 0 0 equal Form 9	" on For (b) Cost	em 990, For or other ba	ds. Part IV, I sis (other) 18,68	0 (c) Acco	cumulated of	0 0 14,742 0	rt X, line	2 10. 1) Book value 3, (Form 990) 2
1a b c d e Tota	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other In. Add lines 1a through 1e. (Colume of the complete if the orga	nd Equipmen nization answ (a) Cost or oth (investme	nt. vered "Yes' ver basis ent) 0 0 0 0 equal Form 9	" on For (b) Cost	em 990, For or other ba	ds. Part IV, I sis (other) 18,68 n (B), line	0 (c) Acco	sumulated of	0 0 14,742 0 Sch	rt X, line (d	2 10. 1) Book value 3, (Form 990) 2
1a b c d e Tota	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other In. Add lines 1a through 1e. (Colume of the organ of the	nd Equipmen nization answ (a) Cost or oth (investme	nt. vered "Yes' ler basis lent) 0 0 0 0 equal Form 9	" on For (b) Cost	em 990, For or other ba	ds. Part IV, I sis (other) 18,68	0 (c) Acco	See Forr	0 0 14,742 0	rt X, line (d	2 10. 2) Book value 3, (Form 990) 2
1a b c d e Tota	Land, Buildings, ar Complete if the orga Description of property Land Buildings Leasehold improvements Equipment Other In. Add lines 1a through 1e. (Colume of the organ of the	er Securitie nization answ (a) Cost or oth (investme) amm (d) must e	nt. vered "Yes' ler basis lent) 0 0 0 0 equal Form 9	" on For (b) Cost	em 990, For or other ba	ds. Part IV, I sis (other) 18,68 (a) (B), line Part IV, I (b) Book	0 (c) Acco	See Forr	0 0 14,742 0 Sch	rt X, line (d	2 10. 2) Book value 3, (Form 990) 2

(3)Other _					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11c. See Fo	rm 990. Part X	. line 13.
	(a) Description of investment		(b) Book value	(c) Meth	hod of valuation: of-year market value
(1)				Cost of Cha	or year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, I	ine 11d. See Fo	rm 990, Part X,	, line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities.				
1.	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability		ine 11e or 11f.S	<u>ee Form 990, F</u>	(b) Book value
(1) Federal	income taxes				
-					
					

al.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
	bility for uncertain tax positions. In Part XIII, provide the text of the footnote	to the or	ganization's financial s	tatements that	at reports the
Π	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	text of the footnote ha	as been provid	ded in Part XIII
				Schedule	D (Form 990) 2022
	Page 4 —				
ec	ule D (Form 990) 2022				Page 4
16	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Pa			Return.	
	Total revenue, gains, and other support per audited financial statements .			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 - 1			
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		_	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
per	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 XII Reconciliation of Expenses per Audited Financial State			5 Poturn	
	Complete if the organization answered 'Yes' on Form 990, Pa			. Ketaiii.	
	Total expenses and losses per audited financial statements \cdot . \cdot . $$.			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.) .		5	
	t XIII Supplemental Information	145:	N/ I: 41 121 =		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			art V, line 4; P	art X, line 2; Part XI,
	Return Reference	,	Explanation		
_					D (Form 990) 2022

Additional Data Return to Form

ObjectId: 202411349349304986 - Submission: 2024-05-10

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

TIN: 26-2947725OMB No. 1545-0047

2022

tment of the Treasury al Revenue Service		Atta	ach to Form			Open to Public Inspection
e of the organization TE WORLDWIDE					Employer ic	lentification number
					26-2947725	
_					orm 990, Part IV, line	17.
Indicate whether the	organization raised	funds through ar	ny of the f	ollowing activities. Check	all that apply.	
☐ Mail solicitations			•	Solicitation of non	-government grants	
☐ Internet and emai	il solicitations		,	f Solicitation of gov	ernment grants	
Phone solicitations	S		•	g ☐ Special fundraisin	g events	
☐ In-person solicitat						
					raising convisos?	Yes O No
			ndraisers)	pursuant to agreements		
		fundra cusi con	niser have tody or ntrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ıl			. ▶			
ist all states in which t	he organization is r	egistered or licer	sed to so	icit contributions or has b	peen notified it is exemp	t from registration or
		:::::::::::::::::::::::::::::::::::::::	======			
Paperwork Reduction Act	t Notice, see the Inst	ructions for Form	990 or 99	0-EZ. Cat. No.	50083H	Schedule G (Form 990) 2022
			—— Pa	age 2 —————		
		oto if the area	nization :	neworod "Vos" on Fair	m 000 Dart IV line 1	Page 2
than \$15,00	0 of fundraising e	event contribut				
	·	(a)Event	#1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
	e of the organization TE WORLDWIDE rt I Fundraising Form 990-EZ Indicate whether the Mail solicitations Internet and email Phone solicitation In-person solicitation or key employees list If "Yes," list the 10 hit to be compensated at lame and address of in or entity (fundraiser all internet and email representation or key employees list for employees list for employees list for entity (fundraiser representation and the service of th	e of the organization TE WORLDWIDE rt I Fundraising Activities. Com Form 990-EZ filers are not rec Indicate whether the organization raised Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or or or key employees listed in Form 990, Par If "Yes," list the 10 highest paid individuate to be compensated at least \$5,000 by the lame and address of individual or entity (fundraiser) (ii) Activities and the organization is recensing. In the organization have a written or or or key employees listed in Form 990, Par If "Yes," list the 10 highest paid individuate to be compensated at least \$5,000 by the lame and address of individual or entity (fundraiser) (iii) Activities and the organization is recensing. In the organization have a written or or or key employees listed in Form 990, Par If "Yes," list the 10 highest paid individual or entity (fundraiser) (iii) Activities and the organization is recensing. In the organization have a written or or or key employees listed in Form 990, Par If "Yes," list the 10 highest paid individual or entity (fundraiser) (iii) Activities and the organization is recensing. In the organization have a written or or or key employees listed in Form 990, Par If "Yes," list the 10 highest paid individual or entity (fundraiser) (iii) Activities and the organization is recensing.	## Revenue Service	Revenue Service Go to www.irs.gov/Form990 for e of the organization TE WORLDWIDE Fundraising Activities. Complete if the organization Form 990-EZ filers are not required to complete this Indicate whether the organization raised funds through any of the form 990-EZ filers are not required to complete this Indicate whether the organization raised funds through any of the form 990-EZ filers are not required to complete this Indicate whether the organization have a written or oral agreement with any indion reversible or the organization or key employees listed in Form 990, Part VII) or entity in connectic If "Yes," list the 10 highest paid individuals or entities (fundraisers) to be compensated at least \$5,000 by the organization. Image: Specific organization Image: Specific organizati	Revenue Service	Revenue Servor

(event type)

(event type)

(total number)

ıne					
Revenue					
Š					
	1 Gross receipts	159,186			159
	2 Less: Contributions	80,536			80
	3 Gross income (line 1 minus line 2)	78,650			78
	4 Cash prizes	0			
"	5 Noncash prizes	0			
Direct Expenses	6 Rent/facility costs	9,419			9,
хре	7 Food and beverages	37,636		C	37,
t E	8 Entertainment	16,184		C	16
Dire	9 Other direct expenses	0			
	10 Direct expense summary. Add lines 4 to	chrough 9 in column (d)			63
	11 Net income summary. Subtract line 10				15
Par	t III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,00
le		() 5:	(b) Pull tabs/Instant		(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c
Rel	1 Gross revenue				
es					
Direct Expenses	2 Cash prizes				
翼	3 Noncash prizes				
ゼ	4 Rent/facility costs				
<u>Φ</u>	• • • • • • • • • • • • • • • • • • • •				
Dire	5 Other direct expenses				
Dire		☐ Yes <u>%</u>	☐ Yes <u>%</u>	☐ Yes <u>%</u>	
Dire		☐ Yes <u>%</u> ☐ No	☐ Yes <u>%</u> ☐ No	☐ Yes	
Dire	5 Other direct expenses	□ No			
Dire	 Other direct expenses Volunteer labor Direct expense summary. Add lines 2 for a summary. 	No	□ No	□ No	
Dire	 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtractions 	through 5 in column (d)	□ No	□ No	
9	 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to a Net gaming income summary. Subtract Enter the state(s) in which the organization. 	through 5 in column (d) t line 7 from line 1, column	□ No	►	Voc. □ No.
	 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtractions 	hrough 5 in column (d) t line 7 from line 1, column tion conducts gaming active tion aming activities in each of	No	□ No	☐ Yes ☐ No
9 a	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain:	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d) ities:	□ No	
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain:	No through 5 in column (d) t line 7 from line 1, column ion conducts gaming active aming activities in each of	n (d)ities:	□ No	
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	No chrough 5 in column (d) t line 7 from line 1, column ion conducts gaming active aming activities in each of	No n (d)	No	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lines.	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	No n (d)	No	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d)ities:these states?d or terminated during the	No to the start of the start o	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d)ities:these states?d or terminated during the	No to the start of the start o	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d)ities:these states?d or terminated during the	No to the start of the start o	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lift "Yes," explain:	through 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d)	No to the start of the start o	☐ Yes ☐ No
9 a b	5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to a Net gaming income summary. Subtract Enter the state(s) in which the organizat Is the organization licensed to conduct g If "No," explain: Were any of the organization's gaming lie If "Yes," explain:	chrough 5 in column (d) t line 7 from line 1, column ion conducts gaming activities in each of	n (d)	No table tax year? So	Yes No

b	a An outside facility	%
L4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
L5a	· · · · · · · · · · · · · · · · · · ·	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \(\brace \\$ \) and the amount of gaming revenue retained by the third party \(\brace \\$ \).	Tes Tho
c	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name Name	
	Gaming manager compensation • \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
۱7	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	□ Vos. □ No.
b		Tes Tivo
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) an III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	
	Return Reference Explanation	
	Schedule G (Fo	rm 990) 2022
Ac	Additional Data	Return to Form

TIN: 26-2947725

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

1014	26-2947725			
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			1
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			1
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			1
	☐ Independent compensation consultant ☐ Compensation survey or study			1
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	_		
a b	Receive a severance payment or change-of-control payment?	4a 4b		No No
C	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4D 4c		No
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		INO
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8		No
For ^r	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J		990)	2022
J. F	aper nork reduction rec notice, see the first actions for Form 550.	(,, 0, 111	, ,,,,,	2022

Schedule J (Form 990) 2022 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Cathi Rodgveller CEO	(i)	242,120	0	0	0	0	242,120	0
	(ii)	0	0	0	0	0	0	0

	1	İ	ı	ı	I	ı	ĺ	1
							Schedule J (F	orm 990) 2022
hodule 1/Farm 000 2022			Page 3				Schedule J (F	
			Page 3			:	Schedule J (F	porm 990) 2022 Page 3
art III Supplemental Information	t I, lines 1a,		Sa, Sb, 6a, 6b, 7,	and 8, and for Pari	II. Also complete			Page 3
art III Supplemental Information ovide the information, explanation, or descriptions required for Part	t I, lines 1a,		Sa, Sb, 6a, 6b, 7,		: II. Also complete	this part for any	additional info	Page 3
rovide the information, explanation, or descriptions required for Part	t I, lines 1a,		Sa, Sb, 6a, 6b, 7,		: II. Also complete	this part for any	additional info	Page 3

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

TIN: 26-2947725 OMB No. 1545-0047

Open to Public Inspection

Name of the organization IGNITE WORLDWIDE

Employer identification number

26-2947725

	20-294//25
Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	This return will be provided to all board of directors for review before filing.
Form 990, Part VI, Section B, Line 12c	Board relationships are monitored by the CEO through conversation, assessing vendor relationships held by IGNITE, etc.
Form 990, Part VI, Section B, Line 15	The board utilizes a process to evaluate the executive director's compensation based upon industry standards and individual performance. There is no process for other officers/key employees because there are no other officers/ key employees.
Form 990, Part VI, Section C, Line 19	These documents are made available upon request.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

Return to Form