

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Grantmakers for Effective Organizations
1310 L Street, NW 650
Washington, DC 20005

Prepared By:

SB & Company, LLC
10200 Grand Central Ave., Suite 250
Owings Mills, MD 21117

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder 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.

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:	C Name of organization GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS		D Employer identification number 01-0669150
<input type="checkbox"/> Address change	Doing business as		E Telephone number (202) 898-1823
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 10,014,322.
<input type="checkbox"/> Initial return	1310 L STREET, NW 650		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: MARCUS WALTON SAME AS C ABOVE		If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.GEOFUNDERS.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2002 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GEO IS A COMMUNITY OF FUNDERS COMMITTED TO TRANSFORMING PHILANTHROPIC CULTURE AND PRACTICE BY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	14
	3 Number of voting members of the governing body (Part VI, line 1a)	4	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	28
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	6	480
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,075,305.	8,299,931.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	589,504.	1,419,608.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	219,569.	293,669.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,265.	1,114.
		4,894,643.	10,014,322.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	59,863.	63,416.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,071,154.	4,106,608.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	519,001.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,930,261.	3,382,980.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,061,278.	7,553,004.
19 Revenue less expenses. Subtract line 18 from line 12	-2,166,635.	2,461,318.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	10,747,221.	12,950,761.
	21 Total liabilities (Part X, line 26)	1,582,838.	1,325,060.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,164,383.	11,625,701.

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 Here	Signature of officer MARCUS WALTON, PRESIDENT & CEO		Date
	Type or print name and title		
Paid	Preparer's name MONIQUE BOOKER	Preparer's signature	Date Check <input type="checkbox"/> if self-employed
Preparer	Firm's name SB & COMPANY, LLC		PTIN P00644231
Use Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 250 OWINGS MILLS, MD 21117		Firm's EIN 20-2153727
			Phone no. (410) 584-0060

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

OMB No. 1545-0047

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS	Taxpayer identification number (TIN) 01-0669150
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1310 L STREET, NW, 650	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name
Plan Number
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of **THE ORGANIZATION****1310 L STREET, NW, 650 - WASHINGTON, DC 20005**Telephone No. **(202) 898-1823**

Fax No.

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning , 20 , and ending , 20

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2025)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:

GEO IS A COMMUNITY OF FUNDERS COMMITTED TO TRANSFORMING PHILANTHROPIC CULTURE AND PRACTICE BY CONNECTING MEMBERS TO THE RESOURCES AND RELATIONSHIPS NEEDED TO SUPPORT THRIVING NONPROFITS AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code:) (Expenses \$ 1,916,677. including grants of \$ 63,416.) (Revenue \$)

MEMBER PROGRAMS: GEO IS A DIVERSE COMMUNITY OF NEARLY 500 GRANTMAKING ORGANIZATIONS WORKING TO TRANSFORM PHILANTHROPIC CULTURE AND PRACTICE. IN 2024, GRANTMAKERS ADDRESSED SHARED CHALLENGES IN GRANTMAKING THROUGH GEO'S PEER LEARNING PROGRAMS INCLUDING WEBINARS, MEMBER CALLS AND REMOTE LEARNING SERIES. OTHER MEMBER PROGRAMS, SUCH AS OUR FELLOWSHIP COHORTS AND CEO/SENIOR LEADER PROGRAMMING FOUND NEW WAYS FOR MEMBERS AND NON-MEMBER GRANTMAKERS TO COME TOGETHER TO ADDRESS THE BARRIERS TO ADOPTING GRANTMAKING PRACTICES THAT SUPPORT THRIVING COMMUNITIES. THESE OPPORTUNITIES ALLOW MEMBERS TO TALK ABOUT THE CHALLENGES THEY ARE FACING, ADVANCE EQUITY, WORK THROUGH COMPLEX CHANGES WITHIN THEIR ORGANIZATIONS, AND ADVOCATE FOR IMPROVED PRACTICES ACROSS THE FIELD.

4b (Code:) (Expenses \$ 1,358,154. including grants of \$) (Revenue \$ 1,230,075.)

CONFERENCES: GEO CONFERENCES EDUCATE AND INSPIRE ACTION. IN 2024, WE HELD A NATIONAL CONFERENCE THAT CONVENED OVER 1,000 GRANTMAKERS IN PERSON. ABOUT 1,000 PARTICIPANTS GATHERED IN LOS ANGELES TO CONNECT WITH EACH OTHER AND HEAR FROM DYNAMIC SPEAKERS ON TOPICS RELATED TO SHIFTING PHILANTHROPIC CULTURE. PARTICIPANTS EXCHANGED IDEAS AND DEEPENERED THEIR SKILLSET RELATED TO ADVANCING RACIAL-EQUITY CENTERED CHANGE IN THEIR ORGANIZATIONS AND THE ADOPTION AND IMPLEMENTATION OF PHILANTHROPIC PRACTICES THAT LEAD TO THRIVING COMMUNITIES.

4c (Code:) (Expenses \$ 964,940. including grants of \$) (Revenue \$ 189,533.)

RESEARCH & LEARNING: WE CONDUCT RESEARCH ON FIELD TRENDS TO MARK CHANGES IN GRANTMAKER PRACTICE OVER TIME, AS WELL AS ONGOING SKILL-BUILDING FOR OUR STAFF, BOARD AND OTHER KEY STAKEHOLDERS TO INFORM OUR STRATEGY OF BUILDING COMMUNITY.

4d Other program services (Describe on Schedule O.)(Expenses \$ 1,207,481. including grants of \$) (Revenue \$ 1,114.)4e Total program service expenses 5,447,252.

Form 990 (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11a X	
11b X	11b X	
11c X	11c X	
11d X	11d X	
11e X	11e X	
11f X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a X	
14b X	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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	
24d	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	X
25b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	37
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?	X	
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?	X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

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

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

Section 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	14	
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
2	b Enter the number of voting members included on line 1a, above, who are independent	13	X
3	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?		X
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
7a	Did the organization have members or stockholders?		X
7b	a 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?		X
8a	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	
13	Did the organization have a written whistleblower policy?	X
14	Did the organization have a written document retention and destruction policy?	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	X
b	Other officers or key employees of the organization	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, DC, IL, FL, MA, MD, MI, MN, OK, SC

18 Section 6104 requires an organization to make its Forms 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.

Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (202) 898-1823

1310 L STREET, NW, 650, WASHINGTON, DC 20005

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) MARCUS WALTON PRESIDENT & CEO	40.00		X				370,900.	0.	12,006.
(2) MEGHAN DUFFY EXECUTIVE VICE PRESIDENT	40.00			X			234,421.	0.	20,260.
(3) AKILAH MASSEY VICE PRESIDENT, PROGRAMS	40.00			X			188,542.	0.	28,437.
(4) KRISTINA WERTZ VICE PRESIDENT, EXTERNAL AFFAIRS	40.00			X			188,465.	0.	28,437.
(5) MILA YOCHUM VICE PRESIDENT, OPERATIONS	40.00		X				185,400.	0.	13,057.
(6) KELLY WISE DIRECTOR OF PEOPLE & CULTURE	40.00			X			139,832.	0.	27,828.
(7) J. WING LI DIRECTOR OF OPERATIONS	40.00				X		133,042.	0.	28,613.
(8) NICHOLE HOEFLICH DIRECTOR OF PROGRAMS	40.00				X		136,732.	0.	12,666.
(9) CLAUDIA WILLIAMS DIRECTOR OF MEMBERSHIP & DEVELOPMENT	40.00				X		119,086.	0.	28,018.
(10) MICHELLE HARRINGTON DIRECTOR OF COMMUNICATIONS	40.00					X	129,700.	0.	12,006.
(11) ANITA PATEL VICE CHAIR	1.00	X					0.	0.	0.
(12) CHERA REID, PHD BOARD MEMBER	1.00		X				0.	0.	0.
(13) DEBORAH AUBERT THOMAS BOARD MEMBER	1.00			X			0.	0.	0.
(14) DENISE ST. OMER CHAIR	1.00			X			0.	0.	0.
(15) DENNIS QUIRIN BOARD MEMBER	1.00				X		0.	0.	0.
(16) DR. JOHN H. JACKSON BOARD MEMBER	1.00					X	0.	0.	0.
(17) HANH LE BOARD MEMBER	1.00					X	0.	0.	0.

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) JOANNA JACKSON BOARD MEMBER	1.00	X					0.	0.	0.
(19) M. GABRIELA ALCALDE BOARD MEMBER	1.00	X					0.	0.	0.
(20) NEEL HAJRA TREASURER	1.00	X					0.	0.	0.
(21) REGAN GRUBER MOFFITT BOARD MEMBER	1.00	X					0.	0.	0.
(22) RICKKE MANANZALA BOARD MEMBER	1.00	X					0.	0.	0.
(23) RYAN EASTERLY GOVERNANCE CHAIR	1.00	X					0.	0.	0.
1b Subtotal							1,826,120.	0.	211,328.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,826,120.	0.	211,328.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

10

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WESTIN BONAVENTURE, 404 SOUTH FIGUEROA STREET, LOS ANGELES, CA 90071	CONFERENCE HOST	588,074.
THE MORRIS & GWENDOLYN CAFRITZ FOUNDATION, 1825 K STREET NW, 14TH FLOOR, WASHINGTON,	RENT	310,147.
INSPIRE EVENT TECHNOLOGIES 9150 N. ROYAL LANE, IRVING, TX 75063	A/V SERVICES FOR CONFERENCE	181,623.
CUSHMAN & WAKEFIELD, 575 MARYVILLE CENTRE DRIVE, SUITE 600, ST. LOUIS, MO 63141	RENT	154,138.
MARCUM, LLP 1899 L STREET NW, WASHINGTON, DC 20036	OUTSOURCED ACCOUNTING	146,704.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

7

Form 990 (2024)

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b	2,211,054.		
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,088,877.		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		8,299,931.		
Program Service Revenue	2 a CONFERENCES	Business Code 900099	1,230,075.	1,230,075.	
	b SEMINARS	900099	189,533.	189,533.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1,419,608.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		293,669.		293,669.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities 7a			
	b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code 900099	1,114.	1,114.	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		1,114.		
	12 Total revenue. See instructions		10,014,322.	1,420,722.	0.
					293,669.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	63,416.	63,416.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,269,924.	783,537.	365,332.	121,055.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,887,853.	1,320,843.	352,013.	214,997.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	703,616.	446,072.	187,559.	69,985.
10 Payroll taxes	245,215.	158,659.	61,020.	25,536.
11 Fees for services (nonemployees):				
a Management				
b Legal	47,896.		47,896.	
c Accounting	167,355.		167,355.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	880,779.	763,012.	117,767.	
12 Advertising and promotion	10,553.	9,774.	779.	
13 Office expenses	157,350.	118,133.	30,215.	9,002.
14 Information technology	72,526.	48,495.	16,629.	7,402.
15 Royalties				
16 Occupancy	298,891.	202,372.	63,515.	33,004.
17 Travel	258,407.	219,700.	31,443.	7,264.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,003,076.	987,836.	10,398.	4,842.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,252.	81,280.	28,079.	12,893.
23 Insurance	38,838.	12,579.	26,185.	74.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LICENSES/ PERMITS/ FEES	121,215.	99,223.	18,347.	3,645.
b STAFF DEVELOPMENT	99,859.	78,420.	12,137.	9,302.
c SERVICE CHARGES	48,971.	37,448.	11,523.	
d CONTRIBUTIONS TO OTHERS	21,906.		21,906.	
e All other expenses	33,106.	16,453.	16,653.	
25 Total functional expenses. Add lines 1 through 24e	7,553,004.	5,447,252.	1,586,751.	519,001.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,458,168.	1	3,401,984.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	823,828.	3	2,152,490.
	4 Accounts receivable, net	49,015.	4	37,757.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,638.	9	36,615.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,240,387.		
	b Less: accumulated depreciation	10b 926,460.	401,697.	10c 313,927.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	6,145,035.	12	6,401,121.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	834,840.	15	606,867.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	10,747,221.	16	12,950,761.
Liabilities	17 Accounts payable and accrued expenses	254,352.	17	334,406.
	18 Grants payable		18	
	19 Deferred revenue	44,509.	19	144,167.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,283,977.	25	846,487.
	26 Total liabilities. Add lines 17 through 25	1,582,838.	26	1,325,060.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,378,318.	27	8,039,269.
	28 Net assets with donor restrictions	1,786,065.	28	3,586,432.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,164,383.	32	11,625,701.
	33 Total liabilities and net assets/fund balances	10,747,221.	33	12,950,761.

Part XI Reconciliation of Net AssetsCheck 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	10,014,322.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,553,004.
3 Revenue less expenses. Subtract line 2 from line 1	3	2,461,318.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,164,383.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,625,701.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2024)

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number

01-0669150

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5438083.	9611904.	5265542.	4075305.	8299931.	32690765.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	24,950.	271,930.	790,250.	589,504.	1419608.	3096242.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5463033.	9883834.	6055792.	4664809.	9719539.	35787007.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1957400.	5941176.	750,150.	378,162.	3988132.	13015020.
c Add lines 7a and 7b	1957400.	5941176.	750,150.	378,162.	3988132.	13015020.
8 Public support. (Subtract line 7c from line 6.)						22771987.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	5463033.	9883834.	6055792.	4664809.	9719539.	35787007.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,518.	17,420.	40,989.	157,256.	303,271.	550,454.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	31,518.	17,420.	40,989.	157,256.	303,271.	550,454.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		40.	1,088.	72,578.	1,114.	74,820.
13 Total support. (Add lines 9, 10c, 11, and 12.)	5494551.	9901294.	6097869.	4894643.	10023924.	36412281.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	62.54	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	67.89	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	1.51	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.95	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

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.Open to Public
Inspection

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number

01-0669150

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIII, describe how the organization reports 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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.

(i) Revenue included on Form 990, Part VIII, line 1

\$ _____

(ii) Assets included in Form 990, Part X

\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

\$ _____

b Assets included in Form 990, Part X

\$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		587,799.	455,817.	131,982.
d Equipment		173,973.	113,211.	60,762.
e Other		478,615.	357,432.	121,183.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				313,927.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VANGUARD SHORT-TERM		
(B) FEDERAL ADMIRAL	850,045.	COST
(C) VANGUARD SHORT-TERM		
(D) TREASURY ADMIRAL	726,364.	COST
(E) FDIC ELIGIBLE BANK		
(F) DEPOSITS	7,291.	COST
(G) U.S TREASURY SECURITIES	4,817,421.	COST
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,401,121.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	846,487.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	846,487.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	10,014,322.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	10,014,322.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,014,322.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	7,553,004.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	7,553,004.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,553,004.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES UNDER SECTION 509(A)(2) AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION. HOWEVER, THE ORGANIZATION IS SUBJECT TO UNRELATED BUSINESS INCOME TAXES ON ITS UNRELATED BUSINESS INCOME ACTIVITY.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2024, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2022 THROUGH 2024 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION AND THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be discontinued if additional space is needed.

Part III. Non-Household Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be completed if additional space is needed.

Grants and Other Assistance to Domestic Individuals

Part IV Supplemental Information. Provide the following:

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON

THEIR PRACTICAL EQUITY ACTION IS NOT WORKING

MODEL OF CROSS-SECTOR LEARNING NATIONALLY: WE HOLD REGULAR CHECK-IN

MEETINGS WITH NCG TO MONITOR THE PROGRESS OF THE WORK.

THE JOURNAL OF CLIMATE

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number
01-0669150

Part I Questions Regarding Compensation

1a Check the appropriate 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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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 Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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)?

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

Schedule J (Form 990) (Rev. 12-2024)

Schedule J (Form 990) (Rev. 12-2024) GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS**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 aren't 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 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARCUS WALTON PRESIDENT & CEO	(i) 370,000.	0.	900.	0.	12,006.	382,906.	0.
(2) MEGHAN DUFFY EXECUTIVE VICE PRESIDENT	(i) 233,521.	0.	900.	0.	0.	0.	0.
(3) AKILAH MASSEY VICE PRESIDENT, PROGRAMS	(i) 187,642.	0.	900.	0.	20,260.	254,681.	0.
(4) KRISTINA WERTZ VICE PRESIDENT, EXTERNAL AFFAIRS	(i) 187,565.	0.	900.	0.	0.	0.	0.
(5) MILA YOCHUM VICE PRESIDENT, OPERATIONS	(i) 184,500.	0.	900.	0.	28,437.	216,979.	0.
(6) KELLY WISE DIRECTOR OF PEOPLE & CULTURE	(i) 138,932.	0.	900.	0.	27,828.	167,660.	0.
(7) J. WING LI DIRECTOR OF OPERATIONS	(i) 132,142.	0.	900.	0.	0.	0.	0.
(8) MICHELLE HARRINGTON DIRECTOR OF COMMUNICATIONS	(i) 128,800.	0.	900.	0.	28,613.	161,655.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)			0.	0.	0.	0.
	(ii)			0.	0.	0.	0.
	(iii)			0.	0.	0.	0.
	(i)</						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

A MARKET STUDY IS DONE EVERY FEW YEARS WITH COMPARABILITY DATA TO ENSURE MARKET COMPETITIVENESS FOR ALL POSITIONS. THIS IS TRUE FOR ALL EMPLOYEES, INCLUDING THE CEO. IN NOVEMBER OF 2023, GEO RECOGNIZED THE UNION AND IN NEGOTIATIONS, AGREED TO A FLAT RATE INCREASE FOR ALL STAFF, WITH THE EXCEPTION OF THE CEO.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONSEmployer identification number
01-0669150**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:****CONNECTING MEMBERS TO THE RESOURCES AND RELATIONSHIPS NEEDED TO SUPPORT
THRIVING NONPROFITS AND COMMUNITIES.****FORM 990, PART VI, SECTION B, LINE 11B:****THE FINANCE AND AUDIT COMMITTEE REVIEWS THE 990. THE FORM 990 IS CIRCULATED
TO THE FULL BOARD BEFORE FILING.****FORM 990, PART VI, SECTION B, LINE 12C:****EACH DIRECTOR, OFFICER, EXECUTIVE AND KEY EMPLOYEE IS REQUIRED TO REVIEW A
COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT
HE OR SHE HAS DONE SO. EACH PERSON ANNUALLY COMPLETES A DISCLOSURE FORM
IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR
SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT; EACH PERSON IS ALSO OBLIGATED
TO IMMEDIATELY DISCLOSE ANY NEW CONFLICT THAT ARISES DURING THE YEAR AS NEW
POSSIBLE CONFLICTS ARISE, THEY ARE DISCLOSED FOLLOWING FULL DISCLOSURE OF A
POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE
WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL VOTE TO
AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED
NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST
INTEREST. THIS POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF
DIRECTORS. ANY CHANGES TO THE POLICY ARE COMMUNICATED IMMEDIATELY TO ALL
PERSONS SUBJECT TO THE POLICY.****FORM 990, PART VI, SECTION B, LINE 15:****A MARKET STUDY IS DONE EVERY FEW YEARS WITH COMPARABILITY DATA TO ENSURE
MARKET COMPETITIVENESS FOR ALL POSITIONS. IN ADDITION, ALL EMPLOYEES ARE
ELIGIBLE FOR RAISES IN LINE WITH THEIR GROWTH AND PERFORMANCE FOR THAT YEAR
AT YEAR END.****FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:****AK, CA, CO, DC, IL, FL, MA, MD, MI, MN, OK, SC, WI****FORM 990, PART VI, SECTION C, LINE 19:****GEO MAKES ITS BYLAWS AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ITS
OWN WEBSITE AND UPON REQUEST. GEO ALSO MAKES ITS BYLAWS, CONFLICT OF
INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ANOTHER
WEBSITE, WWW.GUIDESTAR.ORG.****FORM 990, PART IX, LINE 11G, OTHER FEES:****CONSULTANTS:**

PROGRAM SERVICE EXPENSES	763,012.
MANAGEMENT AND GENERAL EXPENSES	117,767.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	880,779.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	880,779.

FORM 990, PART XII, LINE 2C:**PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.**