

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepa	ared	For:
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Grantmakers for Effective Organizations 1310 L Street, NW 650 Washington, DC 20005

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

** 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.

Open to Public

Department of the Treasury Internal Revenue Service

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

		nue Service do to www.iis.gov/Formago for mistractions and to	ne lateet in		inspection
A F	or the	e 2023 calendar year, or tax year beginning and	ending	-	
B c	heck if pplicabl	C Name of organization		D Employer ident	fication number
	Addre chang	S GRANTMAKERS FOR EFFECTIVE ORGANIZATION	S		
	Name chang	Doing business as		01-0669	150
F	Initial return	-	Room/suite	E Telephone numb	
F	Final return	1310 T CODEED NW	650	(202) 8	
	termin ated			G Gross receipts \$	4,894,643.
Г	Amen			H(a) Is this a group	
	Application	•		for subordinate	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	·····= =
T T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	a list. See instructions
	Vebsi		<u> </u>	H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; DC
Pa	rt I	Summary	1 = 100.		otato or rogar dominoro,
	1	Briefly describe the organization's mission or most significant activities: GEO	IS A C	OMMUNITY OF	FUNDERS
Se	•	COMMITTED TO TRANSFORMING PHILANTHROPIC C	ULTURE	AND PRACT	ICE BY
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.
Ver	l			3	1 40
ဗွ	l	Number of independent voting members of the governing body (Part VI, line 1b)			
ფ	ı	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
ij	l	Total number of volunteers (estimate if necessary)			
ŧ	l			7	
Ă	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,265,542	4,075,305.
Revenue	l	Program service revenue (Part VIII, line 2g)		790,250	
ě	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,989	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,088	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,097,869	4,894,643.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,600	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0	
	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,652,996	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
ben	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 476,55	52.	·	
$\overline{\mathbf{x}}$		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,768,801	. 2,930,261.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,476,397	
		Revenue less expenses. Subtract line 18 from line 12		-378,528	
TC Se		Total action of the first terms	Be	ginning of Current Yea	
ets (20	Total assets (Part X, line 16)		13,379,679	
Ass	21	Total liabilities (Part X, line 26)		2,048,661	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		11,331,018	9,164,383.
Pa	rt II	Signature Block		, ,	, -, -,
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of r	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sign	า	Signature of officer		Date	
Her		MARCUS WALTON, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MONIQUE BOOKER		if self-emp	P00644231
Prep		Firm's name SB & COMPANY, LLC			20-2153727
	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	50	THIN O LIN	
		OWINGS MILLS, MD 21117		Phone no. (410) 584-0060
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 1101 (X Yes No

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electron	ic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to fi	le any of	the forms	
listed be	low except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts.	An extension	
request f	or Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filin	g of Form	
8868, vis	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Caution:	If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 8879-TE fo	r payment
instructio	ons.					
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMIC	s, and trusts	
must use	e Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I - I	dentification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification nur	nber (TIN)
Print						
- "	GRANTMAKERS FOR EFFECTIVE C	RGANI	ZATIONS		01-06691	.50
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1310 L STREET, NW, 650	ee instruct	ions.			
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20005	reign addr	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)			01
Applicat	ion Is For	Return	Application Is For			Return
		Code				Code
Form 990	O or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 47	20 (individual)	03	Form 5227			10
Form 990	D-PF	04	Form 6069			11
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	O-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	O-T (corporation)	07	Form 5330 (other than individual)			14
Form 10	41-A	08				
After y	ou enter your Return Code, complete either Part II or Part	t III. Part III	l, including signature, is applicable o	nly for an	extension of	
time to fi	le Form 5330.					
• If this a	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
Pla	an Name					
Pla	an Number					
Pla	an Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
The b	ooks are in the care of THE ORGANIZATION				_	
		7, 650	- WASHINGTON, DC	20005)	
-	hone No. <u>(202)</u> 898-1823		Fax No.			
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four-digit (_			or the whole group	
box	. If it is for part of the group, check this box		ch a list with the names and TINs of			
	· —	OVEMBE		the exen	npt organization re	eturn for
	e organization named above. The extension is for the orga	anization's	return for:			
<u>X</u>	calendar year 20 23 or					
	tax year beginning	, 20 _	, and ending		· ,	20
2 f t	he tax year entered in line 1 is for less than 12 months, cl	neck reasc	on: Initial return I	Final retu	rn	
	_ Change in accounting period			<u> </u>		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0.
	y nonrefundable credits. See instructions.	onto: -:-	vefuedable avadite ====	3a_	\$	
	his application is for Forms 990-PF, 990-T, 4720, or 6069			26	.	0.
	timated tax payments made. Include any prior year overp			3b	\$	
	i lance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
us	ing E 5 (Electionic reactal rax raymont bystem). Gee		10.		<u> </u>	~ •

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GEO IS A COMMUNITY OF FUNDERS COMMITTED TO TRANSFORMING PHILANTHROPIC
	CULTURE AND PRACTICE BY CONNECTING MEMBERS TO THE RESOURCES AND
	RELATIONSHIPS NEEDED TO SUPPORT THRIVING NONPROFITS AND COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,916,677. including grants of \$) (Revenue \$ 2,207,990.)
	MEMBER PROGRAMS: GEO IS A DIVERSE COMMUNITY OF NEARLY 500 GRANTMAKING
	ORGANIZATIONS WORKING TO TRANSFORM PHILANTHROPIC CULTURE AND
	PRACTICE. IN 2023, GRANTMAKERS ADDRESSED SHARED CHALLENGES IN
	GRANTMAKING THROUGH GEO'S PEER LEARNING PROGRAMS INCLUDING WEBINARS,
	MEMBER CALLS AND REMOTE LEARNING SERIES. OTHER MEMBER PROGRAMS, SUCH AS
	OUR FELLOWSHIP COHORTS AND CEO/SENIOR LEADER PROGRAMMING FOUND NEW WAYS
	FOR MEMBERS AND NON-MEMBER GRANTMAKERS TO COME TOGETHER TO ADDRESS THE
	BARRIERS TO ADOPTING GRANTMAKING PRACTICES THAT SUPPORT THRIVING COMMUNITIES. THESE OPPORTUNITIES ALLOW MEMBERS TO TALK ABOUT THE
	CHALLENGES THEY ARE FACING, ADVANCE EQUITY, WORK THROUGH COMPLEX
	CHANGES WITHIN THEIR ORGANIZATIONS, AND ADVOCATE FOR IMPROVED PRACTICES
	ACROSS THE FIELD.
4b	(Code:) (Expenses \$ 1,358,154. including grants of \$) (Revenue \$ 477,475.)
	CONFERENCES: GEO CONFERENCES EDUCATE AND INSPIRE ACTION. IN 2023, WE
	HELD A LEARNING CONFERENCE THAT CONVENED ALMOST 550 GRANTMAKERS
	BOTH IN PERSON IN WASHINGTON DC AND VIRTUALLY TO CONNECT WITH EACH
	OTHER AND HEAR FROM DYNAMIC SPEAKERS ON TOPICS RELATED TO COURAGEOUS
	(UN)LEARNING. PARTICIPANTS EXCHANGED IDEAS AND DEEPENED THEIR SKILLSET
	RELATED TO EQUITY-CENTERED LEARNING AND EVALUATION AND THE ADOPTION AND
	IMPLEMENTATION OF PHILANTHROPIC PRACTICES THAT LEAD TO THRIVING
	COMMUNITIES.
4c	(Code:) (Expenses \$ 964,940 • including grants of \$) (Revenue \$112,029 •)
	RESEARCH & LEARNING: WE CONDUCT RESEARCH ON FIELD TRENDS TO MARK
	CHANGES IN GRANTMAKER PRACTICE OVER TIME, AS WELL AS ONGOING
	SKILL-BUILDING FOR OUR STAFF, BOARD AND OTHER KEY STAKEHOLDERS TO
	INFORM OUR STRATEGY OF BUILDING COMMUNITY.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 493,306 • including grants of \$) (Revenue \$ 2,097,149 •)
4e	Total program service expenses 4,733,077.
	Form 990 (2023)

Part IV Checklist of Required Schedules

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

Form 990 (2023) GRANTMAKERS FOR EF Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		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		<u> </u>
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			37
	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	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		
332004	\$ 12-21-23		990	(2023)

Form 990 (2023) GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

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

	i (communica)				
0-	Fatou the murchau of available as provided on Faura W.C. Turnama that of Warra and Tay Otatomanta	ſ		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	28			
L	filed for the calendar year ending with or within the year covered by this return [2a]		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ſ	3a		Х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		21
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		SD		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country		-iu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to	o the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е			7e		
f			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
9	sponsoring organizations maintaining donor advised funds		8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		UD		
a	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand		44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Λ
15	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		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		ıo		23
16			16		Х
	If "Yes," complete Form 4720, Schedule O.		.0		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•		3		х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		- 22
7a		7-		Х
	more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (202) 898-1823			
	1310 L STREET, NW, 650, WASHINGTON, DC 20005			

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated chark-	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARCUS F. WALTON PRESIDENT & CEO	40.00			х				251 614	0.	25 407
(2) MEGHAN DUFFY	40.00			^				351,614.	0.	35,407.
EXECUTIVE VICE PRESIDENT	40.00	1			х			229 170	0.	35 057
(3) KRISTINA WERTZ	40.00				Δ			228,170.	0.	35,057.
VICE PRESIDENT, EXTERNAL AFFAIRS	40.00				х			180,332.	0.	39,725.
(4) AKILAH MASSEY	40.00							•		,
VICE PRESIDENT, PROGRAMS					Х			179,570.	0.	39,732.
(5) KELLY WISE	40.00									•
DIRECTOR, PEOPLE & CULTURE						Х		144,116.	0.	37,447.
(6) J. WING LI	40.00									
DIRECTOR OF OPERATIONS						Х		136,654.	0.	36,635.
(7) NICHOLE HOEFLICH	40.00									
DIRECTOR OF PROGRAMS						X		133,057.	0.	21,218.
(8) MICHELLE HARRINGTON	40.00									
DIRECTOR OF COMMUNICATIONS & MARKETI						X		125,631.	0.	20,056.
(9) JASER ALSHARHAN	40.00									
DIRECTOR OF PROGRAMS						X		114,708.	0.	19,221.
(10) MILA YOCHUM	40.00									
VICE PRESIDENT, OPERATIONS				Х				99,833.	0.	6,591.
(11) HANH CAO YU	1.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(12) DENISE ST. OMER	1.00	1								_
CHAIR		Х		Х				0.	0.	0.
(13) PHILLIP LI	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ANITA PATEL	1.00	ļ		l						
VICE CHAIR	1 00	Х		Х		_		0.	0.	0.
(15) NEEL HAJRA	1.00	.,		,,						0
TREASURER	1 00	Х		Х				0.	0.	0.
(16) BRENDA SOLORZANO	1.00	3,7		7.7				_	_	0
GOVERNANCE COMMITTEE CHAIR	1 00	Х	\vdash	Х	_			0.	0.	0.
(17) DEBORAH AUBERT THOMAS BOARD MEMBER	1.00	Х						0.	0.	0.
DOWN HEMBER	l	Λ	l	l	<u> </u>	L	<u> </u>	1 0.	U •	990 (2022)

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(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation	compensation	amount of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) DENNIS QUIRIN	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(19) RYAN EASTERLY	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(20) REGAN GRUBER MOFFITT	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(21) CHERA REID	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(22) JOHN JACKSON BOARD MEMBER	1.00	х						0.	0.	0.
(23) JOANNA JACKSON	1.00	Λ						0.	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
								1 602 605		201 000
1b Subtotal								1,693,685.	0.	291,089.
c Total from continuation sheets to Part VI								1,693,685.	0.	<u>0.</u> 291,089.
d Total (add lines 1b and 1c)								1 1,090,000.	U •	491,009.

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

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

the organization. Hopota compensation for the calcinate year chains with or with		I
(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE WORDING AND CHENDOLINE CARDING TON	'	· · · · · · · · · · · · · · · · · · ·
THE MORRIS AND GWENDOLYN CAFRITZ FDN.,		
1111 14TH ST NW, STE 200, WASHINGTON, DC	RENT	455,537.
JW MARRIOTT LOS ANGELES L.A.		
900 W OLYMPIC BLVD, LOS ANGELES, CA 90015	HOTEL/ VENUE	268,545.
FRONTLINE SOLUTIONS INTERNATIONAL LLC,		
1032 15TH STREET NW, UNIT 303, WASHINGTON,	CONSULTING	178,704.
MARCUM LLP, 1899 L STREET NW, STE 850,		
WASHINGTON, DC 20036	ACCOUNTING AND HR	170,095.
WASHINGTON HILTON, 1919 CONNECTICUT AVE		
NW, WASHINGTON, DC 20009	HOTEL/ VENUE	167,493.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 5		
		- 000 ()

Form **990** (2023)

II Statement of Reven

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			207,990.				
S S		Membership dues 1b 2, Fundraising events 1c	20173301				
fts,		d Related organizations 1d					
ية إق							
ons,		ÿ \ , , ,					
utic	'	All other contributions, gifts, grants, and	967 315				
ĕ			867,315.				
ont		Noncash contributions included in lines 1a-1f		4 075 205			
O g		Total. Add lines 1a-1f		4,075,305.			
		CONTERDENCE	Business Code	477 475	477 475		
<u>c</u> e		CONFERENCES	900099	477,475.			
Program Service Revenue	ı	SEMINARS	900099	112,029.	112,029.		
ı S.	•	•					
ran 3ev	•	ı					
og F	•						
Ē		All other program service revenue					
		Total. Add lines 2a-2f		589,504.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		219,569.			219,569.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	(Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
e		and sales expenses					
her Revenue		Gain or (loss) 7c					
Pe		Net gain or (loss)					
ē		Gross income from fundraising events (not					
됩		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	ı	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
ns	11 :	OTHER REVENUE	900099	10,265.	10,265.		
neo							
Miscellaneous Revenue	,						
Sce	Ì	All other revenue					
Σ	`	• Total. Add lines 11a-11d		10,265.			
	12	Total revenue. See instructions		4,894,643.	599,769.	0.	219,569.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nolete column (A)	
00011	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,863.	59,863.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	1,984,777.	1,218,612.	577,981.	188,184.
6	Compensation not included above to disqualified	2,302,777	1,210,0120	37773021	100/101
·	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	1,167,190.	726,136.	328,777.	112,277.
8	Pension plan accruals and contributions (include	-,,	. = 0 , = 0 0	,	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	682,945.	407,331.	212,893.	62,721.
10	Payroll taxes	236,242.	147,006.	66,771.	62,721. 22,465.
11	Fees for services (nonemployees):	-			-
а	Management				
b		43,214.		43,214.	
С	Accounting	143,734.		143,734.	
	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	854,335.	700,451.	146,759.	7,125. 500.
12	Advertising and promotion	500.			
13	Office expenses	101,996.	63,135.	30,054.	8,807.
14	Information technology				
15	Royalties	211 065	100 040	01 400	00 501
16	Occupancy	311,965.	192,042.	91,422.	28,501.
17	Travel	201,497.	148,235.	38,741.	14,521.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	798,514.	777,702.	19,176.	1,636.
19	Conferences, conventions, and meetings	130,314.	111,104.	13,1/0.	1,030.
20	Interest Payments to affiliates				
21 22	Payments to affiliates Depreciation, depletion, and amortization	124,425.	76,335.	35,430.	12,660.
23		26,665.	6,612.	19,817.	236.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	20,000	3,022	23,0270	2000
_	amount, list line 24e expenses on Schedule 0.) LICENSES/ PERMITS/ FEES	103,925.	84,414.	17,342.	2,169.
a h	STAFF DEVELOPMENT	84,095.	53,284.	16,959.	13,852.
b c	SERVICE CHARGES	45,540.	10.	45,471.	59.
d		43,340 ·	10.	=5;=110	<u> </u>
u e	All other expenses	89,856.	71,909.	17,108.	839.
25	Total functional expenses. Add lines 1 through 24e	7,061,278.	4,733,077.	1,851,649.	476,552.
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)				
					000

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Par	τχ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,195,646.	1	2,458,168
	2	Savings and temporary cash investments	5,519,661.	2			
	3	Pledges and grants receivable, net			1,421,128.	3	823,828
	4	Accounts receivable, net			16,597.	4	49,015
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			45,812.	9	34,638
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,225,228.			
	b	Less: accumulated depreciation		823,531.	439,748.		401,697 6,145,035
	11	Investments - publicly traded securities			1,459,785.	11	6,145,035
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			1 001 000	14	004 040
	15	Other assets. See Part IV, line 11			1,281,302.	15	834,840
_	16	Total assets. Add lines 1 through 15 (must equa			13,379,679.	16	10,747,221
	17	Accounts payable and accrued expenses		292,479.	17	254,352	
	18				F.C. 270	18	44 500
	19	Deferred revenue			56,379.	19	44,509
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				00	
La La	00	controlled entity or family member of any of these persons				22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties				23 24	
	2 4 25	Other liabilities (including federal income tax, pay				24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	,	•	1,699,803.	25	1,283,977
	26	Total liabilities. Add lines 17 through 25			2,048,661.		1,582,838
		Organizations that follow FASB ASC 958, chec					
es		and complete lines 27, 28, 32, and 33.					
ဋ	27				8,874,575.	27	7,378,318
<u>ğ</u>	28	Net assets with donor restrictions			2,456,443.	28	1,786,065
<u> </u>		Organizations that do not follow FASB ASC 95					
፰		and complete lines 29 through 33.	,	_			
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,331,018.	32	9,164,383
-	33				13,379,679.	33	10,747,221

Par	t XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	4,89 7,06 -2,16 11,33	1,2 6,6	78. 35.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,16	4 . 38	83.
Par	t XII Financial Statements and Reporting	10	,,,,,	_, _,	
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0		Yes	No
20	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			Х	Α
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		20	Λ	
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? If the organization changed either its oversight process or selection process during the tax year, explain on School		2c		X
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ed audit	3b	990 ((2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open
Ins

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
	ction C. Computation of Publi					T T	
	Public support percentage for 2023 (I					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		~				
k	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				•	VI how the organiz	ration
	meets the facts-and-circumstances te	· ·	•				
k	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a		
						Schedule A	(Form 990) 2023

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3211361.	5438083.	9611904.	5265542.	4075305.	27602195.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	535,148.	24,950.	271,930.	790,250.	589,504.	2211782.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3746509.	5463033.	9883834.	6055792.	4664809.	29813977.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	201 165	1057400	5041176	750 150	270 162	0320055
	amount on line 13 for the year				750,150.		
	Add lines 7a and 7b	301,167.	1957400.	5941176.	/50,150.	378,162.	
	Public support. (Subtract line 7c from line 6.)						20485922.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	3746509.	5463033.	9883834.	6055792.	4664809.	29813977.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,788.	31,518.	17,420.			286,971.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	39,788.	31,518.	17,420.	40,989.	157,256.	286,971.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			40.	1,088.	72,578.	73,706.
	Total support. (Add lines 9, 10c, 11, and 12.)	3786297.	5494551.	9901294.	6097869.		30174654.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	on,
<u>C -</u>	•						
	ction C. Computation of Public				1		67.00
	Public support percentage for 2023 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	67.89 %
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves				1	1	0 E
	Investment income percentage for 20					17	.95 %
	Investment income percentage from 2			na line 14 and line		18	%
198	33 1/3% support tests - 2023. If the						7 is not X
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mor	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec		op here. The orga	nızation qualifies a	s a publicly suppor	•	

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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	Oh-		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
\vdash	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
ule /	10b	n 990)	2022

	cupporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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			
800	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	a.		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
ل	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 "Ves." describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990) 2023 GRANTMAKERS FOR EFFECTIVITY Type III Non-Functionally Integrated 509(a)(3) Supporting			01-0669150 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions.
•	All other Type III non-functionally integrated supporting organizations must		•	, . a
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see 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		
Sect	ion 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			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations _{(continu}	ıed)		
Section D - Distributions	Current Year				
1 Amounts paid to supported organizations to accomplish ex	cempt purposes		1		
2 Amounts paid to perform activity that directly furthers exem	npt purposes of supported				
organizations, in excess of income from activity			2		
3 Administrative expenses paid to accomplish exempt purpos	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
Amounts paid to acquire exempt-use assets 4					
5 Qualified set-aside amounts (prior IRS approval required - p	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5				
6 Other distributions (describe in Part VI). See instructions.			6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to which	the organization is responsive				
(provide details in Part VI). See instructions.	-		8		
9 Distributable amount for 2023 from Section C, line 6			9		
Line 8 amount divided by line 9 amount	·				
	(i)	(ii)		(iii)	

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

Schedule A (Form 990) 2023

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

01-0669150

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	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 one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.			
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
	J	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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			

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 425,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 204,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 166,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$114,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$107,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$93,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 76,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 73,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 58,775.	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
11		\$\$55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$2,500.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	Total contributions \$ 46,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$32,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 27,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4	Total contributions \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Nume, address, and Zii + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 25,000.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 22,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4	Total contributions \$ 22,000.	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
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4	Total contributions \$ 20,000.	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
41		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 20,000.	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
47		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$18,500.	Person X Payroll

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$16,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$ 16,000.	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
53		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$16,000.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$16,000.	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
56		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$16,000 .	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	\$ 16,000.	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
59		\$16,000.	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
60		\$16,000 .	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$16,000 .	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	Total contributions \$ 16,000.	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
65		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$16,000.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$16,000 .	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions \$ 16,000.	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
71		\$ <u>16,000.</u>	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
72		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$14,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ <u>11,500.</u>	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>79</u>		\$	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
80		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ <u>11,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
82	Name, address, and ZIP + 4	Total contributions \$ 11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$ <u>11,500.</u>	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
84		\$11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$9,690.	Person X Payroll
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	Total contributions \$ 9,200.	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
89		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$8,500.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$8,500.	Person X Payroll
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	Total contributions \$ 8,500.	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
95		\$8,500.	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
96		\$8,500.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$8,500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions \$ 8,500.	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
101		\$8,500.	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
102		\$8,500.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ <u>8,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	Nume, address, and Zii + +	\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$8,500.	Person X Payroll

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$8,500.	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
110		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$8,500.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, audiess, and Zir + 4	\$ 8,500.	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
113		\$8,500.	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
114		\$8,500.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	- Nume, address, and En 1 7	\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$6,000.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	Nume, address, and Zii + +	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$6,000.	Person X Payroll

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 130	Name, address, and ZIP + 4	Total contributions \$ 6,000.	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
131		\$6,000.	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
132		\$6,000.	Person X Payroll

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$6,000.	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
134		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$6,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, address, and ZIF + 4	\$ 5,090.	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
137		\$5,090.	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
138		\$5,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 142	Name, address, and ZIP + 4	Total contributions \$ 5,000.	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
143		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$5,000.	Person X Payroll

Name of organization Employer identification number

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26.	00		Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number 01-0669150

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	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 it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

332051 09-28-23

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

124,463

 $\overline{40}1,697$

e Other

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

449,436.

324,973.

	FOR EFFECTIV	TE ORGANIZATIONS 01	1-0669150 Page
Part VII Investments - Other Securities Complete if the organization answered "Yes" of	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 en	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
(7)		<u> </u>	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEPOSITS			31,550
(2) OPERATING RIGHT-OF-USE ASS	SET		803,290
(3)			
(4)			
(5)			
(6)			
(7)			1
(8)			1
(9)			024 040
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			834,840
Complete if the organization answered "Yes" of	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			1 202 077
(2) OPERATING LEASE LIABILITY			1,283,977
(3)			
(4)			
(5)			
(6)			
(7)			i

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

1,283,977.

(8)

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GRANTMAKE	RS FOR EF	FECTIVE ORG	ANIZATIONS	3			01-0669150
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assis	tance?						Yes X No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if addit	ional space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							THIS GRANT SUPPORTED
NORTHERN CALIFORNIA GRANTMAKERS							NCG'S WORK ON THE RACIAL
160 SPEAR STREET, SUITE 360							EQUITY ACTION INSTITUTE
SAN FRANCISCO, CA 94105			54,388.	0.			AND OUR WORK TOGETHER TO
			1				
2 Enter total number of section 501(c)(3) ar	l nd government ord	ı nanizations listed in th	e line 1 table	I	I	1	
3 Enter total number of other organizations	-	•					

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN ETINGS WITH NCG TO MONITOR THE PROGRESS OF THE WORK	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
RT II, LINE 1, COLUMN (H): ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS) PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN						
ME OF ORGANIZATION OR GOVERNMENT: NORTHERN CALIFORNIA GRANTMAKERS PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN	T IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PURPOSE OF GRANT OR ASSISTANCE: THIS GRANT SUPPORTED NCG'S WORK ON E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN	RT II, LINE 1, COLUMN (H):					
E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN	ME OF ORGANIZATION OR GOVERNMENT	: NORTHER	N CALIFORN	NIA GRANTMA	KERS	
E RACIAL EQUITY ACTION INSTITUTE AND OUR WORK TOGETHER TO SCALE THIS DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN) PURPOSE OF GRANT OR ASSISTANCE	: THIS GR	ANT SUPPOR	RTED NCG'S	WORK ON	
DEL OF CROSS-SECTOR LEARNING NATIONALLY. WE HOLD REGULAR CHECK-IN	E RACIAL EQUITY ACTION INSTITUTE	AND OUR	WORK TOGET	THER TO SCA	LE THIS	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number 01-0669150

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)?	a		

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

Schedule J (Form 990) 2023

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) Breakdown of W	I-2 and/or 1099-MISC 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	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MARCUS F. WALTON	(i)	351,614.	0.	0.	0.	35,407.	387,021.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MEGHAN DUFFY	(i)	228,170.	0.	0.	0.	35,057.	263,227.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KRISTINA WERTZ	(i)	180,332.	0.	0.	0.	39,725.	220,057.	0.	
VICE PRESIDENT, EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) AKILAH MASSEY	(i)	179,570.	0.	0.	0.	39,732.	219,302.	0.	
VICE PRESIDENT, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) KELLY WISE	(i)	144,116.	0.	0.	0.	37,447.	181,563.	0.	
DIRECTOR, PEOPLE & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) J. WING LI	(i)	136,654.	0.	0.	0.	36,635.	173,289.	0.	
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) NICHOLE HOEFLICH	(i)	133,057.	0.	0.	0.	21,218.		0.	
DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE O (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number 01-0669150

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTING MEMBERS TO THE RESOURCES AND RELATIONSHIPS NEEDED TO SUPPORT THRIVING NONPROFITS AND COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNICATIONS & PUBLICATIONS: GEO RAISES AWARENESS THAT WILL CATALYZE CHANGE IN THE FIELD OF PHILANTHROPY. WE ENGAGE IN ONGOING FIELD-WIDE COMMUNICATION EFFORTS TO ACCOMPLISH THIS. IN 2023, GEO DREW ATTENTION TO GRANTMAKING PRACTICES AND CULTURE THAT SUPPORT THRIVING NONPROFITS ANDCOMMUNITIES THROUGH MEDIA OUTREACH, PRESENTING AT CONFERENCES, PRODUCING PUBLICATIONS, AND USING ONLINE TOOLS SUCH AS THE GEO WEBSITE, SOCIAL MEDIA OUTLETS, MEMBER LIST-SERVES, AND E-NEWSLETTERS. EXPENSES \$ 493,306. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,097,149. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS TO BETTER REFLECT ITS NONPROFIT GOVERNANCE STRUCTURE AND DESIRED PROCEDURAL PRACTICES, TO BRING CERTAIN PROVISIONS INTO ALIGNMENT WITH THE ARTICLES OF INCORPORATION, AND TO MAKE TECHNICAL AND CLARIFYING REVISIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE AND AUDIT COMMITTEE REVIEWS THE 990. THE FORM 990 IS CIRCULATED TO THE FULL BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS Employer identification number 01-0669150

ATIONS 01-0669150

EACH DIRECTOR, OFFICER, EXECUTIVE AND KEY EMPLOYEE IS REQUIRED TO REVIEW A
COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT
HE OR SHE HAS DONE SO. EACH PERSON ANNUALLY COMPLETES A DISCLOSURE FORM
IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR
SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT; EACH PERSON IS ALSO OBLIGATED
TO IMMEDIATELY DISCLOSE ANY NEW CONFLICT THAT ARISES DURING THE YEAR AS NEW
POSSIBLE CONFLICTS ARISE, THEY ARE DISCLOSED FOLLOWING FULL DISCLOSURE OF A
POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE
WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL VOTE TO
AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED
NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST
INTEREST. THIS POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF
DIRECTORS. ANY CHANGES TO THE POLICY ARE COMMUNICATED INMEDIATELY TO ALL
PERSONS SUBJECT TO THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS AMENDED ITS ARTICLES OF

INCORPORATION TO REFLECT DEVELOPMENTS IN ITS GOVERNANCE PRACTICES.

SIGNIFICANT CHANGES INCLUDED CLARIFYING ALL CATEGORIES OF MEMBERSHIP IN THE

ORGANIZATION ARE NONVOTING; BROADENING THE DISSOLUTION CLAUSE TO PERMIT

ASSETS TO BE DISTRIBUTED ON DISSOLUTION FOR ONE OR MORE INTERNAL REVENUE

CODE SECTION 501(C)(3) EXEMPT PURPOSES, TO THE FEDERAL GOVERNMENT OR TO

STATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSE, AS DETERMINED BY THE BOARD

OF DIRECTORS, IN ACCORDANCE WITH TREASURY REGULATION 1.501(C)(3)-1(B)(4);

AND TO ADDRESS INDEMNIFICATION RIGHTS, LIABILITY INSURANCE, AND LIMITING

THE PERSONAL LIABILITY OF OFFICERS AND DIRECTORS AS PERMITTED BY THE

DISTRICT OF COLUMBIA NONPROFIT CORPORATION ACT.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 THE ORGANIZATION AMENDED ITS BYLAWS TO BETTER REFLECT ITS NONPROFIT GOVERNANCE STRUCTURE AND DESIRED PROCEDURAL PRACTICES, TO BRING CERTAIN PROVISIONS INTO ALIGNMENT WITH THE ARTICLES OF INCORPORATION, AND TO MAKE TECHNICAL AND CLARIFYING REVISIONS. A MARKET STUDY IS DONE EVERY FEW YEARS WITH COMPARABILITY DATA TO ENSURE MARKET COMPETITIVENESS FOR ALL POSITIONS. IN ADDITION, ALL EMPLOYEES ARE ELIGIBLE FOR RAISES IN LINE WITH THEIR GROWTH AND PERFORMANCE FOR THAT YEAR AT YEAR END. FORM 990, PART VI, SECTION C, LINE 19: GEO MAKES ITS BYLAWS AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ITS OWN WEBSITE AND UPON REQUEST. GEO ALSO MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ANOTHER WEBSITE, WWW.GUIDESTAR.ORG. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 700,451. MANAGEMENT AND GENERAL EXPENSES 146,759. FUNDRAISING EXPENSES 7,125. TOTAL EXPENSES 854,335. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 854,335.

** 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.

Open to Public

Department of the Treasury Internal Revenue Service

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

		nue Service do to www.iis.gov/Formago for mistractions and to	ne lateet in		inspection
A F	or the	e 2023 calendar year, or tax year beginning and	ending	-	
B c	heck if pplicabl	C Name of organization		D Employer ident	fication number
	Addre chang	S GRANTMAKERS FOR EFFECTIVE ORGANIZATION	S		
	Name chang	Doing business as		01-0669	150
F	Initial return	-	Room/suite	E Telephone numb	
F	Final return	1310 T CODEED NW	650	(202) 8	
	termin ated			G Gross receipts \$	4,894,643.
Г	Amen			H(a) Is this a group	
	Applic	•		for subordinate	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	·····= =
T T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	a list. See instructions
	Vebsi		<u> </u>	H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; DC
Pa	rt I	Summary	1 = 100.		otato or rogar dominoro,
	1	Briefly describe the organization's mission or most significant activities: GEO	IS A C	OMMUNITY OF	FUNDERS
Se	•	COMMITTED TO TRANSFORMING PHILANTHROPIC C	ULTURE	AND PRACT	ICE BY
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.
Ver	l			3	1 40
ဗွ	l	Number of independent voting members of the governing body (Part VI, line 1b)			
ფ	ı	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			
ij	l	Total number of volunteers (estimate if necessary)			
ŧ	l			7	
Ă	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,265,542	4,075,305.
Revenue	l	Program service revenue (Part VIII, line 2g)		790,250	
ě	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,989	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,088	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,097,869	4,894,643.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,600	
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0	
	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,652,996	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
ben	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 476,55	52.	·	
$\overline{\mathbf{x}}$		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,768,801	. 2,930,261.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,476,397	
		Revenue less expenses. Subtract line 18 from line 12		-378,528	
TC Se		Total action of the state of th	Be	ginning of Current Yea	
ets (20	Total assets (Part X, line 16)		13,379,679	
Ass	21	Total liabilities (Part X, line 26)		2,048,661	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		11,331,018	9,164,383.
Pa	rt II	Signature Block		, ,	, -, -,
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of r	my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sign		Signature of officer		Date	
Her		MARCUS WALTON, PRESIDENT & CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MONIQUE BOOKER		if self-emp	P00644231
Prep		Firm's name SB & COMPANY, LLC			20-2153727
	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	50	THIN O LIN	
	,	OWINGS MILLS, MD 21117		Phone no. (410) 584-0060
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 1101 (X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GEO IS A COMMUNITY OF FUNDERS COMMITTED TO TRANSFORMING PHILANTHROPIC
	CULTURE AND PRACTICE BY CONNECTING MEMBERS TO THE RESOURCES AND
	RELATIONSHIPS NEEDED TO SUPPORT THRIVING NONPROFITS AND COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,916,677. including grants of \$) (Revenue \$2,207,990.)
	MEMBER PROGRAMS: GEO IS A DIVERSE COMMUNITY OF NEARLY 500 GRANTMAKING
	ORGANIZATIONS WORKING TO TRANSFORM PHILANTHROPIC CULTURE AND
	PRACTICE. IN 2023, GRANTMAKERS ADDRESSED SHARED CHALLENGES IN
	GRANTMAKING THROUGH GEO'S PEER LEARNING PROGRAMS INCLUDING WEBINARS,
	MEMBER CALLS AND REMOTE LEARNING SERIES. OTHER MEMBER PROGRAMS, SUCH AS
	OUR FELLOWSHIP COHORTS AND CEO/SENIOR LEADER PROGRAMMING FOUND NEW WAYS
	FOR MEMBERS AND NON-MEMBER GRANTMAKERS TO COME TOGETHER TO ADDRESS THE
	BARRIERS TO ADOPTING GRANTMAKING PRACTICES THAT SUPPORT THRIVING
	COMMUNITIES. THESE OPPORTUNITIES ALLOW MEMBERS TO TALK ABOUT THE
	CHALLENGES THEY ARE FACING, ADVANCE EQUITY, WORK THROUGH COMPLEX
	CHANGES WITHIN THEIR ORGANIZATIONS, AND ADVOCATE FOR IMPROVED PRACTICES
	ACROSS THE FIELD.
4b	(Code:) (Expenses \$1,358,154. including grants of \$) (Revenue \$477,475.)
	CONFERENCES: GEO CONFERENCES EDUCATE AND INSPIRE ACTION. IN 2023, WE
	HELD A LEARNING CONFERENCE THAT CONVENED ALMOST 550 GRANTMAKERS
	BOTH IN PERSON IN WASHINGTON DC AND VIRTUALLY TO CONNECT WITH EACH
	OTHER AND HEAR FROM DYNAMIC SPEAKERS ON TOPICS RELATED TO COURAGEOUS
	(UN)LEARNING. PARTICIPANTS EXCHANGED IDEAS AND DEEPENED THEIR SKILLSET
	RELATED TO EQUITY-CENTERED LEARNING AND EVALUATION AND THE ADOPTION AND
	IMPLEMENTATION OF PHILANTHROPIC PRACTICES THAT LEAD TO THRIVING COMMUNITIES.
	COMMUNITIES.
40	(Code:) (Expenses \$ 964,940. including grants of \$) (Revenue \$112,029.)
70	RESEARCH & LEARNING: WE CONDUCT RESEARCH ON FIELD TRENDS TO MARK
	CHANGES IN GRANTMAKER PRACTICE OVER TIME, AS WELL AS ONGOING
	SKILL-BUILDING FOR OUR STAFF, BOARD AND OTHER KEY STAKEHOLDERS TO
	INFORM OUR STRATEGY OF BUILDING COMMUNITY.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 493,306 • including grants of \$ 2,097,149 •)
4e	Total program service expenses 4,733,077.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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		<u> </u>
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Page 4 Form 990 (2023) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 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 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 36 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2023)

(gambling) winnings to prize winners?

Form 990 (2023) GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	28				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		•	2b	Х		
За	5.11			3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).				
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired				
	to file Form 8282?	 T		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f 7g			
g							
h							
8	,						
_	sponsoring organization have excess business holdings at any time during the year?						
	9 Sponsoring organizations maintaining donor advised funds.						
_	a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a depart depa						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1.5					
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form **990** (2023)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decision b requests information about policies not required by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ble
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (202) 898-1823			
	1310 L STREET, NW, 650, WASHINGTON, DC 20005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		yoldı	st con	_	1099-NEO)		organizations
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARCUS F. WALTON	40.00	=	=	0		Τ τυ	ш			
PRESIDENT & CEO				х				351,614.	0.	35,407.
(2) MEGHAN DUFFY	40.00									
EXECUTIVE VICE PRESIDENT					Х			228,170.	0.	35,057.
(3) KRISTINA WERTZ	40.00									
VICE PRESIDENT, EXTERNAL AFFAIRS					Х			180,332.	0.	39,725.
(4) AKILAH MASSEY	40.00									
VICE PRESIDENT, PROGRAMS					Х			179,570.	0.	39,732.
(5) KELLY WISE	40.00									
DIRECTOR, PEOPLE & CULTURE						Х		144,116.	0.	37,447.
(6) J. WING LI	40.00							406.654		26 62-
DIRECTOR OF OPERATIONS	40.00					Х		136,654.	0.	36,635.
(7) NICHOLE HOEFLICH	40.00					l		400 055		01 010
DIRECTOR OF PROGRAMS	40.00					Х		133,057.	0.	21,218.
(8) MICHELLE HARRINGTON	40.00							105 631	•	00 056
DIRECTOR OF COMMUNICATIONS & MARKETI	40.00					Х		125,631.	0.	20,056.
(9) JASER ALSHARHAN	40.00					x		114 700	0.	10 221
OIRECTOR OF PROGRAMS (10) MILA YOCHUM	40.00					Λ		114,708.	0.	19,221.
, - · , · · · · · · · ·	40.00			х				00 022	0.	6 E01
VICE PRESIDENT, OPERATIONS (11) HANH CAO YU	1.00			^				99,833.	0.	6,591.
IMMEDIATE PAST CHAIR	1.00	Х						0.	0.	0.
(12) DENISE ST. OMER	1.00	Λ						0.	0.	0.
CHAIR	1.00	Х		х				0.	0.	0.
(13) PHILLIP LI	1.00							0.	0.	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(14) ANITA PATEL	1.00							•	•	
VICE CHAIR		Х		x				0.	0.	0.
(15) NEEL HAJRA	1.00									
TREASURER		Х		х				0.	0.	0.
(16) BRENDA SOLORZANO	1.00									
GOVERNANCE COMMITTEE CHAIR		Х		Х	L			0.	0.	0.
(17) DEBORAH AUBERT THOMAS	1.00									
BOARD MEMBER		Х						0.	0.	<u> </u>

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Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) DENNIS QUIRIN 1.00 BOARD MEMBER Х 0. 0. 0. (19) RYAN EASTERLY 1.00 X 0. 0 . 0. BOARD MEMBER 1.00 (20) REGAN GRUBER MOFFITT X BOARD MEMBER 0 0. 0. (21) CHERA REID 1.00 BOARD MEMBER X 0. 0. 1.00 (22) JOHN JACKSON BOARD MEMBER Х 0. 0. 0. 1.00 (23) JOANNA JACKSON BOARD MEMBER X 0. 0. 0. 1,693,685. 291,089. 1b Subtotal c Total from continuation sheets to Part VII, Section A 0. 0. 1,693,685. 0. 291.089 d Total (add lines 1b and 1c)

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

Yes No

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

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

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

5 X

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
THE MORRIS AND GWENDOLYN CAFRITZ FDN.,		
1111 14TH ST NW, STE 200, WASHINGTON, DC	RENT	455,537.
JW MARRIOTT LOS ANGELES L.A.		
900 W OLYMPIC BLVD, LOS ANGELES, CA 90015	HOTEL/ VENUE	268,545.
FRONTLINE SOLUTIONS INTERNATIONAL LLC,		
1032 15TH STREET NW, UNIT 303, WASHINGTON,	CONSULTING	178,704.
MARCUM LLP, 1899 L STREET NW, STE 850,		
WASHINGTON, DC 20036	ACCOUNTING AND HR	170,095.
WASHINGTON HILTON, 1919 CONNECTICUT AVE		
NW, WASHINGTON, DC 20009	HOTEL/ VENUE	167,493.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization 5		
		- 000

Form **990** (2023)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII							
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under	
					iunction revenue	business revenue	sections 512 - 514	
SΩ	1 2	Federated campaigns 1a						
ant			207,990.					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c						
ig je		d Related organizations 1d Government grants (contributions) 1e						
Sir								
utio	ı	All other contributions, gifts, grants, and						
^듩			867,315.					
out		Noncash contributions included in lines 1a-1f		4 075 205				
<u>0</u> <u>8</u>	ŀ	Total. Add lines 1a-1f		4,075,305.				
		CONTERDENCE	Business Code	477 475	477 475			
Se	2 8	CONFERENCES	900099	477,475.	477,475.			
ē Zi	k	SEMINARS	900099	112,029.	112,029.			
Program Service Revenue	(с						
ar eve	(d						
Б	•							
₫	f	All other program service revenue						
	ç	Total. Add lines 2a-2f		589,504.				
	3	Investment income (including dividends, intere	st, and					
		other similar amounts)	219,569.			219,569.		
	4							
	5	Royalties						
		(i) Real	(ii) Personal					
	6 a	a Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from sales of (i) Securities	(ii) Other					
	, ,	assets other than inventory 7a	(, 55.					
	ı	Less: cost or other basis						
ø)								
Ž		and sales expenses						
ther Revenue		. ,						
Æ		Net gain or (loss)	<u> </u>					
‡	8 8	Gross income from fundraising events (not						
0		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses 8b						
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See						
		Part IV, line 19						
	k	Less: direct expenses9b						
	(Net income or (loss) from gaming activities						
	10 a	a Gross sales of inventory, less returns						
		and allowances10a						
	k	Less: cost of goods sold10b						
		Net income or (loss) from sales of inventory						
			Business Code					
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	10,265.	10,265.			
ine Due	k							
ella	(
<u> </u>	(All other revenue						
Σ	•	• Total. Add lines 11a-11d		10,265.				
	12	Total revenue. See instructions		4,894,643.	599,769.	0.	219,569.	

Part IX | Statement of Functional Expenses

0t' = 504(-\frac{1}{2}) = 1.504(-\frac{1}{2}) = -1.51(-\frac{1}{2}) = -1.51(-\frac{1}									
Secti	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								
_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	59,863.	59,863.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,				-				
	trustees, and key employees	1,984,777.	1,218,612.	577,981.	188,184.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	1,167,190.	726,136.	328,777.	112,277.				
8	Pension plan accruals and contributions (include		,	,	•				
-	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	682,945.	407,331.	212,893.	62,721.				
10	Payroll taxes	236,242.	147,006.	66,771.	22,465.				
11	Fees for services (nonemployees):			00,1120					
	Management								
	Legal	43,214.		43,214.					
	Accounting	143,734.		143,734.					
	Lobbying	113//310		113 / / 314					
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
'	Other. (If line 11g amount exceeds 10% of line 25,								
y	column (A), amount, list line 11g expenses on Sch 0.)	854,335.	700,451.	146,759.	7 125.				
12	Advertising and promotion	500.	700,431.	140,733.	7, <u>125.</u> 500.				
		101,996.	63,135.	30,054.	8,807.				
13	Office expenses	101,550.	05,155.	30,034.	0,007.				
14	Information technology								
15	Royalties	311,965.	192,042.	91,422.	28,501.				
16	Occupancy	201,497.	148,235.	38,741.	14,521.				
17	Travel	201, 1 77•	140,233.	30,741.	14,521•				
18	Payments of travel or entertainment expenses								
40	for any federal, state, or local public officials	798,514.	777,702.	19,176.	1,636.				
19	Conferences, conventions, and meetings	100,014.	111,102•	10,110.	Ι,030•				
20	Interest Payments to offiliates								
21	Payments to affiliates	124,425.	76,335.	35,430.	12,660.				
22	Depreciation, depletion, and amortization	26,665.	6,612.	19,817.	236.				
23	Other expanses, Itamiza expanses not severed	20,003.	0,012.	19,011.	430.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A),								
_	amount, list line 24e expenses on Schedule 0.) LICENSES/ PERMITS/ FEES	103,925.	84,414.	17,342.	2,169.				
a	STAFF DEVELOPMENT	84,095.	53,284.	16,959.	13,852.				
b	SERVICE CHARGES	45,540.	10.	45,471.	59.				
C	DERVICE CHARGES	43,340.	10.	40,411.	59.				
d	All allege average	89,856.	71,909.	17,108.	839.				
	All other expenses Add lines 1 through 24s	7,061,278.	4,733,077.	1,851,649.	476,552.				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,001,210.	4,133,011.	1,001,047.	4/0,334.				
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)				000				

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Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,195,646.	1	2,458,168.		
	2	Savings and temporary cash investments			5,519,661.	2	
	3	Pledges and grants receivable, net			1,421,128.	3	823,828.
	4	Accounts receivable, net			16,597.	4	49,015.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ese persor	ns		5	
	6	Loans and other receivables from other disqua	lified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	on 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Donat and a company of the forms of the company			45,812.	9	34,638.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	1,225,228.			
	b	Less: accumulated depreciation	10b	823,531.	439,748.	10c	401,697. 6,145,035.
	11	Investments - publicly traded securities			1,459,785.	11	6,145,035.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	1,281,302.	15	834,840.		
	16	Total assets. Add lines 1 through 15 (must eq			13,379,679.	16	10,747,221.
	17	Accounts payable and accrued expenses	292,479.	17	254,352.		
	18	Grants payable			F.C. 200	18	44 500
	19	Deferred revenue			56,379.	19	44,509.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ia b		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			1,699,803.		1,283,977.
	06	of Schedule D			2,048,661.	25 26	1,582,838.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook boro	X	2,040,001.	20	1,302,030.
S		and complete lines 27, 28, 32, and 33.	ieck liefe				
ü	27	• • • • • •			8,874,575.	27	7,378,318.
ala	28			Г	2,456,443.	28	1,786,065.
D D	20	Organizations that do not follow FASB ASC		k here	2,130,1131	20	1,700,005
臣		and complete lines 29 through 33.	330, Criec	, rileie			
<u></u>	29	Capital stock or trust principal, or current fund	e			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated i		Г		31	
Net Assets or Fund Balances	32				11,331,018.	32	9,164,383.
Z	33				13,379,679.	33	10,747,221.
	, 55	. Star nabilities and flot accord/fully balarices			,,	_ 55	Form 990 (2023)

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Pa	rt XI Reconciliation of Net Assets					J
	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	4,8	394	, 6	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2				78.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,3	L66	, 6	35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,:	331	.,0	18.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9,3	L64	.,3	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		🗀	2b	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		<u>L</u> :	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 :	3b		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

pen to Publi

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						I
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019	(b) 2020	(0) 2021	(u) 2022	(e) 2023	(I) TOTAL
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	•
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop						
Sed	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), o	divided by line 11,	column (f))		14	9/
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	9/
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies		~				
b	33 1/3 % support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Ti	he organization qu	alifies as a publicly	y supported organi	zation	
	Private foundation. If the organization						

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.)

Se	ction A. Public Support	elow, please comp	iete i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(4) 23 13	(2) 2020	(6) 232 1	(u) Local	(6) 2323	(i) rotar
	include any "unusual grants.")	3211361.	5438083.	9611904.	5265542.	4075305.	27602195.
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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	535,148.	24,950.	271,930.	790,250.	589,504.	2211782.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3746509.	5463033.	9883834.	6055792.	4664809.	29813977.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	301 167	1957400.	50/1176	750,150.	378 162	9328055
	amount on line 13 for the year Add lines 7a and 7b	301,167.	1957400.	5941176.	750,150.	378,162.	9328055.
	Public support. (Subtract line 7c from line 6.)	301,107.	1737400.	3741170.	750,150.		20485922.
	ction B. Total Support						201033221
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	3746509.	5463033.	9883834.	6055792.	4664809.	29813977.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,788.	31,518.	17,420.		157,256.	
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	39,788.	31,518.	17,420.	40,989.	157,256.	286,971.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			40.	1,088.	72,578.	73,706.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3786297.	5494551.	9901294.	6097869.	4894643.	30174654.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
_							
Se	ction C. Computation of Publi	c Support Per	centage			T	
	Public support percentage for 2023 (li	, , , , , , , , , , , , , , , , , , , ,	•	olumn (f))		15	67 . 89 %
	Public support percentage from 2022		•			16	%
	ction D. Computation of Inves						0.5
	Investment income percentage for 20					17	.95 %
	Investment income percentage from 2			un line 4.4 and line		18	<u>%</u>
198	a 33 1/3% support tests - 2023. If the						T
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che		-	•		-	
20	Private foundation. If the organization	n did not check a l	nox on line 14 19a	or 19h check th	is hox and see inst	ructions	1 1

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
_		
9c		
10a		
10b		
ule A (Forr	n 990)	2023

Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-06	<u>6915</u>	0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in 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		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	•			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	<i>,</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
b	, , , , , , , , , , , , , , , , , , , ,			
	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		Щ

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 Schedule A (Form 990) 2023

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Page 6 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6)

1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

Schedule A (Form 990) 2023

Current Year

Section C - Distributable Amount

instructions)

Schedule A (Form 990) 2023 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 Page 7

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - p	5		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t			
	(provide details in Part VI). See instructions.			
9				
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)

Section E - Distribution Allocations (see instr	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023	
1 Distributable amount for 2023 from Section	on C, line 6			
2 Underdistributions, if any, for years prior t	o 2023 (reason-			
able cause required - explain in Part VI). S	See instructions.			
3 Excess distributions carryover, if any, to 2	.023			
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior year	rs			
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see inst	ructions)			
j Remainder. Subtract lines 3g, 3h, and 3i f	rom line 3f.			
4 Distributions for 2023 from Section D,				
line 7: \$				
a Applied to underdistributions of prior year	rs			
b Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from	line 4.			
5 Remaining underdistributions for years pr	ior to 2023, if			
any. Subtract lines 3g and 4a from line 2.	For result greater			
than zero, explain in Part VI. See instructi	ions.			
6 Remaining underdistributions for 2023. So	ubtract lines 3h			
and 4b from line 1. For result greater than	zero, <i>explain in</i>			
Part VI. See instructions.				
7 Excess distributions carryover to 2024.	Add lines 3j			
and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number

01-0669150

Organization type (check one):					
Filers of:	Se	ection:			
Form 990 or 9	990-EZ X	501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990-PF		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
Note: Only a General Rule X For a	section 501(c)(7), (vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. (a) or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. (b) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
Special Rule	s				
sect cont	ions 509(a)(1) and tributor, during the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; e 1. Complete Parts I and II.			
cont litera	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.				
year is ch purp	r, contributions exc necked, enter here pose. Don't comple	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the clusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box the total contributions that were received during the year for an exclusively religious, charitable, etc., etc any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
answer "No"	on Part IV, line 2, c	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 quirements of Schedule B (Form 990).			

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

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>425,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>243,000.</u>	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
3		\$ 204,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$166,000.	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 107,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(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		\$ 73,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	rume, address, and Zii + +	\$58,775.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$2,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	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
14		\$50,000.	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
15		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, address, and Zir + +	\$46,000.	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
17		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$ 27,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIF + 4	\$ 25,000.	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
23		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Name, address, and ZIF + 4	\$ 25,000.	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
29		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ 22,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and ZIF + 4	\$ 22,000.	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
35		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 20,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$\$	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
39		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	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
41		\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$	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
44		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions \$ 20,000.	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
47		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$18,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$	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
50		\$	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
51		\$ <u>16,500.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions \$ 16,000.	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
53		\$16,000.	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
54		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$16,000.	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
57_		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$16,000 .	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
<u>59</u>		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>16,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$16,000.	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
63		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$16,000.	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
65		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$16,000.	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
71_		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$ <u>16,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$13,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$ <u>12,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	Name, address, and Zir + +	\$12,000.	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
<u>77</u>		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ <u>11,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	Name, address, and ZIF + 4	\$11,500.	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
83		\$11,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ <u>11,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$	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
86		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$9,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	Name, audiess, and Zir + 4	\$ 9,200.	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
89		\$ 8,500.	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
90		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$8,500.	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
92		\$8,500 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	Name, audiess, and Zir + 4	\$ 8,500.	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
95		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$8,500.	Person X Payroll

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$8,500.	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
98		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$8,500 .	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
100		\$8,500.	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
101		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ <u>8,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	Nume, address, and Zii + +	\$8,500.	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
107		\$8,500.	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
108		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	Name, address, and Zir + +	\$8,500.	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
113		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$8,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	Name, address, and Zir + +	\$8,500.	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
119		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$6,000.	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
123		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	Nume, address, and Zii + +	\$6,000.	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
125		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$6,000.	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
129		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	Nume, address, and Zii + +	\$6,000.	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
131		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$6,000.	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
135		\$6,000.	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
136		\$5,090.	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
137		\$5,090.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$5,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$5,000.	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
141		\$5,000.	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
142		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

	rt II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) (h) Description of noncash property given (h) (h) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)

Name of organization Employer identification number

	MAKERS FOR EFFECTIVE ORG			01-0669150
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line enti	v. For organizations	· · · · · · · · · · · · · · · · · · ·
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. onc	se.) \$
(a) No.	Ose duplicate copies of Part III II additionals	space is fleeded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
			<u> </u>	
		(e) Transfer of gift	t .	
	Transferee's name, address, a	nd 7 ID ± <i>1</i>	Relationship of trans	eferor to transferee
	mansieree s name, address, a	IIU ZIF + 4	nelationship of trans	sieror to transieree
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
			<u> </u>	
		(e) Transfer of gift	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
	Transferse o name, dad oss, a		riolationomp or train	
				
(a) No. from	(b) Down on the state	(2) 112 2 2 6 2 7 6	(4) D	testine of house with in health
Part I	(b) Purpose of gift	(c) Use of gift	(a) Descri	ption of how gift is held
L				
		(e) Transfer of gift	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
			·	
				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Deseri	iption of how gift is held
Part I	(b) Ful pose of grit	(c) Use of gift	(u) Descri	ption of now girt is neid
			<u> </u>	
-		/ \=	. 1	
		(e) Transfer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of trans	sferor to transferee
	-			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number 01-0669150

	GRANTMAKERS FOR EF			01-0669150
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Simil	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised fur	nds (I	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in	donor advised fund	<u> </u>
_	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			
	impermissible private benefit?	•		
Par	t II Conservation Easements. Complete if the org	nanization answered "Yes" on	Form 990 Part IV	line 7
1	Purpose(s) of conservation easements held by the organization		1101111000,1 41111,	
•	Preservation of land for public use (for example, recrea		secryation of a histo	rically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space	FR	eservation of a certif	led Historic Structure
2	Complete lines 2a through 2d if the organization held a qualit	find conservation contribution	in the form of a con	econyation accoment on the last
2	day of the tax year.	ned conservation contribution	in the form of a cor	Held at the End of the Tax Year
_	•			
a	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure of the	•		2c
d	Number of conservation easements included on line 2c acqu	• • •		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or termi	nated by the organiz	zation 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		nandling of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and en	forcing conservation	n easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforci	ng conservation eas	ements during the year
	Does each conservation easement reported on line 2d above		+: 170/b\/4\/D\/:\	
8	•	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's final	nciai statements tha	it describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	· Δrt Historical Treasu	res or Other Si	milar Assets
· ui	Complete if the organization answered "Yes" on Form	•		illiai Addeta.
	-		atatament and halo	non about warks
ıa	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for put	· · ·		ce or public
	service, provide in Part XIII the text of the footnote to its finar			ala anti-vicinity of
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtherance	or public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				
2	If the organization received or held works of art, historical tre			rovide
	the following amounts required to be reported under FASB A			•
	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) 2023

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

	dule D (Form 990) 2023 GRANTMAR † III Organizations Maintaining Co	KERS FOR E							69150	
3	Using the organization's acquisition, accession								(00//////	
	collection items (check all that apply).	,			3	3				
а	Public exhibition	c	I Loa	n or ex	change progra	ım				
b	Scholarly research	6								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they t	urther t	he organizatio	n's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or								,	
_	to be sold to raise funds rather than to be ma		,		,				Yes	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		3				,	,	,	
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for con	tributio	ns or other ass	sets not in	cluded			
	on Form 990, Part X?	•	•						Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	g		g						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.								_	
Par										
	·	(a) Current year	(b) Prior		(c) Two year) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance	-								
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a. ca	olumn (a	a)) held as:					
а	Board designated or quasi-endowment		%		,,					
b	Permanent endowment	%	_							
С	Term endowment	 %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation that are	e held a	nd administer	ed for the				
	organization by:	· ·							Y	es No
	(i) Unrelated organizations?								3a(i)	
	and the second s								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	l "Yes" on Form 990), Part IV, lin	e 11a. S	See Form 990,	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulate	ed	(d) Book v	/alue
		basis (investr			(other)	. ,	eciation			
1a	Land									
	Buildings									
С	Leasehold improvements			58	37,799.	38	32,34	45.	205	454.
d	Equipment				37,993.		16,2			780.
е	Other				19,436.	32	24,9	73.	124	463.

Schedule D (Form 990) 2023

401,697.

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

Schedule D (Form 990) 2023 GRANTMAKERS	FOR	EFFECTIVE	ORGANIZATIONS	01-0669150 Page 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form	990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)	Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form	990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b)	Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets		•		
Complete if the organization answered "Yes"	on Form	990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Descript	ion		(b) Book value
(1) DEPOSITS				31,550.
(2) OPERATING RIGHT-OF-USE ASS	SET			803,290.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col	(R))			834,840.
Part X Other Liabilities	· (D/) ···			
Complete if the organization answered "Yes"	on Form	990, Part IV, line 1	1e or 11f. See Form 990, Part X, li	ine 25.
1. (a) Description of liability		, , , , , , , , , , , , , , , , , , , ,		(b) Book value
(1) Federal income taxes				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2) OPERATING LEASE LIABILITY				1,283,977.
(3)				
(4)				
(4)				

(6) (7) (8) (9) 1,283,977. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

332054 09-28-23 Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GRANTMAKE	RS FOR EF	FECTIVE ORG	ANIZATIONS	3			01-0669150
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	tance?						Yes 🔀 No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than \$	·	be duplicated if addit		ed.	(6) 14 - 41 - 5	T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							THIS GRANT SUPPORTED
NORTHERN CALIFORNIA GRANTMAKERS							NCG'S WORK ON THE RACIAL
160 SPEAR STREET, SUITE 360							EQUITY ACTION INSTITUTE
SAN FRANCISCO, CA 94105			54,388.	0.			AND OUR WORK TOGETHER TO
			<u> </u>				<u> </u>
2 Enter total number of section 501(c)(3) ar	-		ne line 1 table				······
3 Enter total number of other organizations	s listed in the line 1	i table					

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

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: NORTHER	N CALIFORN	IIA GRANTMA	KERS	
(H) PURPOSE OF GRANT OR ASSISTANCE	: THIS GR	ANT SUPPOR	RTED NCG'S	WORK ON	
THE RACIAL EQUITY ACTION INSTITUTE	AND OUR	WORK TOGET	THER TO SCA	LE THIS	
MODEL OF CROSS-SECTOR LEARNING NAT:	IONALLY.	WE HOLD RE	EGULAR CHEC	K-IN	
MEETINGS WITH NCG TO MONITOR THE PI	ROGRESS C	F THE WORK	ζ		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

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

QUZJOpen to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number 01-0669150

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			l
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only position 504(a)(2), 504(a)(4), and 504(a)(90) aggregations must consulate lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			l
_		5a		х
		5b		X
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
·	contingent on the net earnings of:			l
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of V	V-2 and/or 1099-MISO 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)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARCUS F. WALTON	(i)	351,614.	0.	0.	0.	35,407.	387,021.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEGHAN DUFFY	(i)	228,170.	0.	0.	0.	35,057.		0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTINA WERTZ	(i)	180,332.	0.	0.	0.	39,725.	220,057.	0.
VICE PRESIDENT, EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AKILAH MASSEY	(i)	179,570.	0.	0.	0.	39,732.	219,302.	0.
VICE PRESIDENT, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY WISE	(i)	144,116.	0.	0.	0.	37,447.		0.
DIRECTOR, PEOPLE & CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) J. WING LI	(i)	136,654.	0.	0.	0.	36,635.	173,289.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NICHOLE HOEFLICH	(i)	133,057.	0.	0.	0.	21,218.		0.
DIRECTOR OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
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rovide the information, explanation, or descriptions	s 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.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

Employer identification number 01-0669150

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONNECTING MEMBERS TO THE RESOURCES AND RELATIONSHIPS NEEDED TO SUPPORT THRIVING NONPROFITS AND COMMUNITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNICATIONS & PUBLICATIONS: GEO RAISES AWARENESS THAT WILL CATALYZE CHANGE IN THE FIELD OF PHILANTHROPY. WE ENGAGE IN ONGOING FIELD-WIDE COMMUNICATION EFFORTS TO ACCOMPLISH THIS. IN 2023, GEO DREW ATTENTION TO GRANTMAKING PRACTICES AND CULTURE THAT SUPPORT THRIVING NONPROFITS ANDCOMMUNITIES THROUGH MEDIA OUTREACH, PRESENTING AT CONFERENCES, PRODUCING PUBLICATIONS, AND USING ONLINE TOOLS SUCH AS THE GEO WEBSITE, SOCIAL MEDIA OUTLETS, MEMBER LIST-SERVES, AND E-NEWSLETTERS. EXPENSES \$ 493,306. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,097,149. FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS BYLAWS TO BETTER REFLECT ITS NONPROFIT GOVERNANCE STRUCTURE AND DESIRED PROCEDURAL PRACTICES, TO BRING CERTAIN PROVISIONS INTO ALIGNMENT WITH THE ARTICLES OF INCORPORATION, AND TO MAKE TECHNICAL AND CLARIFYING REVISIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE AND AUDIT COMMITTEE REVIEWS THE 990. THE FORM 990 IS CIRCULATED

FORM 990, PART VI, SECTION B, LINE 12C:

TO THE FULL BOARD BEFORE FILING.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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Employer identification number Name of the organization GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS

01-0669150

EACH DIRECTOR, OFFICER, EXECUTIVE AND KEY EMPLOYEE IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO. EACH PERSON ANNUALLY COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT; EACH PERSON IS ALSO OBLIGATED TO IMMEDIATELY DISCLOSE ANY NEW CONFLICT THAT ARISES DURING THE YEAR AS NEW POSSIBLE CONFLICTS ARISE, THEY ARE DISCLOSED FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST INTEREST. THIS POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY ARE COMMUNICATED INMEDIATELY TO ALL PERSONS SUBJECT TO THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS AMENDED ITS ARTICLES OF INCORPORATION TO REFLECT DEVELOPMENTS IN ITS GOVERNANCE PRACTICES. SIGNIFICANT CHANGES INCLUDED CLARIFYING ALL CATEGORIES OF MEMBERSHIP IN THE ORGANIZATION ARE NONVOTING; BROADENING THE DISSOLUTION CLAUSE TO PERMIT ASSETS TO BE DISTRIBUTED ON DISSOLUTION FOR ONE OR MORE INTERNAL REVENUE CODE SECTION 501(C)(3) EXEMPT PURPOSES, TO THE FEDERAL GOVERNMENT OR TO STATE OR LOCAL GOVERNMENT FOR A PUBLIC PURPOSE, AS DETERMINED BY THE BOARD OF DIRECTORS, IN ACCORDANCE WITH TREASURY REGULATION 1.501(C)(3)-1(B)(4); AND TO ADDRESS INDEMNIFICATION RIGHTS, LIABILITY INSURANCE, AND LIMITING THE PERSONAL LIABILITY OF OFFICERS AND DIRECTORS AS PERMITTED BY THE DISTRICT OF COLUMBIA NONPROFIT CORPORATION ACT.

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 01-0669150 THE ORGANIZATION AMENDED ITS BYLAWS TO BETTER REFLECT ITS NONPROFIT GOVERNANCE STRUCTURE AND DESIRED PROCEDURAL PRACTICES, TO BRING CERTAIN PROVISIONS INTO ALIGNMENT WITH THE ARTICLES OF INCORPORATION, AND TO MAKE TECHNICAL AND CLARIFYING REVISIONS. A MARKET STUDY IS DONE EVERY FEW YEARS WITH COMPARABILITY DATA TO ENSURE MARKET COMPETITIVENESS FOR ALL POSITIONS. IN ADDITION, ALL EMPLOYEES ARE ELIGIBLE FOR RAISES IN LINE WITH THEIR GROWTH AND PERFORMANCE FOR THAT YEAR AT YEAR END. FORM 990, PART VI, SECTION C, LINE 19: GEO MAKES ITS BYLAWS AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ITS OWN WEBSITE AND UPON REQUEST. GEO ALSO MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE THROUGH ANOTHER WEBSITE, WWW.GUIDESTAR.ORG. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS: PROGRAM SERVICE EXPENSES 700,451. MANAGEMENT AND GENERAL EXPENSES 146,759. FUNDRAISING EXPENSES 7,125. TOTAL EXPENSES 854,335. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 854,335.

Schedule O (Form 990) 2023