Form

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



ΑΙ	or the	2022 calendar year, or tax year beginning and	ending								
B	Check if applicable	C Name of organization		D Employer identif	ication number						
	Addres change										
	Name change	Doing business as		01-0593565	5						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er						
	Final return/	1299 PENNSYLVANIA AVE, NW	(202)495-27	00							
termin- ated City or town, state or province, country, and ZIP or foreign postal code <b>G</b> Gross receipts \$ Amended WASHINGTON, DC 20004 <b>H(a)</b> Is this a group return											
	return										
	Applica tion pendin			for subordinate							
		SAME AS C ABOVE		H(b) Are all subordinates							
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	1 '	a list. See instructions						
_	Nebsit			H(c) Group exempti							
	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2002	M State of legal domicile: DC						
	_	Briefly describe the organization's mission or most significant activities: SEE PAI	RTTT T	TNE 1							
e	' '										
nan	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets						
veri	3	5		1	1						
<ul> <li>2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</li> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li> <li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li> <li>4 Table of the first state of the governing body (Part VI, line 1b)</li> </ul>											
ა ა	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)									
/itie		Total number of volunteers (estimate if necessary)			1050						
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			3,274,351.						
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)		17,206,641.	. 17,061,711.						
Revenue	9	Program service revenue (Part VIII, line 2g)		1,952,132.	/ /						
se č		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		320,891.	· · · · · · · · · · · · · · · · · · ·						
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		154,791.	,						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,634,455.	, ,						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,961,257	, ,						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,143,135.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	072	0.	. 0.						
Å.	b	Total fundraising expenses (Part IX, column (D), line 25) 846,		11 174 142	11 404 977						
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,174,142. 34,278,534.	, ,						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-14,644,079,							
OL OL		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	, ,						
ets 0	20	Total assets (Part X, line 16)		67,622,430.							
Assets	20	Total liabilities (Part X, line 26)		11,634,104.							
Net ,		Net assets or fund balances. Subtract line 21 from line 20		55,988,326							
Pa		Signature Block		, , - · ·	1 1 1 1						

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	Signature of officer		[	Date		
Here	JOHN SPEARS, CHIEF OPERATING OFFICER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	RICHARD J. LOCASTRO, CPA	Rectored J. Locastro	09/12/20	23 self-employed	P00288314	
Preparer	Firm's name GELMAN, ROSENBERG & FREED	MAN	F	Firm's EIN 52-	-1392008	
Use Only	Firm's address 4550 MONTGOMERY AVE SUITE	800N				
	BETHESDA, MD 20814-2930		F	Phone no.301-95	51-9090	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form <b>990</b>	(2022)

Form	990 (2022) THE ONE CAMPAIGN	01-0593565	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
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 FIGHT EXTREME POVERTY AND PREVENTABLE		
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 X 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 X 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 m	easured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expen	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$15,892,074. including grants of \$13,290,933. ) (Revenue	\$	)
	NORTH AMERICA: THE U.S. AND CANADA TEAMS CONTINUED TO DRAW PUBLIC		
	ATTENTION TO THE IMPORTANCE OF THE GLOBAL ASPECTS OF THE PANDEMIC TO		
	COMBAT A PIVOT TO DOMESTIC ISSUES. DESPITE TWO YEARS OF WORLD LEADERS		
	SAYING, "NONE OF US ARE SAFE UNTIL ALL OF US ARE SAFE," THE POLITICAL		
	ENVIRONMENT HAS MADE IT INCREASINGLY DIFFICULT TO OBTAIN ADDITIONAL		
	FUNDING TO FIGHT THE PANDEMIC AND SECURE ROBUST GLOBAL FUND PLEDGES.		
	THE U.S. HOSTED THE GLOBAL FUND'S REPLENISHMENT CONFERENCE IN		
	SEPTEMBER, WHICH SAW OVER \$15BN COMMITTED TO FIGHTING AIDS, TB AND		
	MALARIA - INCREDIBLE IN SUCH CHALLENGING TIMES.		
4b	(Code:) (Expenses \$ 6,675,407. including grants of \$ 14,431. ) (Revenue	\$	)
	EUROPE: OUR ACTIVITIES IN EUROPE WERE DOMINATED BY THE GENERACTION		
	ROADSHOW, LED BY OUR YOUNG ACTIVISTS FROM ALL OF OUR EUROPEAN MARKETS, ENGAGING THE PUBLIC IN KEY REGIONS AND TARGETING DECISION MAKERS TO		
	BUILD PRESSURE AHEAD OF THE G7 LEADERS' SUMMIT. IN ALL OF OUR EUROPEAN		
	MARKETS, OUR YOUTH AMBASSADORS TOOK TO THE STREETS TO ADVOCATE TO END		
	THE CONVERGING CRISES OF COVID-19, CONFLICT, CLIMATE, AND HUNGER. TEAM		
	FRANCE LAUNCHED A PODCAST, WHILE TEAM UK SECURED NEW FUNDING TO		
	INCREASE CAMPAIGNING ON UK AID AND STRENGTHEN OUR SUPPORTER BASE. WE		
	NAVIGATED AN INCREASINGLY CHALLENGING POLITICAL ENVIRONMENT AND THE		
	MOUNTING GLOBAL CRISES THAT ARE FORCING US TO BE FLEXIBLE AND REACT		
	QUICKLY TO NEW DEVELOPMENTS WITHOUT LOSING SIGHT OF OUR PRIMARY		
	MISSION.		
4c	(Code: ) (Expenses \$ 6,152,397. including grants of \$ 9,937. ) (Revenue	\$	3,274,351.)
	(RED): (RED) IN 2022 GENERATED A TOTAL OF \$20M FOR THE GLOBAL FUND TO		
	FIGHT AIDS, TUBERCULOSIS AND MALARIA ("THE GLOBAL FUND"), THROUGH		
	PARTNERSHIPS WITH COMPANIES INCLUDING APPLE, BANK OF AMERICA AND		
	STELLANTIS, AMONG OTHERS.		
	THE (LIVE SUMMER) CAMPAIGN ACTIVATED FANS AND PARTNER BRANDS IN THE		
	DIGITAL SPACE THROUGH A RANGE OF ACTIVITIES, INCLUDING A SOUND OF THE		
	SUMMER' SOCIAL ACTIVATION IN SUPPORT OF THE FIAT (500) RED, AND THROUGH		
	THE FIRST SERIES OF '(RED) TALKS', A SERIES OF FRANK, LIVESTREAMED		
	CONVERSATIONS WITH LEADERS FROM IN AND AROUND THE AIDS FIGHT. THE		
	CAMPAIGN CLOSED WITH (RED)'S SECOND GAMING TOURNAMENT, THE 'CREATOR		
	CUP', IN WHICH A NUMBER OF LEADING MINECRAFT CREATORS PLAYED AND		
4d	Other program services (Describe on Schedule O.)		
<u> </u>	(Expenses \$ 5,776,860. including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     34,496,738.		orm <b>990</b> (2022)
000000	SEE SCHEDULE O FOR CONTINUATION(S)	ł	-onn <b></b> (2022)
232002	2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)		

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-		4	х	
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
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Form **990** (2022)

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Form 990 (2022)

THE ONE CAMPAIGN

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		v	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
	If "Yes," complete Schedule R, Part V, line 2	36	x	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>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?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	л	I
				X
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	v	
4.	Enter the number reported in box 3 of Form 1096. Enter $\Omega$ , if not applicable $13$	,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	1c	x	
		1 10	1	

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Form **990** (2022)

Part         Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.         Display         Vest         No.           b         If all est or expends on the set apdid the set of	Form	990 (2022) THE ONE CAMPAIGN	01-05935	55	P	age <b>5</b>
2a         Enset the number of employees reported on Form W-3. Transmittal of Wege and Tax Statements.         2a         116           bit at least one is reported on line 2a, diff the organization file all required fetodal employment tax returns?         2a.         3a.         X           construction have unrelated business growing concered 51 000 or more during the ward?         3a.         X         3b.         X           diff the organization have unrelated business growing or norme during the ward?         3a.         X         3b.         X           diff the organization have unrelated business growing or other thanculal accounts (FEAR).         3b.         X         3b.         X           diff the organization have unrelated business growing or other thanculal accounts (FEAR).         4a.         X         X         3b.         X           diff the organization have annual grows receipts that are organizity or have or sa party to a prohibitot tax should returns were or tax deductible as charitable contributions?         5b.         X           diff the organization have annual grows receipts that are organizity greater than \$100,000, and did the organization solicit are organization have annual grows receipts that are organizity organization solicit are organization accelerate statement that such contributions or gills were not tax deductible?         7b.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
the tor the calendary sear ending with or within the year covered by this return       2a       116       116         3a       Dot the organization have urrelated business gross income of \$1,000 or more during the year?       2b       X         3a       Dot the organization have urrelated business gross income of \$1,000 or more during the year?       2b       X         4a       Atary time during the calendar year, dot the organization have an tohereat in, or a signature or other himerial account?       2b       X         b       1* * esc, instanction a party for this year, of the organization is a bank account, securit, and yound on exploration and other thraneoid account?       4a       X         b       1* * esc, instanction a party to a prohibit that shaft the arraneoid an express and young the tax year?       6a       X         c       1* * esc, in the air or 5d, oith organization in body of the arraneoid account?       6a       X         c       1* * esc, in the air orbid, oith the arraneoid account?       6a       X         c       1* * esc, in the air orbid, oith the erganization in the arraneoid account?       6a       X         c       1* * esc, in the air orbid, oith the reganization in the arraneoid account?       7a       X         d       1* * esc, in the air orbid, oith arraneoid account?       7a       X         d       1* * esc, in the aire orbid, oith arraneoid account? <t< th=""><th></th><th></th><th>I</th><th>_</th><th>Yes</th><th>No</th></t<>			I	_	Yes	No
b       If at least one is reported on line 2a, did the organization file all required tederal employment tax returns?       28       X         30       Dot the organization have unrelated basinsas gross income of 31,000 rmm of Schedule O       3a       X         41       At any time during the calendar year, did the organization have an interest in, or a signature or other mathodity over, a financial accentry fuels has a bank account, securities account, or other financial accentry?       4a       X         55       Bit of the organization in a foring room type in the organization have an interest in, or a signature or other famical accentry?       5a       X         56       Was the organization tay time organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year?       5a       X         51       Did any taxabite party notify the organization that was or is a party to a prohibited tax sheller transaction?       5a       X         50       Did any taxabite party notify the quaditation and any time during the tax year?       5a       X         51       Was the organization have most tax deductible a charitable contributions?       5a       X         51       Was the organization have most tax deductible a charitable contributions?       5a       X         51       Was the organization have most tax deductible a contributions or gifts were not tax deductible?       5a       X         51       Was a contri	2a					
3a         Did the organization have unrelated business gross income of \$1,000 or more during the yaw?         3a         K         3b         K           4a         At any time during the calendar year, dit the organization have an interest in, or other financial account?         3b         K           4a         At any time during the calendar year, dit the organization have an interest in, or other financial account?         4a         X           b         If **s, **ination a parts to a prohibit data shall base account, account is a shall base account, account in a forsign country         2BB         Z           b         If **s, **ination and the organization in for 800 from 8867.         6c         C           c         If **s' to ind the organization in house annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were normally or earliable contributions?         6c         C           c         Did any taxable party northly the done of the value of the goods reversios provided?         7a         X           d         If **s' to id the organization include with every solicitation an express statement that such contributions coll the parts account is a contribution or account is a contribution or account is a contribution or account in the second is a contribution or account in the second is a contribution or account in the second is a contribution or account is a contribution or account in the second is a contribution or account is a contribution or account is a contributin acont is a contributin ano account is a contributin the			Lu	-		
b       If Yes, 'Issa if lied a form 490-Tor this year, 'If Yer' to line 32, provide an explanation on Schedule O       38. X         4a Atary time during the calendary year, diff the organization have an interaction, a sequitative a content fullow year, 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 (such as a bank account, securities account, or other financial account)?       5a. X         5a       Was the organization have an interaction at any time during the tax year?       5a. X         5a       Was the organization have annual gross receipts that are on remaining grader than \$100,000, and did the organization solicit any contributions that are precise that are normally grader than \$100,000, and did the organization solicit any contributions that are normally grader than \$100,000, and did the organization solicit ary contributions that may receive deductible contributions are precised to the payor?       7a. X         b       If Yes, 'Iduate the organization have and wave solicitation an express statement that such contributions or gifts were not tax deductible?       7a. X         b       If Yes, 'Iduate the number of Forms 8282? field during the year       7d.       7a. X         d       If Yes, 'Iduate the number of Forms 8282? field during the year?       7d.       7a. X         d       If Yes, 'Iduate the number of Forms 8282? field during the year?       7d.       7a. X         d       If Yes, 'Iduate the number	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a fain financial account in a foreign outry (such as a back account, securities account, or other financial accounts (FBAR).         b       H*Yes," enter the name of the foreign outry (such as a back account, securities account, or other financial accounts (FBAR).         5e       Was the organization to reganization from 114. Report of Foreign Bank and Financial Accounts (FBAR).         5e       Was the organization include with erganization from 1986. FOR 1986. The OF 1986. The						
Intracial account in toreign country (such as a bank account, securities account, or other financial account?     43     X       bit 1*ves, 'enter the name of the roleign country (SEE SCEBOUE 0)     56     56       57     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     50     X       50     Us as the organization have annual gross neephiles that are normally greater than \$100,000, and did the organization have annual gross neephiles that are normally greater than \$100,000, and did the organization have manual gross neephiles that are normally greater than \$100,000, and did the organization than use organization have manual gross neephiles that are normally greater than \$100,000, and did the organization have manual gross neephiles that are normally greater than \$100,000, and did the organization have many receive deductible contributions or gifts     6a     X       7     Organization sele contract of the value of the goods or services provided?     7a     X       7     Organization sele contributions or gifts     6a     X       9     10 the organization needwe apprent in excess of \$25 made party as a contribution and party for goods and services provided?     7a     X       7     Organization sele contributions or gifts     6a     X       9     10 the organization needwe apprent in excess of \$25 made party as a contribution and party for goods and services provided?     7a     X       7     Organization sele contributions or gifts     7a     X     7a     X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (	D	3b	X	
b       If "Yes," enter the name of the foreign country <u>BEE SCREPULE 0</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). <u>Saa</u> b       Was the organization have annual pross excepts that are normally greater than \$100,000, and did the organization in the fore M886-7. <u>Sab</u> c       If "Yes," did the organization in the even state than \$100,000, and did the organization in the state sheet transaction? <u>Sab</u> d       If "Yes," did the organization in the vary solicitation an express statement that such contributions or gifts were not tax deductible contributions and exact scale	4a		-			
See instructions for tilling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       Sa       Sa       X         50       Was the organization appary to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         50       Did any taxabile party notify the organization that was or is a party to a prohibited with shelter transaction?       So       C         61       Press* (a line 5a or 5b, did the organization that was or is a party to a prohibited with shelter transaction?       So       C         62       Dess the organization have mould prose sociality to a prohibited with shelter transaction?       So       C         63       Difference       Difference       So       C         64       Vess* (a line organization include with every solicitation an express statement that such contributions or gifts       Go         7       Organization receive a payment in excess of S75 made party as a contribution and party for yoods and services provided?       To       To         7       Organization necesses any funds, directly or indirectly, to pay premume on a personal benefit contract?       Te       X         7       Te       X       To       Te       X         9       Did the organization necesses any funds, directly or indirectly, to pay premume on a personal benefit contract?       Te       X         9       Did t			count)?	4a	X	
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         Sb         X           d         Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax celucitable         Se         X           d         If Yes,' to line Sa or 50, did the organization include with every solicitation an express statement that such contributions or gifts         Se         X           b         If Yes,'' did the organization include with every solicitation and party for goods and services provided to the party of the organization notify the donor of the value of the goods or services provided?         Ta         X           b         If Yes,'' did the organization notify the donor of the value of the goods or services provided?         Ta         X           c         Did the organization notify the donor of the value of the donor advised fund maintained by the services provided?         Ta         X           d         If Yes,'' indicate the number of Forms 8282?         Indication file a form 10892 as required?         Ta         X           d         If the organization receive a south of qualified intelectual property, did the organization file a form 10892 as required?         Ta         Ta         Ta         Ta <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td>	b					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       b         c If "Yes" to line 6a or 5b, did the organization file Form 8898-17?       Sc         a Dees the organization near annual gross receipts that are normally greater than \$100,000, and did the organization section and express statement that such contributions or gifts       Ge         b If "Yes," to line 6a or 5b, did the organization include with every solicitations an express statement that such contributions or gifts       Ge         b If "Yes," did the organization notid party the donor of the value of the goods or services provided?       7a         b If Tyes," did the organization notid, party the donor of the value of the goods or services provided?       7a         b If Tyes," did the organization outly approximation such express that many ecceive deductible contributions under section 170(c).       7d         b If the organization neexity approximation section party indicate the number of Forms 8282?       7d         c If Tyes," indicate the number of Forms 8282 lied during the year       7d         f If the organization neexity aconthibution of cars, boats, airplanes, or other vehicles, did the organization file Form 8392 as required?       7d         f If the organization neexity and value did the during the year?       N/A       9         genosoring organization neave any taxabid distributions under section 4966?       N/A       9         genosoring organization neave any taxabid distributions under section 4966?<		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8896-T2       6c         GD       Does the organization have ennual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         b       If "Yes," did the organization network and schartable contributions under section 170(c).       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization notify or indirectly, to pay permitures on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       Te       X         d       If the organization receive any funds, directly or indirectly, to pay permitures on a personal benefit contract?       7c       X         g       If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       X         g       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         g       Sponsoring organization make a valuable distributions under sectio						
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as chartable contributions?       Ga       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       Gb       Gb       Gb         a       Did the organization state may receive deductible contributions under section 170(c).       To       Ga       X         b       If "Yes," did the organization notify the doorn of the value of the goods or services provided?       7a       X         c       Did the organization notify the doorn of the value of the goods or services provided?       7b       X         c       Did the organization neerive any furth, directly or indirectly, on a personal benefit contract?       7c       X         d       Did the organization during the year, bug remiums, directly or indirectly, on a personal benefit contract?       7c       X         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C?       7h       X         g b       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       8         g Sponsoring organization make any taxable distributions under section 4966?       N/A       8       9b						X
any contributions that were not tax deductible as charitable contributions?     6a     X       b # 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6b     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b     7c     X       b If the organization neitry the donor of the value of the goods or services provided?     7c     X       c Did the organization neitry the donor of the value of the goods or services provided?     7c     X       d If 'Yes, ' indicate the number of Forms 8282 filed dumg the year     7d     7d     X       f Did the organization neitry the donor of the value of the goods or services provided?     7c     X       f Did the organization neeves any funds, directly or indirectly, to pay prentimes on a personal benefit contract?     7c     X       g If the organization neeves a contribution of cars, boats, anylanes, or other valueles, did the organization falls     7d     X       9 Sponsoring organization neeves a contribution of cars, boats, anylanes, or other valueles, did the organization falls     8i/A     8       9 Did the sponsoring organization neeves balofings at any time during the year?     N/A     8     8       9 Sponsoring organization neeves balofings at any time during the year?     N/A     8     8       9 Did the sponsoring organization meak any taxable distributions to alon; advised, fund maintained by the sponsoring organ				<u>5c</u>		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       22         7       Organizations that may receive deductible contributions under section 170(c).       80         8       16 "Yes," did the organization neceive a payment in excess of \$25 made parity as a contribution and parity for pools and services provided?       7a       X         9       Did the organization neceive a payment in excess of \$25 made parity as a contribution of the value of the goods or services provided?       7c       X         10       the organization neceive a payment in excess of \$25 made parity as a contribution of the value of the goods or services provided?       7c       X         11       To influence the number of Forms 8282 filed during the year       7d       X       7d       X         11       The organization neceive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 cc?       7n       X         11       the organization nave excess business holdings at any time during the year?       N/A       8       9         25       Sponsoring organization make any taxible distributions under section 4966?       N/A       9       9         26       Sponsoring organization make any taxible distributions under section 4966?       N/A       9       9         27       Section 501(c)(21) organizations. Ente	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
were not tax deductible?     60       7 Organizations that may receive deductible contributions under section 170(c).     10       B of the organization nective a payment in excess of \$75 mate parity as a contribution and parity for goods and services provided to the payor?     70       7 If 'Yes,' aid the organization nective a payment in excess of \$75 mate parity as a contribution and parity for which it was required to the Form 8282?     70       7 If 'Yes,' indicate the number of Forms 8282 filed during the year     Id     7d       7 If 'Yes,' indicate the number of Forms 8282 filed during the year     Id     7d       7 If 'Yes,' indicate the number of Forms 8282 filed during the year     Id     7d       9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7d     X       9 If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?     7h     X       9 Sonsoring organization make any taxable distributions under section 49667     N/A     8       9 Sonsoring organization make any taxable distributions under section 49667     N/A     9a     9a       9 Did the sponsoring organizations necleves any time during the year?     N/A     10a     9a       10 the sponsoring organization make any taxable distributions under section 49667     N/A     9a     9a       11 Section 501(c)(7) organizationse. Intere:     10a     10a     10a <td></td> <td>any contributions that were not tax deductible as charitable contributions?</td> <td></td> <td><u>6a</u></td> <td></td> <td>X</td>		any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization neceive a payment in excess of 375 mate parity as a contribution and parity for goods and services provided to the payor.       7a       X         7       Did the organization notify the door of the value of the goods or services provided?       7c       X         7       Did the organization notify the door of the value of the goods or services provided?       7c       X         7       Did the organization notify the door of the value of the goods or services provided?       7c       X         7       Did the organization during the year, apy premiums, of a personal benefit contract?       7f       X         9       If the organization received a contribution of qualified intellectual property, did the organization file a Form 109eC?       7n       X         9       Sponsoring organization maintaining door advised funds. Did a door advised fund aniatained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         9       Sponsoring organization, make any taxable distributions under section 4966?       N/A       9a	b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," and the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," and capanization and, 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       Zd       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g If the organization receive at contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g If the organization materiation make any taxable distributions under any time during the year?       N/A       8       8         9 Sponsoring organization make any taxable distributions on davised fund maintained by the sponsoring organization make any taxable distributions on davisor, or related person?       N/A       8       9         10 did the sponsoring organization make any taxable distributions on during the year       N/A       10a       10a       10a       10a       10a       10b       10a       10b       10b       10c       10c       10c       10c       10c       10c       10c <td< td=""><td></td><td>were not tax deductible?</td><td></td><td>6b</td><td></td><td></td></td<>		were not tax deductible?		6b		
b       If Yes," did the organization notify the donor of the value of the goods or services provided?       To         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To         d       If Yes," indicate the number of Forms 8282 file during the year       Izd       To         d       If Yes," indicate the number of Forms 8282 file during the year       Izd       To         f       Did the organization, during the year, pay premiums on a personal benefit contract?       Tr       X         f       Did the organization received a contribution of casilided intellectual property, did the organization file Form 8899 as required?       Tr       X         f       If the organization neaview d a contribution of casi, boats, aipplanes, or other vehicles, did the organization file Form 8090 as required?       Tr       X         g       Sponsoring organization make any taxable distributions under section 4966?       N/A       8         g       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A       8         g       Gross income from there sources. Qo not net amounts due or paid to other sources against amounts due or received from them.       11a       10a         f       Sociation 501(c)(12) organizations. Enter:       Intellectual file form 8292       N/A       12a         g	7	Organizations that may receive deductible contributions under section 170(c).				
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       I'''se, ''Indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organization maintaining donor advised funds.       1d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         g       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b         f       Gross income from members or shareholders       N/A       1da       1db       1da         g       Gross income from members or shareholders       N/A       1ta       1da       1da         g       Gross income from members or shareholders       N/A       1ta       1da       1da         g       Gross income from members or sha	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a		X
to file Form 8282?     7c     X       d If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     X       d If 'Yes,' indicate the number of Forms 8282 filed during the year     7d     X       f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       g If the organization received a contribution of qualified intellectual property, did the organization flow for a carb, totas, airplanes, or other vehicles, did the organization flaw excess business holdings at any time during the year?     N/A     8       9 Sponsoring organizations maintaining door advised funds.     N/A     8     8       a Did the sponsoring organization make any taxable distributions under section 4966?     N/A     8       9 Section 501(c)(2) organizations. Enter:     a Initiation fees and capital contributions included on Part VIII, line 12.     N/A     9a       9 Gross income from members or shareholders     N/A     11a     10b       12 Section 501(c)(2) organizations. Enter:     a Gross income from there sources. (Do not net amounts due or pald to other sources against amounts due or realized from them.)     11a     12a       12 Section 6947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?     12a     12a       12 Section 6947(a)(1) non-exempt charitable trusts. Is the organization fulling the mount of tax-exempt interest received or accrued during the year     N/A     13a       12 S	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
di T'Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7h       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       8       7g       7h       X         9 Sponsoring organizations maintaining door advised funds.       abora doors advised funds.       N/A       8       9         9 Dott the sponsoring organization make a distribution to a donor, advised funds.       N/A       9a       9b       9b         10 the sponsoring organizations. Enter:       N/A       10a       10b	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g       Sponsoring organization maintaining donor advised funds.       Did a donor advised fund anintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       8         g       Sponsoring organization make any taxable distributions under section 4966?       N/A       9a       9b         10       Section 501(c)(7) organizations. Enter:       N/A       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       N/A       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       N/A       10a       10b       10b       10b       10c       10c       10c       10b       10b       10b       10c       10b       10c       10c<		to file Form 8282?		7c		X
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       70       71       X         Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make a voltaxele distributions under section 4966?       N/A       8         Did the sponsoring organization make a distribution to a donor, dovised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A       9         Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9       9         Did the sponsoring organization make a distribution to a donor, dovisor, or related person?       N/A       96       9         O did the sponsoring organization make any taxable distributions under section 4966?       N/A       9       9       9         Did the sponsoring organization make any taxable distributions under section 4966?       N/A       90<	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
In the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n         Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       N/A         9       Sponsoring organization make any taxable distribution to a donor, donor advised runds.       9a         10       Bit the sponsoring organization make any taxable distribution to a donor, donor advised runds.       9b         10       Section 501(c)(7) organization make any taxable distribution to a donor, donor advised runds.       9a         10       Section 501(c)(7) organization make a distribution to a donor, donor advised runds.       10a       10a         10       Gross income from members or shareholders       N/A       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organization to tax exempt interest received or accurs (b) not net amounts due or received from them.)       11b       11a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       a is the organization licensed to issue qualified health plans in more than one state?       N/A       12a <t< td=""><td>е</td><td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co</td><td>ntract?</td><td>7e</td><td></td><td>x</td></t<>	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		x
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       N/A       8         9       Sponsoring organizations maintaining donor advised funds.       N/A       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       N/A       9a         10       Bettion 501(c)(7) organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12       N/A       9a         11       Section 501(c)(7) organizations. Enter:       a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Initiation fees and capital contributions. Enter:       a       Initiation fees and capital contributions. Enter:       Initiation fees and capital contributions. Enter:       a       Initiation fees and capital contributions. Include on paid to other sources against amounts due or received from them.)       Initia       Initia       Initia         12       Section 6947(a) (1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a       I2a         13       Section 691(c)(29) qualified nonprofit health insurance issuers.       Initia       Initia       Initia         14       Dif "Yes," enter the amount of reserves on hand	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		x
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 organization make any taxable distributions under section 49667       N/A       9         9       Did the sponsoring organization make any taxable distributions under section 49667       N/A       9a         10       Section 501(c)(7) organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12       N/A       10a         11       Section 501(c)(12) organizations. Enter:       a force income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a         12       Section 501(c)(12) organizations. Enter:       N/A       11a       11b         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         14a       Section 501(c)(2) qualified nonprofit health insurance issuers.       a is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization is ubject to the section 4966 excise tax on net investment income?	g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       N/A.       8         9       Sponsoring organization make any taxable distributions under section 4966?       N/A.       9a       9a         10       Bid the sponsoring organization make any taxable distributions under section 4966?       N/A.       9a       9a       9b         10       Section 501(c)(7) organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12       N/A.       10a       10a       10a       10b       10b       10b       10b       10b       10b       10b       10b       10b       11a       10a       10b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining door advised funds.       1         a       Did the sponsoring organization make any taxable distributions under section 4966?       N/A         9       Did the sponsoring organization make a distribution to a donor, door advisor, or related person?       N/A         10       Section 501(c)(7) organizations. Enter:       10a         11       Bection 501(c)(12) organizations. Enter:       10b         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11a         12a       Section 501(c)(12) organizations. Enter:       N/A       11a       11b         13b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       N/A       13a         14a       Did the amount of reserves on hand       13b       13c       13a         14b       Did the organization is required to maintain by the states in which 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?       14a       X	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
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b bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       N/A         10       Section 501(c)(7) organizations. Enter:       Initiation fees and capital contributions included on Part VIII, line 12       N/A         10       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       Iob         11       Section 501(c)(12) organizations. Enter:       Ina       Iob         a Gross income from members or shareholders       N/A       Ina       Ina         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       Ina       Ina       Ina         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a       Ina       Ina         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       Ina       Ina       Ina       Ina         a Is the organization licensed to issue qualified health plans in more than one state?       N/A       Ina       Ina       Ina       Ina         14a       Did the organization subject to the section 4960 tax on payments? <i>If "No," provide an explanation on Schedule O</i> Ind       Ind       Ind       Ind	9	Sponsoring organizations maintaining donor advised funds.				
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:       Initiation fees and capital contributions included on Part VIII, line 12       N/A       Ioa       Ioa         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       Iob       Iob       Iob         11       Section 501(c)(12) organizations. Enter:       a       Gross income from members or shareholders       N/A       I1a       Iob         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       I1b       I22       I2a       I2a         12       Section 9947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a       I2a       IIa       IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
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:       11a       11a         a       Gross income from members or shareholders       N/A       11a       11b         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         22a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a       13a         b       Enter the amount of reserves on hand       13b       13a       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N. <td>b</td> <td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td> <td>N/A</td> <td>9b</td> <td></td> <td></td>	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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)(22) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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?       14       X	10	Section 501(c)(7) organizations. Enter:				
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:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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)(22) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       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?       14       X	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
11       Section 501(c)(12) organizations. Enter:       N/A       11a         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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b       13a         3       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a       13a         •       Enter the amount of reserves the organization is required to maintain by the states in which 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 or excess parachute payment(s) during the year?       14b       14b       14b         is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," complete Form 4720, Schedule O.<			10b			
a Gross income from members or shareholders       N/A       11a       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       11b       11a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a       13a         vote: See the instructions for additional information the organization must report on Schedule O.       N/A       13a       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b       14b       15       14b       15       X       15       X       16       Y       Y       16       X       17       16       X       16       X       16       X       17       16       X	11	Section 501(c)(12) organizations. Enter:				
b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a       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       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," set the instructions and file Form 4720, Schedule N.       15       X       15       X         if "Yes," complete Form 4720, Schedule N.       16       X       16       X       16       X         if "Yes," complete Form 4720, Schedule N.       16       X       17       16       X         if	а	Gross income from members or shareholders N/A	11a			
amounts due or received from them.)       11b       12a         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.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the 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?       N/A       17						
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         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a       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       14a       X         b       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         c       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," complete Form 4720, Schedule N.       16       X         17       Section 501(c)(2)1 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?       N/A       17		amounts due or received from them.)	11b			
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       N/A       12b       Image: Content of the section secton section section secton section secton section section section	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       N/A       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       N/A       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: 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?       Image: N/A       17         If "Yes," complete Form 6069.       Image: Section 4953?       Image: Section 503?       Image: Section 4953?       Image: Section 4953?						
Note: See the instructions for additional information the organization must report on Schedule O.       Image: See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: I						
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       13b         c       Enter the amount of reserves on hand       13c       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? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       14       17	а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
organization is licensed to issue qualified health plans       13b       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         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       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17		Note: See the instructions for additional information the organization must report on Schedule O.				
organization is licensed to issue qualified health plans       13b       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         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       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       15       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
c       Enter the amount of reserves on hand       13c       14a       X         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       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17       17			13b			
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       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       16         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17       17	с		13c			
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       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?       N/A       17         If "Yes," complete Form 6069.       10       10       10       10       10			•	14a		X
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 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?       Image: N/A       Image: Complete Form 6069.       Image: Complete Form 6069. <td< td=""><td></td><td></td><td></td><td></td><td>L</td><td></td></td<>					L	
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       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?       N/A       17       17         If "Yes," complete Form 6069.					[	
If "Yes," see the instructions and file Form 4720, Schedule N.       If       If       If         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       If       If       If         If "Yes," complete Form 4720, Schedule O.       If       If <td></td> <td></td> <td></td> <td>15</td> <td></td> <td>x</td>				15		x
16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         16       X         17       If "Yes," complete Form 6069.						
If "Yes," complete Form 4720, Schedule O.       If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       N/A       If         If "Yes," complete Form 6069.	16		income?	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?       N/A       17         If "Yes," complete Form 6069.       If "Yes," complete Form 6069.       If "Yes," complete Form 6069.						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A <b>17</b> If "Yes," complete Form 6069.	17		ivities			
If "Yes," complete Form 6069.				17		
	232005	· · ·		Forn	<b>990</b>	(2022)

	990 (2022) THE ONE CAMPAIGN			01-059			Pa	ıge
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 t	hrough	7b belo	ow, and f	or a "Nc	" resp	oons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C							
	Check if Schedule O contains a response or note to any line in this Part VI							X
Sec	tion A. Governing Body and Management							
					_	Y	es	Ν
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			21			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b			20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any othe	er				
	officer, director, trustee, or key employee?					Х	2	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t superv	/ision				
	of officers, directors, trustees, or key employees to a management company or other person?					j.		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S					,		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass							Х
6	Did the organization have members or stockholders?					Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap							
	more members of the governing body?				78	a x	.	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders. o	r	–			_
-	persons other than the governing body?				71	, x	:	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
a	The governing body?	-		•	88	a X		
b	Each committee with authority to act on behalf of the governing body?				8	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					<u> </u>		
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9			х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)		<u></u>			-
		venue	<u>coue.</u> /			Y	es	N
l0a	Did the organization have local chapters, branches, or affiliates?				10			x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10	ь		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y 00101	e ming			u		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12	a X		
za b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>					<u> </u>		
С		,			12	c X		
<b>。</b>	on Schedule O how this was done Did the organization have a written whistleblower policy?				····		_	
3							-	
4 5	Did the organization have a written document retention and destruction policy?				"	,		
5	Did the process for determining compensation of the following persons include a review and approva	a by m	uepenu	ent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	a X	-	
а	The organization's CEO, Executive Director, or top management official				· -	u	<u> </u>	X
b	Other officers or key employees of the organization			•••••	15	<u>р</u>	_	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a					
	taxable entity during the year?				16	a	_	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-		tion				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's					
	exempt status with respect to such arrangements?			<u></u>	16	b		
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_0							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (sect	ion 501(c	:)(3)s onl	y) ava	ilab	le
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain	n on Sc	chedule	O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of intere	st policy,	, and fina	incial		
	statements available to the public during the tax year.							
0	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d record	ls				
	JOHN SPEARS - (202)495-2700							
	1299 PENNSYLVANIA AVE, NW, SUITE 400, WASHINGTON, DC 20004							
2006	3 12-13-22				Fc	orm 99	<b>90</b> (	20
	6							
09	13 745960 24681 2022.04020 THE ONE	CAM	PAIG	N		2	24(	58

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
•	te this table for all persons required to be listed. Report compensation for the calendar year endin Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), r		

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.

		T	IIIZa			iper	isat			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		itior more		one	Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week							from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	in pe		1099-NEC)	,	and related
	below	ndividual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) GAYLE SMITH	37.00									
CEO	3.00	х		х				439,585.	0.	24,128.
(2) JENNIFER LOTITO	40.00									
PRESIDENT AND COO (RED)				х				392,630.	0.	31,736.
(3) THOMAS HART	37.10									
PRESIDENT, ONE	2.90			х				359,156.	0.	42,725.
(4) COLLEEN CONNORS	40.00									
CHIEF TALENT OFFICER						x		235,395.	0.	38,202.
(5) LUISA ENGEL	40.00									
CHIEF STRATGY & IMPCT OFF.						х		235,109.	0.	36,567.
(6) HUW DAVIES	40.00									
CHIEF COMMUNICATIONS OFF.						х		233,463.	0.	35,629.
(7) SUZANNE GRANVILLE	32.60									
EXECUTIVE DIR, NA ADV	7.40					x		231,105.	0.	37,600.
(8) JOHN SPEARS	40.00									
CHIEF OPERATING OFFICER				х				238,682.	0.	28,690.
(9) ANNIE SCHOUW	39.60									
CHIEF DEVELOPMENT OFFICER	0.40					X		224,661.	٥.	18,197.
(10) DAVID MCNAIR	40.00									
GLOBAL POLICY DIRECTOR					Х			206,909.	٥.	571.
(11) ADAM MAYAKI	40.00									
CHIEF FINANCIAL OFFICER				х				143,088.	٥.	23,016.
(12) MIMI ALEMAYEHOU	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(13) KELLY AYOTTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOSH BOLTEN	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(15) BONO	8.00									
BOARD MEMBER		х						0.	0.	0.
(16) SUSAN BUFFETT	2.00									
BOARD MEMBER		х						0.	0.	٥.
(17) DAVID CAMERON	2.00									
BOARD MEMBER		х						0.	0.	٥.
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Form 990 (2022)

Form 990 (2022) THE ONE CAMP	IGN								01-05	9356	5 Page <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											
Name and title	Average	(do		Pos heck		ן than d	one	Reportable	Reportable		Estimated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	n	amount of
	week		cer an	a a a	recto	or/trus I	tee)	from	from related		other
	(list any	rector						the	organizations		compensation
	hours for related	or di	e			ated		organization	(W-2/1099-MIS	C/	from the
		istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)		organization
	organizations below	ial tru	onal		oloye	ee com		1099-NEC)			and related
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(18) JOE CERRELL	2.00	-		Of	Ke	ΞP	Fc				
BOARD MEMBER		x						0.		٥.	0.
(19) JACKIE CHIMHANZI	2.00										
BOARD MEMBER	2.00	x						0.		٥.	0.
(20) ALIKO DANGOTE	2.00	Λ						0.		<u> </u>	
BOARD MEMBER	2.00	v						0.		٥.	0
	0.00	х						0.		<u> </u>	0.
(21) JOHN DOERR	2.00										
BOARD MEMBER		х						0.		0.	0.
(22) JANE DRUMMOND	2.00										
BOARD MEMBER		Х						0.		0.	0.
(23) TOM FRESTON	7.00										
BOARD MEMBER	2.00	Х						0.		٥.	0.
(24) HELENE GAYLE	2.00										
BOARD MEMBER	1.00	х						0.		٥.	0.
(25) MORT HALPERIN	2.00										
BOARD MEMBER	1.00	х						0.		٥.	0.
(26) MO IBRAHIM	2.00										
BOARD MEMBER		х						0.		٥.	0.
1b Subtotal								2,939,783.		0.	317,061.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								2,939,783.		0.	317,061.
2 Total number of individuals (including but no									000 of reportable		1 -
compensation from the organization		030	IISLE	uau	000	<i>y</i> wii	010	ceived more than \$100,			52
compensation norm the organization											Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director truct			mol	~~~~	0 0r	hia	best componented ompl	0,000 00	1	
<b>3</b>	,	,			,	,	0		5		3 X
line 1a? If "Yes," complete Schedule J for su											3 X
4 For any individual listed on line 1a, is the su	-		-					-	-		4 X
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ich r	bers	on .					5 X
Section B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·	100.000 . (		
1 Complete this table for your five highest con										ensat	tion from
the organization. Report compensation for t	ne calendar ye	ear e	ndin	ig w	ith c	or wi	thin		ear.		(0)
(A) Name and business	addross							<b>(B)</b> Description of s	onvicos	c	(C) compensation
	audress						_	Description of s	ervices		ompensation
RAMARC SOLUTIONS, LLC	00015										1 000 551
10408 HERITAGE LANDING RD., BURKE, VA								IT SERVICES			1,070,551.
MARCUM LLP, 750 THIRD AVENUE 11TH FLO	DOR,										
NEW YORK, NY 10017							_	ACCOUNTING SERVICE	S		582,227.
SHEILA ROCHE, LLC, 73 EAST ELM STREET, APT											
12A, CHICAGO, IL 60611CAMPAIGN & COMM. STRATEGY345,000.											
ADVOC8, 1250 4TH STREET NE FLOOR 2,											
WASHINGTON, DC 20002 CAMPAIGN & MEDIA SUPPPORT 304,345.											
MCRS INCORPORATED											
157 HEMLOCK RD, MANHASSET, NY 11030 BUSINESS DEVELOPMENT 292,875.											
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	ation				19	9					
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form <b>990</b> (2022)

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Form 990 THE ONE CAMPA	01-0593565										
Part VII       Section A.       Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)       (C)       (D)       (E)       (F)											
(A)	(D)	(E)	(F)								
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	or				Highest com pen sated em ployee		the organization	organizations (W-2/1099-MISC)	compensation from the	
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization	
	related	e or c	stee			nsated		(00-2/1033-10100)		and related	
	organizations	Individual trustee or director	Institutional trustee		yee	um per				organizations	
	below	idual	ution	er	Key employee	est co	er			0	
	line)	Indiv	Instit	Officer	Key (	High	Former				
(27) SHERYL SANDBERG	2.00										
BOARD MEMBER		х						0.	0.	0.	
(28) KEVIN SHEEKEY	2.00										
BOARD MEMBER		х						0.	0.	0.	
(29) BOBBY SHRIVER	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(30) ALEXANDER STUBB	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(31) LARRY SUMMERS	2.00										
BOARD MEMBER		Х						0.	0.	0.	
		1									
		1									
		1									
		1									
Total to Part VII, Section A, line 1c											

232201 04-01-22

	t VII	Statement of Re	veni	ue						_
		Check if Schedule O	conta	ins a respo	nse	or note to any line		(B)	(C)	
							<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax und sections 512 -
n	1 a	Federated campaigns		1a						
		Membership dues								
		Fundraising events								
Ē		Related organizations								
		Government grants (contr								
0		All other contributions, gifts,								
Ð		similar amounts not included	-			17,061,711.				
2	g	Noncash contributions included in	lines 1a	a-1f <b>1g</b> S	6	4,004,050.				
allia	h	Total. Add lines 1a-1f					17,061,711.			
						Business Code				
	2 a	MARKETING INCOME		900099	3,274,351.		3,274,351.			
D	b									
) nii	с									
aniiaau	d									
	е									
	f	All other program service	rever	iue						
	g						3,274,351.			
	3	Investment income (inclue								
		other similar amounts)					198,541.			198,5
	4	Income from investment of								
	5	Royalties	· <u>·····</u>							
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss	)							
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	4,229,9	914.					
	b	Less: cost or other basis				7				
		and sales expenses	7b	4,255,9	911.					
	с	Gain or (loss)	7c	-25,9	97.	-3,159.				
		Net gain or (loss)					-29,156.			-29,1
	8 a	Gross income from fundraisi	ng eve	ents (not						
		including \$		of						
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	с	Net income or (loss) from	fundr	aising ever	nt <u>s</u>					
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>					
1	b	Less: direct expenses			9b					
		Net income or (loss) from			s	·····				
1	10 a	Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10k					
	с	Net income or (loss) from	sales	of invento	ry					
						Business Code				
Ð	11 a	MISCELLANEOUS				900099	3,609.			3,6
enu e	b	CURRENCY EXCHANGE L	OSS			900099	-448,768.			-448,7
Revenue	с									
٩	d	All other revenue								
1		Total. Add lines 11a-11d					-445,159.			
-							20,060,288.	0.	3,274,351.	-275,7

THE ONE CAMPAIGN

### 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 1,000,000 1,000,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 12,315,301 12,315,301. Benefits paid to or for members 4 5 Compensation of current officers, directors, 584,110 trustees, and key employees 1,867,001. 1,139,255. 143,636. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,966,807. 7,793,764. 1,866,507. 306,536. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 426,551 333,987 78,948 13,616. 957,790 1,247,074 245,094 44,190. 9 Other employee benefits 1,811,557 1,371,304 372,125 68,128. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 240,234, 240,234 b Legal 75,000. 75,000 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 81,060. 81,060 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 2,424,185 2,424,185 column (A), amount, list line 11g expenses on Sch 0.) 2,512,790 2,512,790 Advertising and promotion 12 318,893. 209,020. 99,490 10,383. 13 Office expenses \_\_\_\_\_ 1,791,571 1,388,542 340,664 62,365. 14 Information technology Royalties 15 1,519,495 1,150,220. 312,130 57,145. 16 Occupancy 846,652 846,652. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 202,700. 202,700. Conferences, conventions, and meetings ..... 19 30,340. 30,340 20 Interest Payments to affiliates 21 341,416 258,443, 70,133 12,840. 22 Depreciation, depletion, and amortization ..... 169,870. 34,894 128,588. 6,388. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) EQUIP., FURN. & MAINT. 381,073. 288,463, 78,279 14,331. а PAYROLL SERVICE 178,717 178,717 b SUBSCRIPTIONS & PUB'L 146,816, 146,816. С 106,000. BAD DEBT 106,000. d 38,065, 28,918 7,732 1,415. All other expenses е 40,039,168 34,496,738 4,695,457 846,973. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2022)

THE ONE CAMPAIGN

		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			687,515.	1	935,800
2	2	Savings and temporary cash investments			9,005,817.	2	5,889,288
3	3	Pledges and grants receivable, net			36,274,239.	3	21,059,778
4	4	Accounts receivable, net			740,539.	4	175,759
5		Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ns		5	
6	6	Loans and other receivables from other disqua	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
7	7	Notes and loans receivable, net				7	
8		Inventories for sale or use				8	
9		Description of a second state for an all she was a			340,306.	9	342,77
10	Da	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,047,321.			
	b	Less: accumulated depreciation	10b	3,941,096.	1,413,175.	10c	1,106,22
11	1	Investments - publicly traded securities			11,109,764.	11	9,420,30
12	2	Investments - other securities. See Part IV, line				12	
13	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets			367,999.	14	352,66
15	5	Other assets. See Part IV, line 11	7,683,076.	15	15,123,74		
16	6	Total assets. Add lines 1 through 15 (must equ			67,622,430.	16	54,406,34
17	7	Accounts payable and accrued expenses	1,767,629.	17	1,427,87		
18	в	Grants payable		18			
19	9	Deferred revenue	316,158.	19	190,82		
20	D	Tax-exempt bond liabilities		20			
21	1	Escrow or custodial account liability. Complete				21	
22	2	Loans and other payables to any current or for	ner offic	er, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		22			
i 23	3	Secured mortgages and notes payable to unrel		23			
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			9,550,317.	25	18,432,783
26	6	Total liabilities. Add lines 17 through 25			11,634,104.	26	20,051,483
		Organizations that follow FASB ASC 958, ch	eck here	X			
		and complete lines 27, 28, 32, and 33.					
27	7	Net assets without donor restrictions			15,069,841.	27	5,541,35
28	8	Net assets with donor restrictions			40,918,485.	28	28,813,508
		Organizations that do not follow FASB ASC					
27 28 29 30 31 32		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current funds	s			29	
30	0	Paid-in or capital surplus, or land, building, or e				30	
31	1	Retained earnings, endowment, accumulated in				31	
32		Total net assets or fund balances			55,988,326.	32	34,354,86
33					67,622,430.	33	54,406,34

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) THE ONE CAMPAIGN	01-0593565		Pao	<sub>le</sub> 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,0	60,3	288.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,0	39,3	168.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,9	78,	880.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,9	88,3	326.
5	Net unrealized gains (losses) on investments	5	-1,6	54,	586.
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	34,3	54,8	360.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_	Y	′es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule (	D.			
2a			2a	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b 2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c 2	x	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Scher	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	_	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Total

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

**Open to Public** 

	Inspection
Employer	identification number

			E CAMPAIGN						01-0593565		
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	$\square$					)(b)(1)(A)(ii	ii).				
4	$\square$		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,								
		city, and state:	·								
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed bv a do	overnmental u	nit describe	ed in		
-		section 170(b)(1)(A)(iv). (C		5		, ,					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	e e				.,	ne deneral r	oublic described in		
'		section 170(b)(1)(A)(vi). (C	-		onna gove			ie general j			
8		A community trust describe									
9	$\square$					ad in coniu	unction with a	land grant	collogo		
g		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
40		university:	II	then 00 1/00/ of its summ							
10		An organization that norma									
		activities related to its exem		-					-		
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Cor									
11		An organization organized a									
12		An organization organized a	-	-	-			•			
		more publicly supported or	-						Check the box on		
		lines 12a through 12d that o	• •			-		-			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled I	oy its supp	ported org	anization(s), t	pically by	giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	;	Type III functionally inte	grated. A supportin	g organization operated i	n connect	tion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.				
c	I 🗌	Type III non-functionally	integrated. A supp	porting organization operation	ated in co	nnection w	vith its suppor	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .				
е	•	Check this box if the orga	anization received a v	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
f	Ente	er the number of supported c	organizations								
<u> </u>		vide the following information	about the supporte	d organization(s).							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount or	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		

Part II

THE ONE CAMPAIGN

Suppor	t Sobodulo for Or	appizations Doco	ribad in Saations	170/b)/1)/A)/iv/	) and 170(b)(1)(A)(v
Suppor	L Schedule for Or	ganizations Desci	ined in Sections		/ anu 170(D)(1)(A)(V

(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 **(a)** 2018 Calendar year (or fiscal year beginning in) (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 20,670,998 71,884,283 17,206,641. 17,061,711. 157,192,672. 30,369,039 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 20 670 998. 30,369,039, 71,884,283 17,206,641. 17,061,711. 157,192,672. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 96,868,123. 60,324,549. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total 20,670,998, 30,369,039. 71,884,283 17,206,641. 17,061,711. 157,192,672. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 198,541 224,074 185,145 148,242 129,572. 885,574. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) -63,664. 268,788 1,505 154,791, 445,159 -83,739 157,994,507. **11 Total support.** Add lines 7 through 10 12 **12** Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 38.18 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 33 46 15 % 16a 33 1/3% support test - 2022. 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 X b 33 1/3% support test - 2021. 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 17a 10% -facts-and-circumstances test - 2022. 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 b 10% -facts-and-circumstances test - 2021. 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 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

Schedule A (Form 990) 2022

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Page 2

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
	check this box and stop here	-			<u></u>		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
23202	23 12-09-22					Sched	lule A (Form 990) 2022
			16				

2022.04020 THE ONE CAMPAIGN

Yes No

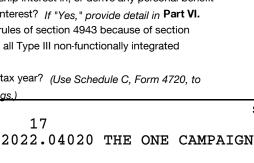
### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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# 1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

b	A family member of a person described on line 11a above?	11b		
с	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		
Sec	tion 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	•		
2	organization(s) that operated, supervised, or controlled the supported organization of a result of the supported organization of the support			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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	4		
~	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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	=)		
a	The organization satisfied the Activities Test. Complete line 2 below.	<i>,</i> ,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see i		1	
2	Activities Test. Answer lines 2a and 2b below.	ISTUCTION	Yes	No
			163	NU
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0.		
	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.			
а		-		
	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	<u> </u>	L
3202		le A (Forr	m 990)	2022
	18		<b>0</b> 4	601

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### 2022.04020 THE ONE CAMPAIGN

THE ONE CAMPAIGN Part IV Supporting Organizations (continued)

01 - 0593565Page 5

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

Schedule A (Form 990) 2022

chedule A (Form 990) 2022 THE ONE CAMPAIGN			01-0593565 Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Support			
Check here if the organization satisfied the Integral Part Test as a qualify     All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instruction
		Bections A through E.	(B) Current Year
ection A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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	<b>1</b> a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
ection 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		

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Sche	dule A (Form 990) 2022 THE ONE CAMPAIGN				01-0593565	Page <b>7</b>
Pa	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Sect	on D - Distributions		1	_	Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
-	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	THE ONE	CAMPAIGN			01-0593565	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4 lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, lin	, 11a, 11b, and 11c; Parl es 1c, 2a, 2b, 3a, and 3b	: IV, Section B, lines 1 a b; Part V, line 1; Part V,	and 2; Part IV, Sectior Section B, line 1e; Pa	۱C,
	(See instructions.)						
232028 12-09-2	2			21		Schedule A (Form	990) 2022

# Schedule of Contributors

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

2022

Employer identification number

01-0593565

partment of the Treasury	
ernal Revenue Service	

Organization type (check one):

Name of the organization

Schedule B

(Form 990)

De Int

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		1	Page 2
Name of or	ganization		Employer identif	fication number
THE ONE	CAMPAIGN		01-059356	5
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type o	(d) of contribution
1		- \$\$,000	(Complet	SII 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type d	(d) of contribution
2		- \$\$3,000	(Complet	M 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type o	(d) of contribution
3		- \$\$1,527	,751. Perso Payro Nonc: (Complet	n X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type o	(d) of contribution
4		- \$\$1,230	(Complet	M 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type o	(d) of contribution
5		- \$\$1,004	(Complet	M 🗌
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type o	(d) of contribution
6		- \$\$750	noncash	M 🗌

23

24681\_\_1

	B (Form 990) (2022)		Page
Name of or	rganization	Emplo	oyer identification number
THE ONE	CAMPAIGN	c	01-0593565
Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$420,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

24681\_\_1

	3 (Form 990) (2022)		Page <b>3</b>
Name of o	rganization		Employer identification number
THE ONE	CAMPAIGN		01-0593565
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	ı.
(a) No. from Part I			e) (d) ) Date received
2	24,700 SHARES OF GOOG AT 121.0423 PER SHARE		
		\$3,000,	000. 08/19/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
5	3,480 SHARES OF PUBLICLY TRADED STOCK		
		\$1,004,	050. 10/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

25 2022.04020 THE ONE CAMPAIGN

Schedule I	B (Form 990) (2022)		Page <b>4</b>					
Name of o	rganization		Employer identification number					
THE ONE	CAMPAIGN		01-0593565					
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year . For organizations ss for the year. (Enter this info. once.) \$					
(a) No. from								
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, a 	nd ZIP + 4	Relationship of transferor to transferee					
(a) No								
(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, a	nd 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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990) (2022)

26 2022.04020 THE ONE CAMPAIGN

(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section {	501(c) and section 527	2022
	_	if the organization is described			
Department of the Treasury Internal Revenue Service	-	o to www.irs.gov/Form990 for in			Z. Open to Public Inspection
If the organization ansy		Form 990, Part IV, line 3, or Fo			n Activities), then
•	-	plete Parts I-A and B. Do not con			
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B	i_
<ul> <li>Section 527 organization</li> </ul>	ations: Complete	Part I-A only.			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Activitie	es), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave filed Form 5768 (election un	der section 501(h)): Co	mplete Part II-A. Do not o	complete Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (election	on under section 501(h	)): Complete Part II-B. Do	not complete Part II-A.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	/ Tax) (See separate i	nstructions) or Form 99	0-EZ, Part V, line 35c (Proxy
Tax) (See separate inst					
	, or (6) organizat	ions: Complete Part III.			
Name of organization				Em	ployer identification number
	THE ONE CAN		r costion FO1(c)	in a continu 507 d	01-0593565
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) c	or is a section 527 of	organization.
		ation's direct and indirect politica			
2 Political campaign					
<b>3</b> Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3	3)	
-		incurred by the organization under		•	\$
		incurred by organization manage			
		n 4955 tax, did it file Form 4720 f			
<b>b</b> If "Yes," describe in					
		anization is exempt unde	er section 501(c),	except section 501	(c)(3).
1 Enter the amount d	irectly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$
		ization's funds contributed to oth			T
	00		0		\$
		. Add lines 1 and 2. Enter here ar			T
			,		\$
		1120-POL for this year?			Yes No
		ployer identification number (EIN			
		tion listed, enter the amount paid		-	
contributions receiv	ed that were pro	omptly and directly delivered to a	separate political orga	nization, such as a separ	ate segregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part I	V.	
(a) Name	)	(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	) promptly and directly delivered to a separate
					political organization.
					If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	90 or 990-EZ.		Schedule C (Form 990) 2022

Political Campaign and Lobbying Activities

LHA 232041 11-08-22

SCHEDULE C

(Form 990)

OMB No. 1545-0047

	THE ONE C					593565	Page <b>2</b>
Part II-A Complete if the orga section 501(h)).	anization	is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction und	er
	tion belongs	to an affil	iated group (and list in	Part IV each affiliated	aroup member's name	address Fl	N
expenses, and share						, udu 000, El	,
			d "limited control" pro	visions apply			
					(a) Filing	(b) Affiliated	d aroup
	ts on Lobby	• •			organization's	total	
(The term "expend	litures" mea	ans amou	nts paid or incurred.)		totals		
1a Total lobbying expenditures to influ	ience public	opinion (c	rassroots lobbying)		0.		
<b>b</b> Total lobbying expenditures to influ	ience a legis	slative bod	y (direct lobbying)		882,586.		
c Total lobbying expenditures (add lin	nes 1a and <sup>-</sup>	1b)			882,586.		
d Other exempt purpose expenditure					36,226,885.		
e Total exempt purpose expenditures	s (add lines	1c and 1d)			37,109,471.		
f Lobbying nontaxable amount. Ente	er the amour	nt from the	following table in both	n columns.	1,000,000.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable amo	ount is:			
Not over \$500,000		20% of t	he amount on line 1e.				
Over \$500,000 but not over \$1,000	),000	\$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,0	000,000		0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000		\$1,000,0	000.				
g Grassroots nontaxable amount (ent		,			250,000.		
h Subtract line 1g from line 1a. If zero	,				0.		
i Subtract line 1f from line 1c. If zero					0.		
j If there is an amount other than zer		line 1h or l	ine 1i, did the organiza	tion file Form 4720	Г	<b>_</b>	<b>—</b>
reporting section 4911 tax for this y						Yes	No No
(Some organizations th			raging Period Under		f the five columns he	low	
			ate instructions for lin			10 .	
			ditures During 4-Yea	• •			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> ⊺o	tal
(of fiscal year beginning in)							
2a Lobbying nontaxable amount	1,0	00,000.	1,000,000.	1,000,000.	1,000,000.	4,0	00,000.
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))						6,0	00,000.
c Total lobbying expenditures	7	55,321.	534,628.	1,000,000.	882,586.	3,1	72,535.
	-						
d Grassroots nontaxable amount	2	50,000.	250,000.	250,000.	250,000.	1,0	00,000.
e Grassroots ceiling amount							0.0.000
(150% of line 2d, column (e))						1,5	00,000.
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2022

232042 11-08-22

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5)	or sec	tion		
I UI	501(c)(6).		, 01 000			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		, or sec	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (k	o) Part I	II-A, line	3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		. 2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical				
	expenditures next year?		. 4			
	Taxable amount of lobbying and political expenditures. See instructions		. 5			
	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service

Name of the	organization
-------------	--------------

Employer identification number

Hum	THE ONE CAMPAIGN		01-0593565
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(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		ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of our anone incurred in manitoring increating hand	dling of violations, and enforcing concerns	tion accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170	
0			
9	In Part XIII, describe how the organization reports conservati		
Ū	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	IS.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtl	nerance 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 tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 THE ONE CAN					01-059		P	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	ar Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit of				ar assets		_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						٦		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			1	A	+	
	<b>5</b> · · · · ·						Amoun	ι	
c	Beginning balance								
a	Additions during the year								
e 4	Distributions during the year				<u>1e</u> 1f				
f	Ending balance Did the organization include an amount on F				·····		Yes		No
	If "Yes," explain the arrangement in Part XIII.				• · · · ·				]
Par									<u>_</u>
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r years	back
1a	Beginning of year balance	2,032,494.	2,032,494.			2,032,494.		,032,	
b	Contributions	3,282.	· ·						
с	Net investment earnings, gains, and losses	18,984.	9,726.	11,577		33,176. 25,9			932.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	18,984.	9,726.	11,577		33,176.	176. 25,932		932.
f	Administrative expenses								
g	End of year balance	2,035,776.	2,032,494.	2,032,494	. 2,	032,494.	2	,032,	494.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
с	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	tion that are held ar	nd administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		·
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment funds.						
Fai	Complete if the organization answere		Dort IV line 11e S	oo Form 000 Bort	V line 10				
							(.)) D		
	Description of property	(a) Cost or ot basis (investm	• •		Accumula depreciatio		<b>(d)</b> Boo	k valu	э
4.	Land		Janig Dabis		iopi colatio				
-	Land								
b	Buildings Leasehold improvements		2	,099,321.	1,097	060	1	,002,	261
c d				,260,347.	2,185		1		031.
	EquipmentOther			687,653.		,720.			933.
	Add lines 1a through 1e. (Column (d) must e		K column (R) line 1	· · · · · ·		,	1	106,	
1010	in tea inteo na tritoagin ne. (Columni (a) must e	guai Fuitti 330, Fall /		<i></i>		Schodulc			

Schedule D (Form 990) 2022

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, col. (B) line 12.)		

### 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, col. (B) line 13.)		

### 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	267,655.
(2) DUE FROM ONE AFFILIATES	10,403,743.
(3) RIGHT-OF-USE ASSETS	4,452,345.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,123,743.
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	11,969,953.
(3) OPERATING LEASE LIABILITY	6,412,804.
(4) REFUNDABLE DEPOSITS	50,026.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,432,783.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

16240913 745960 24681

Sche	dule D (Form 990) 2022 THE ONE CAMPAIGN			01-059356	5 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,849,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-1,654,586.		
b	Donated services and use of facilities	2b	1,524,594.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-129,992.
3	Subtract line 2e from line 1			3	19,979,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,060.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	81,060.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,060,288.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	41,482,702.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	1,524,594.		
b	Prior year adjustments	. 2b			
с	Other losses	. 2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	1,524,594.
3	Subtract line 2e from line 1			3	39,958,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,060.		
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	81,060.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	40,039,168.
Pa	rt 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.

PART X, LINE 2:

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, ONE HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE COMBINED FINANCIAL STATEMENTS.

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Part XIII Sup	plemental Information (	continued)		

Schedule D (Form 990) 2022

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		independent contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
EUROPE (INCLUDING			GRANTS TO RECIPIENTS		
ICELAND & GREENLAND)	0	0	LOCATED IN REGION		8,947,961
EUROPE (INCLUDING					
ICELAND & GREENLAND)	4	110	PROGRAM SERVICES	SEE SCHEDULE F, PART V.	10,430,103
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN REGION		3,274,977
SUB-SAHARAN AFRICA	3	14	PROGRAM SERVICES	SEE SCHEDULE F, PART V.	163,739
			GRANTS TO RECIPIENTS		
NORTH AMERICA	0	0	LOCATED IN REGION		92,362
NORTH AMERICA	1	9	PROGRAM SERVICES	SEE SCHEDULE F, PART V.	911,693
<b>•</b> • • • • • •	8	133			22 820 825
<b>3 a</b> Subtotal <b>b</b> Total from continuation	0	133			23,820,835
sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	8	133			23,820,835
LHA For Paperwork Reducti	on Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 202
232071 10-17-22			35		
40913 745960 246	- 0.1		2022.04020 THE O		24683

## 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.

Name of the organization

Department of the Treasury

Internal Revenue Service

### THE ONE CAMPAIGN

(a) Region

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

(c) Number of (d) Activities conducted in the region

independent gram services, investments, grants to

(by type) (such as, fundraising, pro-

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

employees, agents, and

(b) Number of

offices

in the region

SCHEDULE F (Form 990)

> Inspection Employer identification number

01-0593565

(e) If activity listed in (d)

is a program service,

describe specific type

OMB No. 1545-0047
2022
LULL
Open to Public

No

(f) Total

expenditures

for and

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND &	GRANT TO ONE CAMPAIGN					
		GREENLAND)	AFFILIATE	6,933,073.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &	GRANT TO ONE CAMPAIGN					
		GREENLAND)	AFFILIATE	2,014,888.	WIRE	0.		
		SUB-SAHARAN AFRICA	GRANT TO ONE CAMPAIGN AFFILIATE	1 524 002	NTDE	0.		
		AFRICA	AFFILIATE	1,534,992.	WIKE	υ.		
		SUB-SAHARAN AFRICA	GRANT TO ONE CAMPAIGN AFFILIATE	299,301.	мтре	0.		
				255,501.		•.		
		SUB-SAHARAN AFRICA	GRANT TO ONE CAMPAIGN AFFILIATE	1,440,685.	WIRE	0.		
			GRANT TO ONE CAMPAIGN					
		NORTH AMERICA	AFFILIATE	92,362.	WIRE	٥.		
			recognized as charities by the f			<b>I</b>		
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter	🕨 -		

Schedule F (Form 990) 2022

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Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

THE ONE CAMPAIGN

01-0593565

### Part III can be duplicated if additional space is needed. Т

Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	X Yes	No 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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X 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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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## 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.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: OUR ACTIVITIES IN EUROPE WERE

DOMINATED BY THE GENERACTION ROADSHOW, LED BY OUR YOUNG ACTIVISTS FROM

ALL OF OUR EUROPEAN MARKETS, ENGAGING THE PUBLIC IN KEY REGIONS AND

TARGETING DECISION MAKERS TO BUILD PRESSURE AHEAD OF THE G7 LEADERS'

SUMMIT. IN ALL OF OUR EUROPEAN MARKETS, OUR YOUTH AMBASSADORS TOOK TO

THE STREETS TO ADVOCATE TO END THE CONVERGING CRISES OF COVID-19.

CONFLICT, CLIMATE, AND HUNGER. TEAM FRANCE LAUNCHED A PODCAST, WHILE

TEAM UK SECURED NEW FUNDING TO INCREASE CAMPAIGNING ON UK AID AND

STRENGTHEN OUR SUPPORTER BASE. WE NAVIGATED AN INCREASINGLY CHALLENGING

POLITICAL ENVIRONMENT AND THE MOUNTING GLOBAL CRISES THAT ARE FORCING

US TO BE FLEXIBLE AND REACT QUICKLY TO NEW DEVELOPMENTS WITHOUT LOSING

SIGHT OF OUR PRIMARY MISSION.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: THROUGHOUT 2022 OUR FOCUS

REMAINED ON THE COVID 19 PANDEMIC AND ITS REPERCUSSIONS, BUT AS

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(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
GOVERNMENTS ACROSS THE WORLD LOOSENED COVID-19 RESTRICTIONS, FEWER
PEOPLE WERE ENGAGING WITH COVID-19-RELATED CONTENT. THE AFRICA TEAM'S
REATIVE VACCINE ADVOCACY #MYTHORVAX CHALLENGE, LAUNCHED IN APRIL, AND
REACHED 104 MILLION PEOPLE GLOBALLY. ON THE ECONOMIC RECOVERY FRONT,
THE GLOBAL POLICY TEAM ENGAGED WITH THE AFRICAN FINANCE MINISTERS'
MEETING IN DAKAR TO SHARE RECOMMENDATIONS ON SPECIAL DRAWING RIGHTS AND
REFORMING THE INTERNATIONAL FINANCIAL ARCHITECTURE, DEBT RELIEF, AND
CLIMATE CHANGE. IN MAY AND JUNE, WE INDUCTED 115 NEW CHAMPIONS - OUR
ACTIVISTS ON THE GROUND. THE INDUCTIONS FEATURED THE PARTICIPATION OF
KEY PARLIAMENTARIANS AND DEEP ENGAGEMENT ON KEY ISSUES IN NIGERIA,
XENYA AND SENEGAL. CHAMPIONS ENGAGED WITH TALENT EXPERTS AND LEADERS

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)

FROM CIVIL SOCIETY ORGANIZATIONS, MEDIA, AND THE GOVERNMENT TO PREPARE

THEM FOR THE INCREDIBLE TASK OF HOLDING POLICY MAKERS ACCOUNTABLE.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE U.S. AND CANADA TEAMS

CONTINUED TO DRAW PUBLIC ATTENTION TO THE IMPORTANCE OF THE GLOBAL

ASPECTS OF THE PANDEMIC TO COMBAT A PIVOT TO DOMESTIC ISSUES. DESPITE

TWO YEARS OF WORLD LEADERS SAYING, "NONE OF US ARE SAFE UNTIL ALL OF US

ARE SAFE," THE POLITICAL ENVIRONMENT HAS MADE IT INCREASINGLY DIFFICULT

TO OBTAIN ADDITIONAL FUNDING TO FIGHT THE PANDEMIC AND SECURE ROBUST

GLOBAL FUND PLEDGES. THE U.S. HOSTED THE GLOBAL FUND'S REPLENISHMENT

CONFERENCE IN SEPTEMBER, WHICH SAW OVER \$15BN COMMITTED TO FIGHTING

AIDS, TB AND MALARIA - INCREDIBLE IN SUCH CHALLENGING TIMES.

232075 10-17-22

 Schedule F (Form 990) 2022
 THE ONE CAMPAIGN

 Part V
 Supplemental Information

(

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury				Attach to Form				Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	THE ONE CAMPA	IGN						Employer identification number 01-0593565
Part I General Inform	nation on Grants a	nd Assistance						
-	I the grants or assis	stance?				for the grants or assis		on X Yes No
		-	ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and addres or governn	s of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ONE ACTION 1299 PENNSYLVANIA AV WASHINGTON, DC 20004	E, NW, STE 400	02-0544768	501(C)(4)	1,000,000.	0.			DIRECT LOBBYING GRANT \$882,586 AND EDUCATIONAL GRANT OF \$117,414
2 Enter total number of	section 501(c)(3) a	I nd government org	I Janizations listed in the	l e line 1 table				
3 Enter total number of	other organizations	s listed in the line 1	table					

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

Schedule I (Form 990) 2022

Schedule I	(Form 990	) 2022

THE ONE CAMPAIGN

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional 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

Part IV Supplemental Information
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
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.

THE ONE CAMPAIGN

Schedule I (Form 990)

Schedule I (Form 990)

01-0593565

Page 2

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sc	HEDULE J	Compensation Information	L	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
	rtment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer id	Inspe		mbor
INALL	le of the organization	THE ONE CAMPAIGN		93565	Ji nui	nber
Pa	rt I Question	s Regarding Compensation	01-03	93303		
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or c		nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	or of the following the experimation used to establish the componentian of the experimation?				
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant X Compensation survey or study				
		ther organizations	ommittee			
		5				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		<b>4b</b>		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r			Fo		x
		ation?				X
U		ation?				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the n					
а	-			6a		x
	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.		-		
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	3			
		nes 5 and 6? If "Yes," describe in Part III		7	х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ıle J (Forn	n 990)	2022

232111 10-18-22

01-0593565

## 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.

	<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GAYLE SMITH	(i)	439,585.	0.	0.	15,250.	8,878.	463,713.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER LOTITO	(i)	312,630.	80,000.	0.	15,250.	16,486.	424,366.	0.
PRESIDENT AND COO (RED)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS HART	(i)	359,156.	0.	0.	15,250.	27,475.	401,881.	0.
PRESIDENT, ONE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLLEEN CONNORS	(i)	235,395.	0.	0.	10,727.	27,475.	273,597.	0.
CHIEF TALENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LUISA ENGEL	(i)	219,109.	16,000.	0.	10,834.	25,733.	271,676.	0.
CHIEF STRATGY & IMPCT OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HUW DAVIES	(i)	218,463.	15,000.	0.	8,577.	27,052.	269,092.	0.
CHIEF COMMUNICATIONS OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUZANNE GRANVILLE	(i)	212,898.	18,207.	0.	11,867.	25,733.	268,705.	0.
EXECUTIVE DIR, NA ADV	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN SPEARS	(i)	235,515.	3,167.	0.	12,204.	16,486.	267,372.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANNIE SCHOUW	(i)	204,805.	19,856.	0.	9,753.	8,444.	242,858.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID MCNAIR	(i)	206,909.	0.	0.	0.	571.	207,480.	0.
GLOBAL POLICY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ADAM MAYAKI	(i)	143,088.	0.	0.	4,700.	18,316.	166,104.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

## 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 7:

SEE PART II FOR BONUSES

PART II:

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.

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## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

22

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

20

01-0593565

Name of the organization

THE ONE CAMPAIGN

Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	eterminin		;
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	Х	2	4,004,050.	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 organiz	ation during	the tax year for c	ontributions				
	for which the organization completed Form 828							
	<b>°</b>		C			1	/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ich isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
			0	,		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked,			
	describe in Part II.	( )	,, , , , , , , ,	()				
LHA		the Instruct	tions for Form 990	).	Schedule N	I (Form	990)	2022

16240913 745960 24681

Chedule M (Form 990) 2022 THE ONE CAMPAIGN	01-0593565	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32l is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information.	b, and 33, and whether the organi or a combination of both. Also cor	zation
CHEDULE M, PART I, COLUMN (B):		
HE NUMBER OF CONTRIBUTIONS ARE REPORTED IN THIS COLUMN.		

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

## 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 the latest information. OMB No. 1545-0047

Employer identification number 01-0593565

THE ONE CAMPAIGN

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASES IN THE DEVELOPING WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FUNDRAISED AS PART OF A SPECIAL 3-HOUR EVENT. IN SEPTEMBER, (RED)

PARTNER, BALMAIN, HOSTED ITS THIRD MUSIC AND FASHION FESTIVAL IN PARIS

AT THE ICONIC STADE JEAN-BOUIN DURING FASHION WEEK, WITH 100% OF TICKET

SALES, AS WELL AS A PORTION OF FOOD, DRINK, AND MERCHANDISE SALES,

SUPPORTED (RED) AND THE GLOBAL FUND.

IN NOVEMBER 2022, (RED) LAUNCHED A NEW PARTNERSHIP WITH SANTANDER, WITH

ITS FIRST SOCIAL INVESTMENT FUND OFFERING. THE MULTI-THEME FUND WILL

INVEST IN GLOBAL EQUITIES OF INNOVATIVE COMPANIES TACKLING MAJOR SOCIAL

CHALLENGES IN HEALTH AND WELL-BEING, NUTRITION, EDUCATION, AND

FINANCIAL INCLUSION. IT WILL BE OFFERED TO INVESTORS IN CHILE, GERMANY,

PORTUGAL, SPAIN, THE UK AND THE MARKETS WHERE SANTANDER PRIVATE BANKING

INTERNATIONAL (SPBI) OPERATES.

IN THE RUN UP TO WORLD AIDS DAY, (RED) LAUNCHED A REFRESHED BRAND AND

NEW MESSAGING TO DRIVE URGENCY AND ACTION. ON AMAZON, (RED) PRODUCTS

WERE AVAILABLE TO HOLIDAY SHOPPERS, WHILE A LIMITED-EDITION WINTER

SCARF BY RENOWNED ARTIST, ED RUSCHA, WAS MADE AVAILABLE FOLLOWING THE

SPRING VERSION WHICH RAISED MORE THAN \$1 MILLION FOR THE GLOBAL FUND.

TO AMPLIFY THE CAMPAIGN, THREE AUGMENTED REALITY LENSES ON SNAPCHAT

ENABLED FANS TO INTERACT AND ENGAGE WITH (RED), ITS PARTNERS AND

PRODUCTS, WHILE CELEBRITIES INCLUDING KRISTEN BELL, AS WELL AS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 49

Schedule O (Form 990) 2022	Page 2
Name of the organization THE ONE CAMPAIGN	Employer identification number 01-0593565
(RED)UCATORS JAVIER MUOZ AND DAYO OKENIYI, LIT UP THEIR OWN CHANNELS TO	
PROMOTE (RED)'S MISSION, IMPACT AND HOLIDAY PRODUCTS. PRO-BONO	
SUPPORTER, CLEAR CHANNEL, DONATED BILLBOARD SPACE TO (RED), DELIVERING	
CAMPAIGN CONTENT TO MARQUEE SITES INCLUDING NEW YORK'S TIMES SQUARE,	
AMONG OTHERS.	
OTHER NEW PRIVATE SECTOR PARTNERSHIPS LAUNCHING IN 2022 INCLUDED EMBER,	
THE RIDGE, SANTANDER AND LEVOIT, AMONG OTHERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
AFRICA: THROUGHOUT 2022 OUR FOCUS REMAINED ON THE COVID 19 PANDEMIC AND	
ITS REPERCUSSIONS, BUT AS GOVERNMENTS ACROSS THE WORLD LOOSENED	
COVID-19 RESTRICTIONS, FEWER PEOPLE WERE ENGAGING WITH COVID-19-RELATED	
CONTENT. THE AFRICA TEAM'S CREATIVE VACCINE ADVOCACY #MYTHORVAX	
CHALLENGE, LAUNCHED IN APRIL, AND REACHED 104 MILLION PEOPLE GLOBALLY.	
ON THE ECONOMIC RECOVERY FRONT, THE GLOBAL POLICY TEAM ENGAGED WITH THE	
AFRICAN FINANCE MINISTERS' MEETING IN DAKAR TO SHARE RECOMMENDATIONS ON	
SPECIAL DRAWING RIGHTS AND REFORMING THE INTERNATIONAL FINANCIAL	
ARCHITECTURE, DEBT RELIEF, AND CLIMATE CHANGE. IN MAY AND JUNE, WE	
INDUCTED 115 NEW CHAMPIONS - OUR ACTIVISTS ON THE GROUND. THE	
INDUCTIONS FEATURED THE PARTICIPATION OF KEY PARLIAMENTARIANS AND DEEP	
ENGAGEMENT ON KEY ISSUES IN NIGERIA, KENYA, AND SENEGAL. CHAMPIONS	
ENGAGED WITH TALENT, EXPERTS, AND LEADERS FROM CIVIL SOCIETY	
ORGANIZATIONS, MEDIA, AND THE GOVERNMENT TO PREPARE THEM FOR THE	
INCREDIBLE TASK OF HOLDING POLICY MAKERS ACCOUNTABLE.	
EXPENSES \$ 5,776,860. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

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Schedule O (Form 990) 2022

Name of the organization THE ONE CAMPAIGN	Employer identification number
	01 0393303
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 2:	
DIRECTORS BONO AND MO IBRAHIM HAVE A BUSINESS RELATIONSHIP. BOTH ARE	
DIRECTORS OF AN UNRELATED INVESTMENT FUND.	
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	
GOVERNING BODY OR THEIR DELEGATES.	
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 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	
232212 10-28-22	Schedule O (Form 990) 202

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2022.04020 THE ONE CAMPAIGN

	01-0593565
DISCLOSES THAT CONFLICT TO	
IS MADE, A CONTRACT IS	
ERNS ABOUT CONFLICTS OF	
SSED THROUGH PROMPT AND	
L DECISIONS CONCERNING	
AGERS, THE COO, THE	
F SENIOR MANAGEMENT, AS	
MBER OF THE AUDIT COMMITTEE	
CHAIR IS RESPONSIBLE FOR	
ONFLICTS INVOLVING THE	
THE CHAIR OF THE AUDIT	
CONCERNING RESOLUTIONS OF	
E MANAGEMENT LEVEL, SUBJECT	
E, AS NEEDED.	
ACTUAL OR APPARENT	
ONS BY THE COO AND PC ARE	
THE RESOLUTION IS MADE BY	
THE CHAIR OF THE BOARD.	
AL DETERMINATION.	
ORUM OF THE FULL BOARD OF	
THE APPEAL, OR WHO HAVE A	
52	Schedule O (Form 990) 2022
	ERNS ABOUT CONFLICTS OF SSED THROUGH PROMPT AND L DECISIONS CONCERNING AGERS, THE COO, THE F SENIOR MANAGEMENT, AS MBER OF THE AUDIT COMMITTEE CHAIR IS RESPONSIBLE FOR ONFLICTS INVOLVING THE THE CHAIR OF THE AUDIT FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF E MANAGEMENT LEVEL, SUBJECT E, AS NEEDED. ACTUAL OR APPARENT ONS BY THE COO AND PC ARE THE RESOLUTION IS MADE BY THE CHAIR OF THE BOARD. AL DETERMINATION. ORUM OF THE FULL BOARD OF THE APPEAL, OR WHO HAVE A

Name of the organization

THE ONE CAMPAIGN

Employer identification number 01-0593565

CONFLICT OF INTERESTS WITH RESPECT TO THE SUBJECT OF THE APPEAL, ABSTAIN

FROM PARTICIPATING IN, DISCUSSING, OR VOTING ON THE RESOLUTION, UNLESS

THEIR DISCUSSION IS REQUESTED BY THE REMAINING MEMBERS 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

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.

232212 10-28-22

organizations during the tax year.

Part II

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	(C Section 5 contr enti	olled
				501(c)(3))		Yes	No
ONE ACTION - 02-0544768							1
1299 PENNSYLVANIA AVE, NW, SUITE 400							1
WASHINGTON, DC 20004	ISSUE ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)	N/A	N/A		х
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	х	1
ONE GLOBAL (CANADA)							
123 SLATER ST, 6TH FLOOR							
OTTAWA, ONTARIO, CANADA K1P 5H2	EDUCATION	CANADA	N/A	N/A	THE ONE CAMPAIGN	х	
ONE AGAINST POVERTY UK							
8TH FL, ENDEAVOUR HOUSE, 189 SHAFTESBURY AVE	]						1
LONDON, UNITED KINGDOM WC2H 8JR	EDUCATION	UNITED KINGDOM	N/A	N/A	THE ONE CAMPAIGN	x	1
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 202							0) 2022

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.

Employer identification number

01-0593565

Related	Organizations	and	Unrelated	Partnerships	
1010100	gameatono	ana	onnoideod	i ai ai oi oi iipo	,

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

SCHEDULE R (Form 990)

OMB No. 1545-0047

Open to Public Inspection

22

2

THE ONE CAMPAIGN

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
ONE CAMPAIGN NIGERIA LTD/GTE	_						
AFRI INV. HOUSE, 2ND FL LEFT WING, PLOT 2669	-						
CADASTRAL ZONE A6, ABUJA, NIGERIA MAITAMA	EDUCATION	NIGERIA	N/A	N/A	THE ONE CAMPAIGN	X	
ONE GERMANY							
LUSENSTRASSE 40							
BERLIN, GERMANY 10117	EDUCATION	GERMANY	N/A	N/A	THE ONE CAMPAIGN	X	
ONE SENEGAL							
CORNICHE DES ALMADIES, RESIDENCE NIAGARA FAL							
ALMADIES, SENEGAL DAKAR	EDUCATION	SENEGAL	N/A	N/A	THE ONE CAMPAIGN	х	
	1						
	1						
	-						
	4						
	-						
	-						
	4						
	-						
	1						
	1						
	1						
				1			
	1						
	4						

# Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		· <b>,</b>					1		1		<del></del>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta <sup>jing</sup> ownersh
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11000		400010		Yes	No
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
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	1	
Gift, grant, or capital contribution to related organization(s)		, x	2
Gift, grant, or capital contribution from related organization(s)		;	
Loans or loan guarantees to or for related organization(s)		1	
Loans or loan guarantees by related organization(s)		,	
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)		_	_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	ו ו	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	2
Sharing of paid employees with related organization(s)		) X	:
Reimbursement paid to related organization(s) for expenses		,	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
Conter transfer of cash or property from related organization(s)	1s	; [	

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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ONE ACTION	N	1,132,333.	ACTUAL
(2) ONE ACTION	o	61,992.	ACTUAL
(3) ONE CAMPAIGN AFRICA NPC	В	1,534,992.	ACTUAL
(4) ONE GLOBAL (CANADA)	В	92,362.	ACTUAL
(5) ONE AGAINST POVERTY UK	В	6,933,073.	ACTUAL
(6) ONE CAMPAIGN NIGERIA LTD/GTE	В	1,440,685.	ACTUAL

## Schedule R (Form 990) THE ONE CAMPAIGN

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(7) ONE SENEGAL	В	299,301.	ACTUAL
(8) ONE GERMANY	В	2,014,888.	ACTUAL
(9) ONE ACTION	В	1,000,000.	ACTUAL
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

## Schedule R (Form 990) 2022 THE ONE CAMPAIGN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	Are Partne 501( org <b>Yes</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

## Part VII Supplemental Information

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

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