

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

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

OMB No. 1545-0047

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 <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. The ONE Campaign | Taxpayer identification number (TIN) 01-0593565 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1299 Pennsylvania Avenue, NW, 400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20004 | |

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 - 1299 Pennsylvania Ave, NW, Suite 400**
- Washington, DC 20004

Telephone No. **202-495-2700** 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)

LHA 423841 01-02-25
Mail to: Internal Revenue Service
Mail Stop 6054
1973 N Rulon White Blvd.
Ogden, UT 84201-0045

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public
Inspection

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|-------------------|--|--|------------|---|--|---|--|--|--|--|---|--|--|--|---|--|--|--|--|--|------------------------------------|--------------------------------------|--|--|---|--|---|
| A For the 2024 calendar year, or tax year beginning and ending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization The ONE Campaign</td> <td rowspan="4">D Employer identification number 01-0593565</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1299 Pennsylvania Avenue, NW 400</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20004</td> <td>E Telephone number 202-495-2700</td> </tr> <tr> <td colspan="2" rowspan="2">F Name and address of principal officer: Ndidi Okonkwo Nwuneli same as C above</td> <td>G Gross receipts \$ 29,460,640.</td> </tr> <tr> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">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</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: www.one.org</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 2002 M State of legal domicile: DC</td> </tr> </table> | C Name of organization The ONE Campaign | | D Employer identification number 01-0593565 | Doing business as | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | 1299 Pennsylvania Avenue, NW 400 | | City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20004 | | E Telephone number 202-495-2700 | F Name and address of principal officer: Ndidi Okonkwo Nwuneli same as C above | | G Gross receipts \$ 29,460,640. | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If "No," attach a list. See instructions | 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 | | H(c) Group exemption number | J Website: www.one.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 |
| C Name of organization The ONE Campaign | | D Employer identification number 01-0593565 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doing business as | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1299 Pennsylvania Avenue, NW 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20004 | | E Telephone number 202-495-2700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Name and address of principal officer: Ndidi Okonkwo Nwuneli same as C above | | G Gross receipts \$ 29,460,640. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | If "No," attach a list. See instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | H(c) Group exemption number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J Website: www.one.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: See Part III, Line 1. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 18 | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 | |
| | 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 97 | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 592 | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,576,247. | |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | | |
| Revenue | | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | | 15,165,968. | 26,432,227. |
| | 9 Program service revenue (Part VIII, line 2g) | | 1,978,563. | 1,576,247. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 492,559. | 723,696. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 613,476. | 728,470. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 18,250,566. | 29,460,640. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 9,339,530. | 9,253,848. |
| | 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) | | 14,377,372. | 13,408,707. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 626,824. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,312,890. | 7,458,639. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 33,029,792. | 30,121,194. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | | -14,779,226. | -660,554. |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | | 45,324,364. | 48,778,202. |
| | 21 Total liabilities (Part X, line 26) | | 24,918,438. | 28,457,610. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | | 20,405,926. | 20,320,592. |

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 | | Date | | |
| | Adam Mayaki, CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Stacy Cullen | Stacy Cullen | 10/10/25 | | P00974308 |
| | Firm's name | Firm's EIN | | | |
| | Aprio Advisory Group, LLC | 58-2487348 | | | |
| | Firm's address | Phone no. (404) 892-9651 | | | |
| | 2002 Summit Boulevard, Suite 120 Atlanta, GA 30319 | | | | |

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

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:

The ONE Campaign ("ONE") continued its work to educate and raise awareness among the public, media and policymakers around the world about the importance of official development assistance and international programs that (Continued on Schedule O)

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 \$ 9,234,821. including grants of \$ 1,364,761.) (Revenue \$)
North America:

In 2024, ONE's U.S. team achieved meaningful progress across key advocacy priorities that make the world more stable and secure and help promote healthy lives and economic opportunity in Africa. Despite significant challenges - such as proposed cuts to the foreign aid budget - ONE US led strong, coordinated efforts to defend and protect critical US foreign assistance programs.

(Continued on Schedule O)

4b (Code:) (Expenses \$ 8,165,187. including grants of \$ 6,093,421.) (Revenue \$)
Europe:

In Europe, our efforts were focused on increasing financing for healthy lives and economic opportunity in Africa. This included advocacy for a strong ODA budget across our markets and specifically for the replenishments of results-driven programs like the World Bank's International Development Association, Gavi, the Vaccine Alliance, and Global Fund to fight AIDS, TB, and Malaria.

(Continued on Schedule O)

4c (Code:) (Expenses \$ 4,509,112. including grants of \$ 33,868.) (Revenue \$ 1,576,247.)
(RED):

The revenue listed of \$1,576,247 is not the full revenue for (RED).

In 2024, (RED) fulfilled its role as the largest private sector partner to the Global Fund, raising \$14.8M, in addition to considerable 'heat' and urgency to underpin and drive the fight against HIV/AIDS.

The year saw the launch of eleven new partnerships, including Lobos 1707 Tequila and Laithwaites in the wine & spirits sector, fashion brands Zimmermann, Thebe Magugu, Savas, and Nomasei, as well as Woom,
(Continued on Schedule O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 3,112,430. including grants of \$ 1,761,798.) (Revenue \$)

4e Total program service expenses 25,021,550.

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)? <i>If "Yes," complete Schedule A</i> | 1 X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> | 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? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e 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)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a X | |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | 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? <i>If "Yes," complete Schedule L, Part II</i> | 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? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | X |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 44 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| 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 97 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | |
| b If "Yes," enter the name of the foreign country <u>See Schedule O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 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? | 7a | | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| 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? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | N/A | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | N/A | |
| 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? | N/A | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | N/A | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | N/A | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | N/A | 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 | N/A | 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 | N/A | 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. | N/A | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 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? If "Yes," see the instructions and file Form 4720, Schedule N. | | 15 | X |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | 16 | X |
| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | N/A | 17 | |

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**

| | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 18 | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 17 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | X |
| 6 Did the organization have members or stockholders? | | | 6 | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | 7a | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 7b | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | | | 8a | X |
| b Each committee with authority to act on behalf of the governing body? | | | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | 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? | 10a | 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | 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 | 12a | X |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | 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 | 12c | X |
| 13 Did the organization have a written whistleblower policy? | 13 | X |
| 14 Did the organization have a written document retention and destruction policy? | 14 | 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 | 15a | X |
| b Other officers or key employees of the organization | 15b | 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? | 16a | 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 AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MO

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 - 202-495-2700
1299 Pennsylvania Ave, NW, Suite 400, Washington, DC 20004

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 | Former | | | |
| (1) John Spears Chief Operating Officer (JAN-MAY) | 40.00 0.00 | | | X | | | | 350,829. | 0. | 22,238. |
| (2) Ndid Nwuneli President and CEO | 37.07 2.93 | X | | X | | | | 329,578. | 0. | 30,069. |
| (3) Jennifer Lotito President and COO (RED) | 40.00 0.00 | | | X | | | | 312,283. | 0. | 31,353. |
| (4) Suzanne Granville Executive Dir, NA ADV (JAN-NOV) | 32.60 7.40 | | | | | X | | 271,532. | 0. | 36,912. |
| (5) Huw Davies Chief Communications Off. (RED) | 40.00 0.00 | | | | | X | | 239,343. | 0. | 37,659. |
| (6) Adam Mayaki Chief Financial Officer | 40.00 0.00 | | | X | | | | 227,841. | 0. | 42,275. |
| (7) David McNair Global Policy Director | 40.00 0.00 | | | | X | | | 221,062. | 0. | 34,540. |
| (8) Luisa Engel Chief Stratgy & Impct Off. (RED) | 40.00 0.00 | | | | | X | | 242,495. | 0. | 11,610. |
| (9) Gayle Smith CEO (JAN) | 37.00 3.00 | X | | X | | | | 247,493. | 0. | 917. |
| (10) Julie Roth VP, Finance (RED) | 40.00 0.00 | | | | | X | | 172,580. | 0. | 19,217. |
| (11) Denise Graham VP, Partnerships (RED) | 40.00 0.00 | | | | | X | | 181,218. | 0. | 9,758. |
| (12) Mimi Alemayehou Board Member | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) Josh Bolten Board Member | 5.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) Joe Cerrell Board Member | 3.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) AlikoDangote Board Member | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) Jamie Drummond Board Member | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) Anne Finucane Board Member | 2.00 0.00 | 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 | Former | | | |
| (18) Tom Freston Board Member | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) Mort Halperin Board Member | 4.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) Bobby Shriver Board Member | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) Larry Summers Board Member | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) Mo Ibrahim Board Member (JAN-MAR) | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) Helene Gayle Board Member (JAN-MAR) | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) Sheryl Sandberg Board Member (JAN-MAR) | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) Kevin Sheekey Board Member (JAN-MAR) | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 2,796,254. | 0. | 276,548. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,796,254. | 0. | 276,548. |

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

44

- 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 |
|---|--------------------------------|---------------------|
| DelCor Techonology Solutions, Inc., 8380 Colesville Rd, #550, Silver Spring, MD | IT Support | 457,095. |
| MCRS Incorporated 157 Hemlock Rd, Manhasset, NY 11030 | Consulting | 276,000. |
| Marcum, LLP, 1899 L Street, NW, Suite 850, Washington, DC 20036 | Accounting | 236,628. |
| The Caldwell Partners PO Box 95000, Philadelphia, PA 19195-1183 | Recruitment/Consulting | 204,332. |
| Laura Carolynne Brown 15A West 73rd Street, 2, New York, NY 10023 | Consulting | 200,004. |

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) | (B) | (C) | (D) |
|---|---|--|--|---------------|------------------------------------|----------------------------|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | 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 | 26,432,227. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 4,548,774. | | | |
| | h | Total. Add lines 1a-1f | | 26,432,227. | | | |
| Program Service Revenue | 2 a | Marketing Income | Business Code | 900099 | 1,576,247. | | 1576247. |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 1,576,247. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 723,696. | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | | Royalties | | | | | |
| 6 a | | Gross rents | (i) Real | 621,142. | | | |
| b | | Less: rental expenses ... | (ii) Personal | 0. | | | |
| c | | Rental income or (loss) | | 621,142. | | | |
| d | | Net rental income or (loss) | | 621,142. | | | 621,142. |
| 7 a | | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| b | | Less: cost or other basis and sales expenses | (ii) Other | | | | |
| c | | Gain or (loss) | | | | | |
| 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 | | | | | |
| b | | Less: direct expenses | | | | | |
| c | | Net income or (loss) from fundraising events | | | | | |
| 9 a | | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| b | Less: direct expenses | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| b | Less: cost of goods sold | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | Currency Exchange Gain | Business Code | 900099 | 77,561. | | 77,561. |
| | b | Miscellaneous | | 900099 | 29,767. | | 29,767. |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 107,328. | | | |
| | 12 | Total revenue. See instructions | | 29,460,640. | 0. | 1576247. | 1452166. |

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 ☐

| 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 | 1,364,294. | 1,364,294. | | |
| 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 | 7,889,554. | 7,889,554. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,850,479. | 1,400,768. | 380,120. | 69,591. |
| 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 | 9,022,851. | 6,830,078. | 1,853,449. | 339,324. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 484,501. | 366,755. | 99,525. | 18,221. |
| 9 Other employee benefits | 1,009,715. | 764,330. | 207,413. | 37,972. |
| 10 Payroll taxes | 1,041,161. | 788,134. | 213,872. | 39,155. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 518,594. | | 518,594. | |
| c Accounting | 233,366. | | 233,366. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 42,241. | | 42,241. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,301,753. | 1,301,753. | | |
| 12 Advertising and promotion | 595,575. | 595,575. | | |
| 13 Office expenses | 882,482. | 634,177. | 216,799. | 31,506. |
| 14 Information technology | 605,886. | 490,416. | 97,603. | 17,867. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,522,904. | 1,167,549. | 300,365. | 54,990. |
| 17 Travel | 489,550. | 489,550. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 400,678. | 400,678. | | |
| 20 Interest | 53,545. | | 53,545. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 150,678. | 114,059. | 30,952. | 5,667. |
| 23 Insurance | 213,342. | 161,495. | 43,824. | 8,023. |
| 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 Subscriptions & Publications | 171,725. | 171,725. | | |
| b Payroll Service Fees | 156,539. | | 156,539. | |
| c Equipment | 82,224. | 62,242. | 16,890. | 3,092. |
| d Property Taxes | 19,435. | 14,712. | 3,992. | 731. |
| e All other expenses | 18,122. | 13,706. | 3,731. | 685. |
| 25 Total functional expenses. Add lines 1 through 24e | 30,121,194. | 25,021,550. | 4,472,820. | 626,824. |
| 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 SheetCheck 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 | 371,713. | 1 | 286,575. |
| | 2 Savings and temporary cash investments | 12,743,590. | 2 | 10,638,067. |
| | 3 Pledges and grants receivable, net | 7,486,482. | 3 | 9,001,054. |
| | 4 Accounts receivable, net | 1,152,397. | 4 | 794,940. |
| | 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 | 389,977. | 9 | 252,644. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,555,939. | | |
| | b Less: accumulated depreciation | 10b 1,817,786. | 10c | 738,153. |
| | 11 Investments - publicly traded securities | 4,807,836. | 11 | 5,785,963. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 345,000. | 14 | 345,000. |
| | 15 Other assets. See Part IV, line 11 | 17,142,474. | 15 | 20,935,806. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 45,324,364. | 16 | 48,778,202. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,212,632. | 17 | 1,264,408. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 240,439. | 19 | 426,578. |
| | 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 | 2,500,000. | 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 | 20,965,367. | 25 | 26,766,624. |
| | 26 Total liabilities. Add lines 17 through 25 | 24,918,438. | 26 | 28,457,610. |
| 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 | 6,806,360. | 27 | 6,911,491. |
| | 28 Net assets with donor restrictions | 13,599,566. | 28 | 13,409,101. |
| | 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 | 20,405,926. | 32 | 20,320,592. |
| | 33 Total liabilities and net assets/fund balances | 45,324,364. | 33 | 48,778,202. |

Form 990 (2024)

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 | 29,460,640. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 30,121,194. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -660,554. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 20,405,926. |
| 5 | Net unrealized gains (losses) on investments | 5 | 575,220. |
| 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 | 20,320,592. |

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? _____ 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 | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X |
| 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 | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | 3b | |

Form 990 (2024)

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.") | 71884283. | 17206641. | 17061711. | 15165968. | 26432227. | 147750830 |
| 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 | 71884283. | 17206641. | 17061711. | 15165968. | 26432227. | 147750830 |
| 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) | | | | | | 89192857. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 58557973. |

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 | 71884283. | 17206641. | 17061711. | 15165968. | 26432227. | 147750830 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 148,242. | 129,572. | 198,541. | 854,429. | 1344838. | 2675622. |
| 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.) | 1,505. | 154,791. | -445,159. | 199,811. | 107,328. | 18,276. |
| 11 Total support. Add lines 7 through 10 | | | | | | 150444728 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 10,152,395. | |
| 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 | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 38.92 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 35.25 % |
| 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 checked="" 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

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 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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** ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> 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. | | | |
| 2a | | | |
| 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. | | | |
| 2b | | | |
| 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 . | | | |
| 3a | | | |
| 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. | | | |
| 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). | | |

Schedule A (Form 990) 2024

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 | | | |

Schedule A (Form 990) 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 B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

The ONE Campaign

Employer identification number

01-0593565

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| The ONE Campaign | 01-0593565 |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | | \$ <u>3,978,261.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | | \$ <u>3,032,052.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | | \$ <u>2,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | | \$ <u>2,500,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | | \$ <u>1,472,075.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Employer identification number

01-0593565

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 1 | 3,710 shares of Berkshire Hathaway Inc @ \$409.47/share | \$ 1,516,722. | 12/31/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | 17,800 shares of Alphabet Inc. @ \$172.31/share | \$ 3,032,052. | 12/31/24 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| The ONE Campaign | 01-0593565 |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| | | | |
|---|---------------------|--|-------------------------------------|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. 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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

The ONE Campaign

Employer identification number (EIN)

01-0593565

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|----------------------------------|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | 0. | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 1,000,000. | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 1,000,000. | |
| d Other exempt purpose expenditures | | 29,121,194. | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 30,121,194. | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | |
| not over \$500,000 | 20% of the amount on line 1e. | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 250,000. | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c Total lobbying expenditures | 1,000,000. | 882,586. | 1,000,000. | 1,000,000. | 3,882,586. |
| d Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2024

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

The ONE Campaign

Employer identification number

01-0593565

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).

| | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| 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 | 2d |

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)

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

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 | 2,039,141. | 2,035,776. | 2,032,494. | 2,032,494. | 2,032,494. |
| b Contributions | | 3,365. | 3,282. | | |
| c Net investment earnings, gains, and losses | | 33,159. | 18,984. | 9,726. | 11,577. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 33,159. | 18,984. | 9,726. | 11,577. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,039,141. | 2,039,141. | 2,035,776. | 2,032,494. | 2,032,494. |

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 100 %

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) | | X |
| 3a(ii) | | X |
| 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 | | 1,882,935. | 1,153,286. | 729,649. |
| d Equipment | | 570,813. | 564,699. | 6,114. |
| e Other | | 102,191. | 99,801. | 2,390. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 738,153. |

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

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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

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) Security Deposit | 244,394. |
| (2) Due from ONE Affiliates | 17,299,860. |
| (3) Right-of-Use Assets | 3,391,552. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 20,935,806. |

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) Due to ONE Affiliates | 21,801,430. |
| (3) Operating Lease Liability | 4,915,168. |
| (4) Refundable Deposits | 50,026. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 26,766,624. |

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 ... ☐

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

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 | |
| 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

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 | |
| 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

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 V, line 4:

To support the ONE Africa Award, an annual \$100,000 award that recognizes the exceptional work of an African organization dedicated to helping Africa achieve the millenium development goals.

**SCHEDULE F
(Form 990)**

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

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

The ONE Campaign

Employer identification number

01-0593565

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Europe (Including Iceland & Greenland) | 4 | 103 | Grants to recipients located in the region | | 6,246,997. |
| Europe (Including Iceland & Greenland) | 4 | 103 | Program service activities | | 6,633,802. |
| Sub-Saharan Africa | 3 | 22 | Grants to recipients located in the region | | 1,861,585. |
| Sub-Saharan Africa | 3 | 22 | Program service activities | | 296,401. |
| North America | 1 | 10 | Grants to recipients located in the region | | 467. |
| North America | 1 | 10 | Program service activities | | 783,125. |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 16 | 270 | | | 15,822,377. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 16 | 270 | | | 15,822,377. |

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

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|--|---------------------------------|---------------------------------|--|---|--|--|
| | | Europe (Including Iceland & Greenland) | Grant to ONE Campaign Affiliate | 4066529. | Wire Transfer | 0. | | |
| | | Europe (Including Iceland & Greenland) | Grant to ONE Campaign Affiliate | 2026892. | Wire Transfer | 0. | | |
| | | Sub-Saharan Africa | Grant to ONE Campaign Affiliate | 841,901. | Wire Transfer | 0. | | |
| | | Sub-Saharan Africa | Grant to ONE Campaign Affiliate | 276,477. | Wire Transfer | 0. | | |
| | | Sub-Saharan Africa | Grant to ONE Campaign Affiliate | 663,270. | Wire Transfer | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ **Yes** ☒ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ **Yes** ☒ **No**
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ **Yes** ☒ **No**
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ **Yes** ☒ **No**

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

The ONE Campaign requires award recipients to furnish its organization's certificate of registration, at least two letters of recommendation from reputable national or international organizations, its annual budget detailing revenues and expenses, its annual report, and copies of any media reports or articles highlighting its work. As a condition of the award, recipients are required to submit a report back to The ONE Campaign describing the use of the grant funds.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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

The ONE Campaign

Employer identification number
01-0593565

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---|
| ONE Action 1299 Pennsylvania Avenue, NW Washington, DC 20004 | 02-0544768 | 501(c)(4) | 1,364,294. | 0. | | | Direct Lobbying Grant \$1,000,000 & Educational Grant \$364,294 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.
- 3 Enter total number of other organizations listed in the line 1 table 1.

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

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**Part I, Line 2:**

The ONE Campaign is not a grant-making organization, however, it has entered into formal grant agreements with a related party, ONE Action, in order to fund the charitable and educational activities of ONE Action that further The ONE Campaign's charitable mission. The ONE Campaign requires ONE Action to agree that: 1) grant funds may be spent only on charitable and educational activities consistent with The ONE Campaign's charitable mission, 2) ONE Action must allow the one campaign to monitor one action's expenditures on an ongoing basis to ensure that grant funds are being utilized accordingly, and 3) ONE Action shall not engage in any activity on behalf of The ONE Campaign or use grant funds in any way that jeopardizes The ONE Campaign's status as a tax-exempt charity qualified to receive tax-deductible contributions under sections 170(b)(1)(a) and 501(c)(3) of the Internal Revenue Code, including supporting or opposing any candidate or political party for public office. The ONE Campaign requires ONE Action to furnish The ONE Campaign with periodic written reports that provide periodic assessments of activities supported by The ONE Campaign and that include the following information: 1) a summary of expenditures, separated

Part IV Supplemental Information

between those associated with "grassroots" and "direct" lobbying under sections 501(h) and 4911 of the code, and charitable educational non-lobbying activities (including, but not limited to, staff time related to those activities), and 2) a description of the work conducted by one action during the grant period. The ONE Campaign reserves the right to request, and ONE Action agrees to provide, additional reports as needed to monitor the progress made in accomplishing the purpose of each grant, and ONE Action agrees to make all books, ledgers, accounts, files, computer records, and personnel available to The ONE Campaign or its designated representatives, auditors, or legal counsel to determine compliance with the terms of the respective grant agreements.

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

The ONE Campaign

Employer identification number

01-0593565

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 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)?

| | Yes | No |
|----|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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) John Spears Chief Operating Officer (JAN-MAY) | (i) | 350,829. | 0. | 0. | 0. | 22,238. | 373,067. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Ndidì Nwuneli President and CEO | (i) | 329,578. | 0. | 0. | 0. | 30,069. | 359,647. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Jennifer Lotito President and COO (RED) | (i) | 312,283. | 0. | 0. | 0. | 31,353. | 343,636. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Suzanne Granville Executive Dir, NA ADV (JAN-NOV) | (i) | 271,532. | 0. | 0. | 0. | 36,912. | 308,444. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Huw Davies Chief Communications Off. (RED) | (i) | 239,343. | 0. | 0. | 0. | 37,659. | 277,002. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Adam Mayaki Chief Financial Officer | (i) | 227,841. | 0. | 0. | 0. | 42,275. | 270,116. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) David McNair Global Policy Director | (i) | 221,062. | 0. | 0. | 0. | 34,540. | 255,602. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) Luisa Engel Chief Stratgy & Impct Off. (RED) | (i) | 242,495. | 0. | 0. | 0. | 11,610. | 254,105. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) Gayle Smith CEO (JAN) | (i) | 247,493. | 0. | 0. | 0. | 917. | 248,410. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) Julie Roth VP, Finance (RED) | (i) | 172,580. | 0. | 0. | 0. | 19,217. | 191,797. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) Denise Graham VP, Partnerships (RED) | (i) | 181,218. | 0. | 0. | 0. | 9,758. | 190,976. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

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:

As reflected on Schedule R, The ONE Campaign shares paid employees with ONE Action, a related section 501(c)(4) organization. The ONE Campaign is the statutory employer of all shared employees and acts as a common paymaster for the two organizations. Certain employees allocate their time between the two organizations, and ONE Action reimburses The ONE Campaign for ONE Action's allocable share of salary, benefits, and related overhead and administrative costs.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
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

The ONE Campaign

Employer identification number

01-0593565

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 2 | 4,548,774. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other ... | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (.....) | | | | |
| 26 Other (.....) | | | | |
| 27 Other (.....) | | | | |
| 28 Other (.....) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

| | | |
|-----|--|---|
| | | |
| 30a | | X |
| 31 | | X |
| 32a | | X |
| | | |

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

Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number of contributions are reported in this column.

**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

The ONE Campaign

Employer identification number

01-0593565

Form 990, Part III, Line 1, Program Service Accomplishments:

fight extreme poverty and preventable diseases in the developing world.

The ONE team focused its efforts in 2024 on implementing five R's:

* **Resources:** Increasing financing for healthy lives and economic opportunity in Africa with a focus on fighting for World Bank's IDA21, PEPFAR, Gavi, Global Fund and African Development Fund replenishments.

* **Reform:** Modernizing the financial architecture to unlock more and better public financing, with a focus on special drawing rights and the balance sheet of the World Bank and IMF, and leveraging South Africa's hosting of the G20 to address the high cost of capital in Africa, linked to an unfair risk premium and bias.

* **Representation:** Increasing African agency in shaping the channeling and governance of development finance, with a focus on fighting for a stronger voice at the G20, G7, and in the multilateral development banks.

* **Rally:** Engaging and growing our ecosystem of partners, building political and social capital for transformative development finance, including establishing Ubuntu Circles in each of our G7 countries and across Africa. We also established a Global Faith Leadership Network and a Diaspora Creative Council, and deepened our community of champions, activists, and partners.

* **Renew:** Building an organizational culture of entrepreneurship, operational excellence, speed, and flexibility.

Form 990, Part III, Line 4a, Program Service Accomplishments:

ONE US also played a pivotal role in global financing efforts, helping to secure a historic pledge for Gavi's 6th replenishment and facilitating a \$4 billion US commitment to the World Bank's International Development Association (IDA21). Throughout the year, ONE US remained focused on building bipartisan support in Congress, cultivating new legislative champions, and strengthening long-term backing for U.S. global development initiatives.

In 2024, ONE Canada deepened its policy engagement, focusing on shifting narratives and strengthening partnerships to drive meaningful progress. Our efforts helped secure a record \$1.46 billion Canadian pledge to the World Bank's IDA and laid the groundwork for a \$650 million Gavi commitment. We amplified the call for a robust Canada-Africa Strategy, resulting in the strategy's release in early 2025 - though it lacked ambition on development spending. We launched our first Global Activist Program with 35 advocates from nine provinces, while building stronger ties with diaspora communities through events like the Future Canada-Africa Strategic Dialogue. By reframing our advocacy around mutual benefit and economic partnership, we gained broader traction across government and public channels - even as fiscal and political uncertainty posed challenges. Our work on MDB

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

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

LHA 432211 01-15-25

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| The ONE Campaign | 01-0593565 |

reforms and SDR rechanneling positioned Canada as a leading voice, and our narrative-driven campaigns helped push Canada's global engagement in a more strategic, impactful direction.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Across Europe, we advocated for a strong investment in these programs and increased partnership between Europe and Africa. Specific activities include:

* In France, after announced cuts to the development budget, our efforts focused on advocating for programs that make the world more stable and promote healthier lives and economic opportunities. We deployed a public-facing campaign, using op-eds, media ads, and social media to highlight the issue and promote the Financial Transaction Tax as a solution.

* In Italy, we linked the Africa Strategy and Gavi through a letter to Ministers Giorgetti and Tajani, co-signed by 60 Italian and African activists urging stronger global health leadership and equal partnership with Africa, supported by blogs and social media outreach.

* ONE Germany's 2024 efforts centered on strengthening support for development cooperation and global health. Highlights include high-level advocacy at the Munich Security Conference, impactful public stunts like a 20-meter facts carpet outside Parliament, and a successful poster campaign making the case for global health investments, which engaged 44 MPs. ONE hosted influential sessions at the World Health Summit and Hamburg Sustainability Conference, co-hosted a parliamentary breakfast with World Bank President Ajay Banga, and led a field trip to Rwanda for German parliamentary staffers to showcase the impact of Gavi, the Global Fund, and the World Bank.

* In the UK, ONE focused on reasserting the importance of British leadership in global development, amidst ongoing pressures on the aid budget. Strategic media interventions including essays, op-eds, and partnerships with influential outlets underscored the value of global health investments and British scientific innovation. Collaborative campaigns, such as the "Empty Plates" hunger initiative and a global health essay series, amplified calls for renewed multilateral action and investment in solutions rooted in partnership with the Global South.

Our Youth Ambassadors continue to play a key role to rally champions for this work, including in the Netherlands, where we partnered with seven youth parties, co-signed a letter with Youth Ambassadors, delivered it to 13 MPs of whom 9 joined as co-signers and sent it to the Minister for Foreign Trade and Development Cooperation. In Germany, Youth Ambassadors met with over 20 MPs to push for increased development funding. In the European Union, we mobilized Youth Ambassadors to secure support from MEPs for a stronger EU external budget and global health initiatives.

In the UK, we coordinated grassroots engagement through our network of Youth Ambassadors and activists, supporting public outreach events and organizing candidate hustings nationwide.

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| The ONE Campaign | 01-0593565 |

Form 990, Part III, Line 4c, Program Service Accomplishments:

Kreuther Handcrafted Chocolate, Aroma 360, oHHo and Kohler in the food, lifestyle and events spaces.

The new partners enabled (RED) to expand its presence further into new industries and consumers, further broadening the reach of the fight.

Throughout the year, (RED) engaged high-level audiences at Davos, the International AIDS Conference, UNGA, and CGI, which saw the unveiling of plans for the 'DISCOVE(RED) Fashion Prize' to spotlight emerging African designers. Laura Brown and Iman also hosted a special (RED) Creative Council dinner attended by several celebrities, and for the first time, (RED) has a presence at celebrity gifting suites at the Emmys and the Rock & Roll Hall of Fame.

Additional campaigning work saw (RED) raise awareness around global health through the 'Panasonic House of (RED)' pop-up shop in New York City, through activations at the Chicago and Boston marathons powered by Bank of America, multiple Pride events with Roche in June, and at the Kohler Food and Wine Festival. (RED) was also a featured partner at U2 at the Sphere in Las Vegas which raised money and awareness through the sale of (RED) Zone tickets. For World AIDS Day, long-term partner Beats created limited edition (RED) headphones to support an awareness campaign that featured Sha'Carri Richardson, and (RED) 's 'Holiday Edit' campaign promoted myriad products and ways to join the fight, with Apple's Apple Pay activation raising an additional \$3 million for the Global Fund.

(RED) deepened its cultural influence by launching the '(RED) Creative Council' in July, chaired by Laura Brown. The Council brings together more than 20 influential leaders across fashion, film, design, and media to help shape and drive (RED) 's mission. (RED) also welcomed three new (RED)UCATORS to its ambassador cohort: comedian Caitlin Reilly, Peloton instructor Jeffrey McEachern, and actress Thando Dlomo.

Across the year, (RED) was supported by donated, pro-bono media from Clear Channel, Captivate, Firefly, Refinery29, and Healthline, which helped bring attention to campaigns, initiatives, and impact.

Form 990, Part III, Line 4d, Other Program Services:

Africa's Voice, Global Impact: Driving Equity Through Power, Policy & Partnership

In 2024, ONE in Africa worked to shape global development through African-led advocacy, policy influence, and youth mobilization. From securing historic financing commitments to embedding African voices in global decision-making, our work laid the groundwork for long-term transformation and reform. One of our proudest achievements was leading civil society mobilization for the IDA21 replenishment, helping unlock \$24 billion in donor contributions and catalyzing over \$100 billion in concessional financing for the world's most vulnerable. This success was powered by early engagement, a five-country impact report, and a unified CSO letter echoed in President Ruto's keynote speech.

At the grassroots level, the ONE Champions Program expanded to 12

| | |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| The ONE Campaign | 01-0593565 |

countries, empowering 95 youth leaders. These Champions executed more than 218 advocacy actions, influenced local and global policy, and launched initiatives like Kenya's adolescent health assessments and Senegal's youth employment forums. Their influence reached the global stage with engagements at the Hamburg Sustainability Conference, the UN General Assembly, and other key forums. Their leadership proved that Africa's youth are not just the future they are shaping the present.

Our team also drove momentum toward ADF-17, convening a 100+ stakeholder event with a panel during AfDB's Annual Meetings, reinforced by Kenya's first-ever \$20 million pledge. We focused on the urgency of concessional financing through media advocacy and high-level briefings, positioning Africa as both a beneficiary and architect of its development. In health financing, we amplified immunization impact stories in Nigeria and Rwanda, advancing Gavi replenishment priorities and setting the stage for deeper engagement ahead of 2025's global financing milestones.

ONE also made strategic policy inroads in Canada, with testimony before the Senate and the launch of the Africa-Canada Innovation Hub, signaling the rising power of the diaspora. Regionally, we supported Nigeria's preparations for the UN Summit of the Future, shaped civil society priorities on financial architecture reform, and elevated African solutions in multilateral spaces. From Nairobi to Ottawa to New York, our team connected policy, power, and people to push forward equity, resilience, and sustainable progress.

ONE's efforts and impact are rooted in our deep partnership with champions, volunteers, civil society and faith leaders and partners across our African and G7 Markets.

Expenses \$ 3,112,430. including grants of \$ 1,761,798. Revenue \$ 0.

Form 990, Part V, Line 4b, List of Foreign Countries:

United Kingdom, Germany, Belgium, France,
South Africa, Canada, Nigeria, Senegal

Form 990, Part VI, Section A, line 4:

The ONE Campaign updated its Bylaws as follows: aligned the Bylaws with the DC Code; clarified the authority and responsibilities of directors and officers; granted the board broader governance authority to nominate and elect board members, revise the articles of incorporation and bylaws, and vote on mergers and dissolution; and changed the quorum on major decisions; adjusted member-governed provisions, permitting board governance whilst retaining members and membership corporation structure; clarified the restriction on directors holding or running for public office; changed the composition of the Executive Committee and limited its powers for use in special circumstances only; added four other standing committees: (1) Audit & Finance, (2) Governance & Nominations, (3) Programs & Policies, and (4) Development (and clarified the process for committee appointments); and clarified requirements for setting executive compensation.

Form 990, Part VI, Section A, line 6:

The Organization has one class of members that consists of three individuals.

Form 990, Part VI, Section A, line 7a:

The members are responsible for electing and removing the members of the

| | |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| The ONE Campaign governing body or their delegates. | 01-0593565 |

Form 990, Part VI, Section A, line 7b:

The members must approve changes made to the Organization's bylaws.

Form 990, Part VI, Section B, line 11b:

The Form 990 was prepared by the outside accountants and reviewed by the corporation's CFO and COO/Treasurer, the board's audit committee, the CEO, and legal counsel. The board received a copy of the Form 990 before it was filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

The first step in addressing conflicts of interest is disclosure. A director or employee who believes that he/she is perceived as having a conflict of interest in a discussion or decision discloses that conflict to the group making the decision before a decision is made, a contract is signed, or a transaction is initiated. Most concerns about conflicts of interest may be resolved and appropriately addressed through prompt and complete disclosure.

The audit committee is responsible for making all decisions concerning resolutions of conflicts involving executive managers, the COO, the President/CEO (PC), and selected other members of senior management, as needed. If the reportable conflict involves a member of the audit committee other than the chair of the audit committee, the chair is responsible for making all decisions concerning resolutions of conflicts involving the audit committee member. If the conflict involves the chair of the audit committee, the chair of the board is responsible for making all decisions concerning resolutions of the conflict.

The COO is responsible for making all decisions concerning resolutions of conflicts involving employees below the executive management level, subject to the approval of the pc and the audit committee, as needed.

Any employees may appeal a determination that an actual or apparent conflict of interest exists. Appeals of resolutions by the COO and PC are directed to the chair of the audit committee. If the resolution is made by the audit committee, then the appeal is made to the chair of the board.

Given the importance of resolving conflicts of interest, violations of this policy, including failure to disclose conflicts of interest, may result in termination of a director, PC, or member of senior management (at the direction of the audit committee) or employee (at the direction of the PC or chair of the audit committee).

Form 990, Part VI, Section B, Line 15a:

The board of directors reviews and adjusts the CEO's salary using comparable data, including the Form 990's of other organizations, compensation surveys, and an independent compensation consultant. Any adjustment to the CEO's salary is at the board's discretion and is documented in the board minutes. The last compensation review took place in January 2022.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MO, MN, MS, NC, NH, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV

Name of the organization

The ONE Campaign

Employer identification number

01-0593565

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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

The ONE Campaign**Employer identification number**
01-0593565**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| ONE Action - 02-0544768 1299 Pennsylvania Ave, NW, Suite 400 Washington, DC 20004 | Issue Advocacy | District of Columbia | 501(c)(4) | N/A | N/A | | X |
| ONE Campaign Africa NPC Silverstream Office Park, Main Building, 10 Bryanston, Johannesburg, SOUTH AFRICA 2194 | Education | South Africa | N/A | N/A | The ONE Campaign | X | |
| ONE Global (Canada) 123 Slater St, 6th Floor Ottawa, Ontario, CANADA K1P 5H2 | Education | Canada | N/A | N/A | The ONE Campaign | X | |
| ONE Against Poverty UK 8th Fl, Endeavour House, 189 Shaftesbury Ave London, UNITED KINGDOM WC2H 8JR | Education | UNITED KINGDOM | N/A | N/A | The ONE Campaign | X | |

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

Schedule R (Form 990) (Rev. 1-2025)

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|---|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | X |
| e Loans or loan guarantees by related organization(s) | 1e | X |
| f Dividends from related organization(s) | 1f | X |
| g Sale of assets to related organization(s) | 1g | X |
| h Purchase of assets from related organization(s) | 1h | X |
| i Exchange of assets with related organization(s) | 1i | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X |
| o Sharing of paid employees with related organization(s) | 1o | X |
| p Reimbursement paid to related organization(s) for expenses | 1p | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | X |
| r Other transfer of cash or property to related organization(s) | 1r | X |
| s Other transfer of cash or property from related organization(s) | 1s | X |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) ONE Against Poverty UK | B | 4,066,529. | Actual |
| (2) ONE Campaign Africa NPC | B | 841,901. | Actual |
| (3) ONE Campaign Nigeria | B | 663,270. | Actual |
| (4) ONE Germany | B | 2,026,892. | Actual |
| (5) ONE Global (Canada) | B | 467. | Actual |
| (6) ONE Senegal | B | 276,477. | Actual |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (7) One Action | B | 1,364,294. | Actual |
| (8) One Action | N | 100,798. | Actual |
| (9) One Action | O | 318,565. | Actual |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

| | |
|-----------------|---------------------------------|
| Part VII | Supplemental Information |
|-----------------|---------------------------------|

Provide additional information for responses to questions on Schedule R. See instructions.

FEIN: 01-0593565

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W

Name: The ONE Campaign

FEIN:

01-0593565

Type and Entity: Pre-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

| | Year Originated | Original Carryover Amount | | Total Amount Used | Amount Used for 12/31/22 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|--------------------|---------------------------------|--------------------|-------------------------|--------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | | | | | | | | | | | | |
| A | 2012 | 871,107. | | 51,049. | 51,049. | | | | | | | |
| B | 2013 | 135,405. | | | | | | | | | | |
| C | 2014 | 151,946. | | | | | | | | | | |
| D | 2015 | 675,375. | | | | | | | | | | |
| E | 2016 | 1,258,363. | | | | | | | | | | |
| F | 2017 | 1,275,284. | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |
| | Detail Type | E S B C | Amount Used for | | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
| | | | | | | | | | | | | |
| A | | | | | | | | | | | | |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

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

2024

Name of filer

The ONE Campaign

EIN or SSN

01-0593565

Name and title of officer or person subject to tax Adam Mayaki
CFO

Part I Type of Return and Return Information

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

| | | | |
|-----------------------------|-------------------------------------|--|-------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b 0. |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Aprio Advisory Group, LLC to enter my PIN 93565
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67921311111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Aprio Advisory Group, LLC Date 10/10/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

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

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

OMB No. 1545-0047

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 <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. The ONE Campaign | Taxpayer identification number (TIN) 01-0593565 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1299 Pennsylvania Avenue, NW, 400 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20004 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

| 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 - 1299 Pennsylvania Ave, NW, Suite 400**
- Washington, DC 20004

Telephone No. **202-495-2700** 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)

LHA 423841 01-02-25
Mail to: Internal Revenue Service
Mail Stop 6054
1973 N Rulon White Blvd.
Ogden, UT 84201-0045

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

| | | | |
|--|------------------------------|--|---|
| A <input type="checkbox"/> Check box if address changed. | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) | D Employer identification number |
| B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | | The ONE Campaign | 01-0593565 |
| | | Number, street, and room or suite no. If a P.O. box, see instructions. 1299 Pennsylvania Avenue, NW, 400 | E Group exemption number (see instructions) |
| | | City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20004 | F <input type="checkbox"/> Check box if an amended return. |
| | | C Book value of all assets at end of year 48,778,202. | |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity | | | |
| H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800 | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | |
| J Enter the number of attached Schedules A (Form 990-T) 1 | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation | | | |
| L The books are in care of The Organization | | Telephone number 202-495-2700 | |

Part I Total Unrelated Business Taxable Income

| | | |
|---|-----------|---------------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ... | 1 | 0. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 Deduction for net operating loss. See instructions | 6 | 0. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

Part II Tax Computation

| | | |
|--|-----------|-----------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4a Amount from Form 4255, Part I, line 3, column (q) | 4a | |
| b Other tax amounts. See instructions | 4b | |
| 5 Alternative minimum tax | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

Part III Tax and Payments

| | | | |
|---|-----------|--|-----------|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | |
| b Other credits (see instructions) | 1b | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | |
| d Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d | | |
| e Total credits. Add lines 1a through 1d | 1e | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | 0. |
| 3a Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | | |
| b Amount due from Form 8611 | 3b | | |
| c Amount due from Form 8697 | 3c | | |
| d Amount due from Form 8866 | 3d | | |
| e Other amounts due (see instructions) | 3e | | |
| f Total amounts due. Add lines 3a through 3e | 3f | | 0. |
| 4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | 0. |

Part III Tax and Payments (continued)

| | | | |
|-----------|--|-----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 6a | Payments: Preceding year's overpayment credited to the current year | 6a | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | |
| c | Tax deposited with Form 8868 | 6c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | |
| e | Backup withholding (see instructions) | 6e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | |
| g | Elective payment election amount from Form 3800 | 6g | |
| h | Payment from Form 2439 | 6h | |
| i | Credit from Form 4136 | 6i | |
| j | Other (see instructions) | 6j | |
| 7 | Total payments. Add lines 6a through 6j | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | |
| 9 | Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | |
| 11 | Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded | 11 | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|-----------|---|-----------------------------------|-----------|
| 1 | At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here See Statement 2 | Yes | No |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |
| 4 | Enter available pre-2018 NOL carryovers here \$ 4,316,431. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | |
| 5 | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | |
| | Business Activity Code | Available post-2017 NOL carryover | |
| | 541800 | \$ 7,821,784. | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| 6a | Reserved for future use | | |
| b | Reserved for future use | | |

Part V Supplemental Information

Provide any additional information. See instructions.

| | | | | |
|-------------------------------|--|---------------------------------|-----------------|---|
| Sign Here | 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer | Date | CFO Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed PTIN |
| | Stacy Cullen | Stacy Cullen | 10/10/25 | P00974308 |
| | Firm's name Aprio Advisory Group, LLC | Firm's EIN 58-2487348 | | |
| | Firm's address 2002 Summit Boulevard, Suite 120 Atlanta, GA 30319 | Phone no. (404) 892-9651 | | |

Form 990-T (2024)

| Form 990-T | Pre-2018 Net Operating Loss Deduction | | | Statement 1 |
|-----------------------------------|---------------------------------------|-------------------------|----------------|---------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 12/31/12 | 871,107. | 51,049. | 820,058. | 820,058. |
| 12/31/13 | 135,405. | 0. | 135,405. | 135,405. |
| 12/31/14 | 151,946. | 0. | 151,946. | 151,946. |
| 12/31/15 | 675,375. | 0. | 675,375. | 675,375. |
| 12/31/16 | 1,258,363. | 0. | 1,258,363. | 1,258,363. |
| 12/31/17 | 1,275,284. | 0. | 1,275,284. | 1,275,284. |
| NOL Carryover Available This Year | | | 4,316,431. | 4,316,431. |

| Form 990-T | Name of Foreign Country in Which Organization has Financial Interest | Statement 2 |
|------------|--|-------------|
|------------|--|-------------|

Name of Country

United Kingdom

Germany

Belgium

France

South Africa

Canada

Nigeria

Senegal

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|---|---|
| A Name of the organization <div style="text-align:center">The ONE Campaign</div> | B Employer identification number <div style="text-align:center">01-0593565</div> |
| C Unrelated business activity code (see instructions) 541800 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **Marketing Services**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|------------------|-----------------------------|--------------|-------------------|
| 1 a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | |
| 6 Rent income (Part IV) | | 6 | | |
| 7 Unrelated debt-financed income (Part V) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | | 10 | | |
| 11 Advertising income (Part IX) | | 11 | | |
| 12 Other income (see instructions; attach statement) Stmt 3 | | 12 1,576,247. | | 1,576,247. |
| 13 Total. Combine lines 3 through 12 | | 13 1,576,247. | | 1,576,247. |

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | |
|--|-----------|--------------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | 1,269,054. |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) See Statement 4 | 14 | 2,378,008. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 3,647,062. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -2,070,815. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -2,070,815. |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

| | | | | | |
|---|---|----|---|---|---|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) | 0. | | | |
| 4 | Deductions directly connected with the income in lines 2a and 2b (attach statement) | | | | |
| 5 | Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) | 0. | | | |

Part V Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|----|--|----|---|---|---|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C | D |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | 0. | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. | | | |
| 11 | Total dividends-received deductions included in line 10 | 0. | | | |

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | 6. Deductions directly connected with income in column 5 |
|------------------------------------|--|---|---|--|---|--|
| | | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Nonexempt Controlled Organizations | | | | | | |
| 7. Taxable Income | | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | |
| Totals | | | | 0. | 0. | |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|--|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A). | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| Totals | 0. | | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Schedule A (Form 990-T) 2024

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

| | |
|---|--|
| A | |
| B | |
| C | |
| D | |

Enter amounts for each periodical listed above in the corresponding column.

| A | B | C | D |
|---|---|---|---|
| | | | |

| | | | | | |
|---|--|--|--|--|----|
| 2 | Gross advertising income | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |

| | | | | | |
|--|--|----|--|--|--|
| 3 Direct advertising costs by periodical | | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | 0. | | | |

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |

| | |
|---|----|
| Total. Enter here and on Part II, line 1 | 0. |
|---|----|

| | |
|----------------|--|
| Part XI | Supplemental Information (see instructions) |
|----------------|--|

| Form 990-T (A) | Other Income | Statement 3 |
|--------------------------------------|--------------|-------------|
| Description | | Amount |
| Marketing Revenue | | 1,576,247. |
| Total to Schedule A, Part I, line 12 | | 1,576,247. |

| Form 990-T (A) | Other Deductions | Statement 4 |
|---------------------------------------|------------------|-------------|
| Description | | Amount |
| Professional Fees | | 78,652. |
| Communications and Media | | 1,905,548. |
| Travel | | 28,505. |
| Other Expense | | 1,869. |
| Occupancy | | 123,168. |
| IT and Telecom | | 47,860. |
| General & Administrative | | 20,874. |
| Program Consultants | | 171,532. |
| Total to Schedule A, Part II, line 14 | | 2,378,008. |

| 990-T Sch A | Post-2017 Net Operating Loss Deduction | | | Statement 5 |
|-----------------------------------|--|-------------------------|----------------|---------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 12/31/19 | 2,085,381. | 0. | 2,085,381. | 2,085,381. |
| 12/31/20 | 1,159,614. | 0. | 1,159,614. | 1,159,614. |
| 12/31/21 | 2,105,318. | 0. | 2,105,318. | 2,105,318. |
| 12/31/23 | 2,471,471. | 0. | 2,471,471. | 2,471,471. |
| NOL Carryover Available This Year | | | 7,821,784. | 7,821,784. |

D-20 SUB Corporation
Franchise Tax Return



240203S11019

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1019

Taxpayer Identification Number (TIN)
010593565

Number of business locations
In DC: 1 Outside DC: 0

Name of corporation
THE ONE CAMPAIGN

Tax period ending (MMDDYYYY)
12312024

Mark if: Amended Return
Mark if: Final Return
Mark if: 52-53 week filer

Mark if: Combined Report*
*You must fill in the Designated
Agent info below
Mark if: Worldwide**
**Worldwide form must be filed
with this return
Mark if: Certified QHTC
Mark if: QHTC located in DC
Ballpark TIF Area

Business mailing address #1
1299 PENNSYLVANIA AVENUE, NW
Business mailing address #2

City
WASHINGTON

State
DC

ZIP code+4
20004

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank,
if minus, enter amount and fill in space.

GROSS INCOME

DEDUCTIONS

| | | | | | |
|----|--|---------------------------|------|---------|-----|
| 1 | Gross receipts, minus returns and allowances | | 1 | 0 | .00 |
| 2 | Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement) | | 2 | | .00 |
| 3 | Gross profit from sales and/or operations Line 1 minus Line 2 | Mark if minus | 3 | | .00 |
| 4 | Dividends from Form D-20, Schedule B | | 4 | | .00 |
| 5 | Interest (attach statement) | | 5 | | .00 |
| 6 | Gross rental income from D-20, Schedule I, Column 3, Line 6 | | 6 | | .00 |
| 7 | Gross royalties (attach statement) | | 7 | | .00 |
| 8 | (a) Net capital gain (loss) (attach a copy of your federal Schedule D) | Mark if minus | 8(a) | | .00 |
| | (b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy) | Mark if minus | 8(b) | | .00 |
| 9 | Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund | | 9 | | .00 |
| 10 | Other income (loss) (attach statement) | STATEMENT 1 Mark if minus | 10 | 1576247 | .00 |
| 11 | Total gross income. Add Lines 3 - 10 | Mark if minus | 11 | 1576247 | .00 |
| 12 | Compensation of officers from Form D-20, Schedule C | | 12 | | .00 |
| 13 | Salaries and wages | | 13 | 1269054 | .00 |
| 14 | Repairs | | 14 | | .00 |
| 15 | Bad debts | | 15 | | .00 |
| 16 | Rent | | 16 | | .00 |
| 17 | Taxes From Form D-20, Schedule D | | 17 | | .00 |
| 18 | (a) Interest payments | .00 | | | |
| | (b) Minus nondeductible payments to related entities | .00 = | 18c | | .00 |
| 19 | Contributions and/or gifts (attach statement) | | 19 | | .00 |
| 20 | Amortization (attach a copy of your federal Form 4562) | | 20 | | .00 |
| 21 | Depreciation (attach a copy of your federal Form 4562) Do not include any additional IRC 179 expenses or IRC 168(k) depreciation) | | 21 | | .00 |
| 22 | Depletion (attach statement) | | 22 | | .00 |
| 23 | (a) Enter royalty payments made | .00 | | | |
| | (b) Minus nondeductible payments to related entities | .00 = | 23c | | .00 |

Taxpayer Name: THE ONE CAMPAIGN

Taxpayer Identification Number (TIN) 010593565



240203S21019

Enter dollar amounts only

| | | | | | |
|----------------------------|--|---|--|----------|-----|
| DEDUCTIONS | 24 | Pension, profit-sharing plans | 24 | | .00 |
| | 25 | Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund | 25 | | .00 |
| | 26 | Other deductions (attach statement) STATEMENT 2 | 26 | 2378008 | .00 |
| | 27 | Total deductions. Add Lines 12-26 | 27 | 3647062 | .00 |
| TAXABLE INCOME | 28 | Net income Line 11 minus Line 27 | Mark if minus <input checked="" type="checkbox"/> 28 | 2070815 | .00 |
| | 29 | (a) Non-business income/state adjustment (attach statement) | Mark if minus 29a | | .00 |
| | | (b) Expense related to non-business income (attach statement) | 29b | | .00 |
| | | (c) 29(a) minus 29(b) | Mark if minus 29c | | .00 |
| | 30 | Net income subject to apportionment Line 28 minus Line 29(c) | Mark if minus <input checked="" type="checkbox"/> 30 | 2070815 | .00 |
| | 31 | DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9 | 31 | 1.000000 | |
| | 32 | Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor | Mark if minus <input checked="" type="checkbox"/> 32 | 2070815 | .00 |
| | 33 | Other income/deductions attributable to DC (attach statement - see instructions) | Mark if minus 33 | 0 | .00 |
| | 34 | Total taxable income <i>before</i> apportioned NOL deduction Line 32 plus or minus Line 33 | Mark if minus <input checked="" type="checkbox"/> 34 | 2070815 | .00 |
| | 35 | Apportioned NOL deduction (Losses occurring in year 2000 and later) * | 35 | | .00 |
| | | *Losses occurring in tax year 2018 or later are limited to 80%. See instructions.) | | | |
| | 36 | Total DC taxable income. Line 34 minus Line 35 | Mark if minus <input checked="" type="checkbox"/> 36 | 2070815 | .00 |
| 37 | Tax 8.25% of Line 36 | 37 | 0 | .00 | |
| 38 | Minus nonrefundable credits from Schedule UB, Line 9 | 38 | | .00 | |
| 39 | Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 3 | | .00 | | |
| 40 | Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M | 40 | 250 | .00 | |
| TAX - PAYMENTS AND CREDITS | 41 | Payments and refundable credits: | | | |
| | | (a) Tax paid, if any, with request for an extension of time to file | 41a | | .00 |
| | | (b) Tax paid, if any, with original return if this is an amended return | 41b | | .00 |
| | | (c) 2024 estimated franchise tax payments | 41c | | .00 |
| | | (d) Refundable credits <i>from Schedule UB, Line 12</i> | 41d | | .00 |
| | 42 | If this is an amended 2024 return, enter refund requested with original return. | 42 | | .00 |
| | 43 | Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42. | 43 | | .00 |
| | 44 | Estimated tax interest (Mark if D-2220 attached) | 44 | | .00 |
| | 45 | Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due. | 45 | 250 | .00 |
| | | Will this payment come from an account outside of the U.S.? Yes <input checked="" type="checkbox"/> No <i>See instructions</i> | | | |
| 46 | Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid. | 46 | | .00 | |
| 47 | Amount you want to apply to your 2025 estimated franchise tax | 47 | | .00 | |
| 48 | Amount to be refunded. Line 46 minus Line 47. | 48 | | .00 | |

Third party designee To authorize another person to discuss this return with OTR, mark here

and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

PLEASE
SIGN
HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

CFO

2024952700

PAID
PREPARER
ONLY

Officer's signature

STACY CULLEN

Title

10/10/25

Date

APRIO ADVISORY GATLANTA, GA 30319

Telephone number of person to contact

Preparer's signature (if other than taxpayer)

Preparer's PTIN P00974308

Date

Firm name

Firm address

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. ☒

Email Address

STACY.CULLEN@APRIO.COM



Taxpayer Name: THE ONE CAMPAIGN
 Taxpayer Identification Number (TIN) 010593565

240203S31019

| Schedule A - Cost of Goods Sold (See specific instructions for Line 2.) | | Schedule B - Dividends (See specific instructions for Line 4.) | |
|---|--|---|--------|
| 1. Inventory at beginning of year | | NAME AND ADDRESS OF DECLARING CORPORATION | AMOUNT |
| 2. Merchandise bought for manufacture or sale | | | |
| 3. Salaries and wages | | | |
| 4. Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.) | | | |
| 5. Total | | | |
| 6. Minus: Inventory at end of tax year | | | |
| 7. Cost of goods sold (Enter here and on D-20, Line 2.) | | | |
| Method of inventory valuation: | | Total Dividends | |
| | | Minus deduction for Subpart F Income. | |
| | | Minus deduction for dividends received from wholly-owned subsidiary | |
| | | TOTAL (Enter here and on D-20, Line 4.) | |

| Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 officers attach additional sheets as needed.) | | | | | | |
|--|--------------------------|---|------------------------------------|---------------------|----------------------------------|--------------------------------------|
| Col. 1 Name and Address of Officer | Col. 2 Official Title | Col. 3 Percent of Time Devoted to Business | Percent of Corporation Stock Owned | | Col. 6 Amount of Compensation | Col. 7 Expense Account Allowances |
| | | | Col. 4 Common | Col. 5 Preferred | | |
| | | % | % | % | | |
| | | % | % | % | | |
| | | % | % | % | | |
| | | % | % | % | | |
| TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.) | | | | | | |

| Schedule D - Taxes (See specific instructions for Line 17.) | | | |
|---|--------|--|--------|
| EXPLANATION | AMOUNT | EXPLANATION | AMOUNT |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL (Enter here and on D-20, Line 17.) | |

| Schedule E - Reconciliation of the net income reported on Federal and DC returns | | | |
|---|----------|--|----------|
| 1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return). | -2070815 | 7. Total DC taxable income reported (from D-20, Line 36). | -2070815 |
| UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME | | NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS | |
| 2. Income taxes (see specific instructions for line 17). | 0 | 8. Net income apportioned or allocated to outside DC. | 0 |
| 3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended. | 0 | 9. Other non-taxable income and additional deductions including NOL (itemize): | |
| 4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. | 0 | (a) _____ | |
| 5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses). | | (b) _____ | |
| (a) _____ | | | 0 |
| (b) _____ | | | |
| 6. TOTAL of Lines 1-5. | -2070815 | 10. TOTAL of Lines 7, 8 and 9. | -2070815 |

Taxpayer Name: THE ONE CAMPAIGN
Taxpayer Identification Number (TIN) 010593565



Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar. Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

| | Column 1: TOTAL | Column 2: in DC | Column 3: Factor (Column 2 divided by Column 1) |
|--|-----------------|-----------------|--|
| 1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income. | . 00 | | . 00 |

For Financial Institutions:

| | | | |
|--|------|--|------|
| 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income. | . 00 | | . 00 |
| 3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution. | . 00 | | . 00 |
| 4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3) | | | |
| 5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31. | | | |

| Schedule G- Balance Sheets | | Beginning of Taxable Year | | End of Taxable Year | |
|----------------------------|--|---------------------------|-----------|---------------------|-----------|
| | | (A) Amount | (B) Total | (A) Amount | (B) Total |
| ASSETS | 1. Cash | | | | |
| | 2. Trade notes and accounts receivable | | | | |
| | (a) MINUS: Allowance for bad debts | | | | |
| | 3. Inventories | | | | |
| | 4. Gov't obligations: (a) U.S. and its instrumentalities | | | | |
| | (b) States, subdivisions thereof, etc. | | | | |
| | 5. Other current assets (attach statement) | | | | |
| | 6. Loans to stockholders | | | | |
| | 7. Mortgage and real estate loans | | | | |
| | 8. Other investments (attach statement) | | | | |
| | 9. Buildings and other fixed depreciable assets | | | | |
| | (a) MINUS: Accumulated depreciation | | | | |
| | 10. Depletable assets | | | | |
| | (a) MINUS: Accumulated depletion | | | | |
| LIABILITIES AND CAPITAL | 11. Land (net of any amortization) | | | | |
| | 12. Intangible assets (amortizable only) | | | | |
| | (a) MINUS: Accumulated amortization | | | | |
| | 13. Other assets (attach statement) | | | | |
| | 14. TOTAL ASSETS | | | | |
| | 15. Accounts payable | | | | |
| | 16. Mortgages, notes, bonds payable in less than 1 year | | | | |
| | 17. Other current liabilities (attach statement) | | | | |
| | 18. Loans from stockholders | | | | |
| | 19. Mortgages, notes, bonds payable in 1 year or more | | | | |
| | 20. Other liabilities (attach statement) | | | | |
| | 21. Capital stock: (a) Preferred stock | | | | |
| | (b) Common stock | | | | |
| | 22. Paid-in or capital surplus (attach statement) | | | | |
| | 23. Retained earnings - Appropriated (attach statement) | | | | |
| | 24. Retained earnings - Unappropriated | | | | |
| | 25. MINUS: Cost of treasury stock | | | | |
| | 26. TOTAL LIABILITIES AND CAPITAL | | | | |

Taxpayer Identification Number (TIN) 010593565



240203S51019

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

| | | | |
|---|--|---|--|
| 1. Net income per books | | 7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest | |
| 2. Federal income tax | | | |
| 3. Excess of capital losses over capital gains | | | |
| 4. Taxable income not recorded on books this year (itemize) | | | |
| 5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation (b) Depletion | | 8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion | |
| 6. TOTAL of Lines 1 through 5 | | 9. TOTAL of Lines 7 and 8 10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.) | |

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

| | | | |
|---------------------------------|--|---|--|
| 1. Balance at beginning of year | | 5. Distributions: (a) Cash (b) Stock (c) Property | |
| 2. Net income per books | | | |
| 3. Other increases (itemize) | | 6. Other decreases (itemize). | |
| | | | |
| | | 7. TOTAL of Lines 5 and 6 | |
| 4. TOTAL of Lines 1, 2 and 3 | | 8. Balance at end of year (Line 4 minus Line 7) | |

Schedule I - Income from Rent

| Col. 1: Address of Property | Col. 2: Kind of Property | Col. 3: Gross Amount of Rent | Col. 4: Depreciation* or Amortization (per Federal Form 4562) | Col. 5: Repairs (Explain in Sch. I-1) | Col. 6: Taxes, Interest and other Expenses* (Explain in Sch. I-1) |
|---|--------------------------|------------------------------|---|---------------------------------------|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.) | | | | | |

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Column 5 and 6 of Schedule I.

| Column No. | Explanation | Amount | Column No. | Explanation | Amount |
|------------|-------------|--------|------------|-------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



240203S61019

*

Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

[illegible]

Supplemental Information

| | | | |
|--|--|--|---|
| 1. STATE OR COUNTRY OF INCORPORATION WASHINGTON DC | 2.(a) DATE OF INCORPORATION 01/31/2002 | 2.(b) DATE BUSINESS BEGAN IN DC 01/31/2002 | 3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: OGDEN, UT |
| 4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - ADAM MAYAKI | | 5. LOCATED AT - 1299 PENNSYLVANIA AVE NW #40 WASHINGTON, DC 20004 | |
| 6. During 2024, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO X If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns. | | If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY | |
| 7. Is this corporation unitary with another entity? | YES X NO | If yes, explain: | |
| 8. Is this return made on the accrual basis? | X YES NO | If no, indicate basis used: Cash Basis Other (specify) | |
| 9. Did you file a franchise tax return with DC for the year 2023? | X YES NO | If no, state reason: | |
| 10. Did you withhold DC income tax from wages paid to your DC resident employees during 2024? | X YES NO | If no, state reason: | |
| 11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2024? | 0 YES X NO | | |
| 12. (a) Has the business been terminated? | YES X NO | If yes, explain and give date: | |
| (b) Have you moved out of DC? | YES X NO | | |
| 13. Did you file an annual ballpark fee return? | YES X NO | | |

*Schedule J has been deleted.

| DC Form D-20 | Other Income | Statement 1 |
|------------------------------------|--------------|-------------|
| Description | | Amount |
| Marketing Revenue | | 1,576,247. |
| Total to Form D-20, Page 1, line 9 | | 1,576,247. |

| DC Form D-20 | Other Deductions | Statement 2 |
|-------------------------------------|------------------|-------------|
| Description | | Amount |
| Professional Fees | | 78,652. |
| Communications and Media | | 1,905,548. |
| Travel | | 28,505. |
| Other Expense | | 1,869. |
| Occupancy | | 123,168. |
| IT and Telecom | | 47,860. |
| General & Administrative | | 20,874. |
| Tax Prep Fees | | |
| Program Consultants | | 171,532. |
| Total to Form D-20, Page 2, line 24 | | 2,378,008. |

| DC FORM D-20 | Minimum Tax Liability Gross Receipts (MTLGR) | Statement 3 |
|--|--|-------------|
| 1. Amount from numerator of DC sales apportionment factor from Schedule F, Line 1, Column 2 of D-20. Financial institutions must use amount on Schedule F, Line 2, Column 2 of D-20. | | 0. |
| 2. Add the adjusted basis of property (less depreciation) for which gains reported in Line 1 | | 0. |
| 3. Add Non-Business income allocated to DC reported per D-20, Line 33 | | 0. |
| 4. Total Gross Receipts (Add Lines 1, 2 and 3) Total to D-20, line 39 | | 0. |

2024 D-20E SUB
District of Columbia Corporation Franchise Tax Declaration for Electronic Filing

Tax period ending 12 31 2024

Name of Corporation
THE ONE CAMPAIGNTaxpayer Identification Number
010593565Business Mailing Address
1299 PENNSYLVANIA AVENUE, NCity
WASHINGTONState
DCZIP code + 4
20004**PART I - TAX RETURN INFORMATION (Whole dollars only)****PLEASE ENTER WHOLE DOLLAR AMOUNTS**

| | |
|---|---|
| 1. Total DC Taxable Income (D-20, Line 36) | Mark if minus <input checked="" type="checkbox"/> 2,070,815 .00 |
| 2. Total DC Gross Receipts (D-20, Line 39) | .00 |
| 3. Net tax (D-20, Line 40) | 250 .00 |
| 4. Total amount Due or Overpayment (D-20, Line 4 5 or 46) | 250 .00 |

PART II - PAYMENT METHOD Direct Debit ☐ Paper Check ☒

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

9. Routing Number* *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

10. Account Number

11. Type of Account Checking Savings

PART III - DECLARATION OF CORPORATION OFFICER

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2024 Corporation Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature

Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the above corporation return and that the entries on the D-20E are complete and correct to the best of my knowledge. The officer representing the corporation will have signed this form before I submit the return. I will give the corporation or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Mark if also paid preparer

APRIO ADVISORY GROUP, LLC**P00974308**

ERO's Signature

Date

ERO Taxpayer Identification Number

ERO's Use OnlyFirm's name (or yours if self-employed) **APRIO ADVISORY GROUP, LLC****2002 SUMMIT BOULEVARD, SUITE 120 30****58-2487348**

Address and ZIP Code

EIN

(404) 892-9651

Phone Number

Under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, complete. Declaration of preparer is based on all information of which I have any knowledge.

Paid Preparer Use OnlyPreparer's name (type/print) **STACY CULLEN**

Preparer's signature

PTIN

P00974308

Firm's name

APRIO ADVISORY GROUP LLC

Firm's address

2002 SUMMIT BOULEVARD SUITE 120, AT

Firm's EIN

582487348**PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.**