# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

3111B 110. 10 10 00 11
2022
Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning OCT	1 1, 2022 and	ending S	EP 30, 2023	
<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number
	Addres					
	Name change	Doing business as			83-22155	03
	Initial return Final return/	Number and street (or P.O. box if mail is not deliver 441 SAXONY RD	ed to street address)	Room/suite	E Telephone numbe 760-431-	
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	883,888.
	Ameno		•		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: CITAKE	ENE SEIDLE		for subordinates	
	pendin	g SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
JV	Vebsit	e: HTTPS://IMPACTCUBED.ORG/			H(c) Group exemptio	n number
K F	orm of	organization: X Corporation Trust Assoc	iation Other	<b>L</b> Year	of formation: 2018	M State of legal domicile: CA
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most sig	nificant activities: STIM	JLATE	PHILANTHROP	Y &
Governance		BUILD, SOCIAL SECTOR CAPACIT	Y, AND TO ENHA	NCE JE	WISH COMMUN	ITIES.
rna	2	Check this box if the organization discontin	ued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Pa	rt VI, line 1a)		3	5
	4	Number of independent voting members of the govern				
S S	5	Total number of individuals employed in calendar year	2022 (Part V, line 2a)	<u>.</u>	5	0
Ĭŧ	6	Total number of volunteers (estimate if necessary)			6	5
Activities &	7 a	Total unrelated business revenue from Part VIII, colum	n (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990	)-T, Part I, line 11		7b	0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)			3,631,217.	802,293.
ğ	9				24,800.	81,595.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, an	d 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Par	t VIII, column (A), line 12)		3,656,017.	883,888.
	13	Grants and similar amounts paid (Part IX, column (A), I	ines 1-3)		2,399,045.	663,050.
	14	Benefits paid to or for members (Part IX, column (A), li	ne 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines 5-10)		4,929.	48.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0.	0.
ě	b '	Total fundraising expenses (Part IX, column (D), line 25	34,24	<u> 17.                                    </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)		526,412.	379,896.
	18	Total expenses. Add lines 13-17 (must equal Part IX, c	olumn (A), line 25)		2,930,386.	1,042,994.
	19	Revenue less expenses. Subtract line 18 from line 12			725,631.	-159,106.
Net Assets or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			1,626,751.	1,525,712.
t As	21	Total liabilities (Part X, line 26)			17,038.	75,105.
2	22	Net assets or fund balances. Subtract line 21 from line	20		1,609,713.	1,450,607.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, incl			•	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is	s based on all information of wh	ich preparer	has any knowledge.	
		Cimpature of officer			Data	
Sig		Signature of officer			Date	
Her	е	CHARLENE SEIDLE, CHAIR				
		Type or print name and title		- Ir	Data I a	DTIN
		* ' ' '	eparer's signature		Date Check C	PTIN
Paid		BRANDON SMITH			self-employ	
	arer	Firm's name EISNER ADVISORY GRO			Firm's EIN 8	7-1353108
Use	Only	Firm's address 4225 EXECUTIVE SQUA	RE, SUITE 1150			0 550 0000
		LA JOLLA, CA 92037			Phone no.85	8-558-9200
May	the IF	RS discuss this return with the preparer shown above?	See instructions			X Yes No

Form 990 (2022) IMPACT CUBED 83-2215503 Page 2
Part III | Statement of Program Service Accomplishments

Га	Tim Statement of Frogram 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:
	TO STIMULATE PHILANTHROPY AND BUILD SOCIAL SECTOR CAPACITY BY
	PROVIDING GUIDANCE TO DONORS, FACILITATING FUNDER CONSORTIA, AND
	ENGAGING COMMUNITY GROUPS. EFFORTS WILL BE PRIMARILY DEDICATED TO
	ENHANCING IMPACT, BUILDING TALENT, AND NURTURING EQUITY IN JEWISH
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.
 4а	(Code:) (Expenses \$ 481,596 • including grants of \$) (Revenue \$)
ти	MGSDII: THE MURRAY GALINSON SAN DIEGO-ISRAEL INITIATIVE STRATEGICALLY
	CATALYZES KNOWLEDGE DISCOURSE ON THE MODERN STATE OF ISRAEL THROUGH
	SCHOLARSHIP, ENGAGEMENT AND COLLABORATION. COMPONENTS INCLUDE ACADEMIC
	COURSES, LECTURES, ISRAEL TRAVEL FOR STUDENTS AND FACULTY, VISITING
	ISRAELI PROFESSORS, CONFERENCES, AND COMMUNITY EDUCATION OPPORTUNITIES.
	PROGRAMMING TAKES PLACE ON SAN DIEGO CAMPUSES, INCLUDING SAN DIEGO
	STATE UNIVERSITY, CSU SAN MARCOS, UNIVERSITY OF SAN DIEGO, UC SAN
	DIEGO, AND CAL WESTERN SCHOOL OF LAW.
	101.050
4b	(Code:) (Expenses \$ 124,079 • including grants of \$ 124,060 • ) (Revenue \$)
	PERLMETER FAMILY FOUNDATION: ADMINISTRATION OF PERLMETER PHILANTHROPIC
	PROJECTS AND THE ASPIRATION SCHOLARSHIPS WHICH SUPPORTS PROFESSIONAL
	SKILLS DEVELOPMENT BY FUNDING GRADUATE FIELDS DESIGNED TO IMPROVE THE
	QUALITY OF LIFE IN SAN DIEGO COUNTY.
	160 884
4c	(Code:) (Expenses \$ 162,774. including grants of \$ 162,595. ) (Revenue \$)
	UKRAINE RELIEF: GRASSROOTS NETWORK THAT, WITH EACH INFUSION OF FUNDS,
	DELIVERED FOOD AND MEDICINE TO THOSE WHO COULD NOT LEAVE, AND EVACUATED
	THE MOST FRAIL AND VULNERABLE PEOPLE FROM THE MOST DANGEROUS AND
	SURROUNDED PLACES AS A RESULT OF THE FEBRUARY 2022 MILITARY INVASION OF
	UKRAINE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 203,692. including grants of \$ 115,325.) (Revenue \$ 81,595.)
4e	Total program service expenses 972,141.
	Form <b>990</b> (2022)

83-2215503 Page **3** 

# Form 990 (2022) IMPACT CUBED 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		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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		<del> </del> -
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		<del></del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		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	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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		<u> </u>
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		<u> </u>
С	Did the organization report an amount for investments - program-related in Part X, line 13, that is 5% or more of its total			l
	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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<del></del>
		19		X
20a	complete Schedule G, Part III	20a		X
zua b		20b		<del></del>
21	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	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domoctio government on trait ix, column (-), intermediate, complete ochequie i, Parts i and ii	41	- 43	<u> </u>

Form 990 (	2022) IMPACT CUBEL	83-2215503	Page
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<del>.</del>
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30		29		122
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	- 31		<del></del>
UZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			igspace
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	l 1c	Х	I

83-2215503 Page 5

Form 990 (2022) IMPACT CUBED

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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  N/A			
^		8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
a 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?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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? N/A	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	_		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) IMPACT CUBED 83-2215503 Page 6

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	5			
	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	3			
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?	L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		Х
6	Did the organization have members or stockholders?	L	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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	- 1	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
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?	11a	Х	
b					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
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	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				77
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
800	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed CA	( ) (0)	, ,		
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) :	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
40	X Own website Another's website X Upon request Other (explain on Schedule O)		<b>.</b>	-1-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police	y, and	ıınand	cial	
00	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  LEILANI RASMUSSEN - 760-929-1090				
	441 SAXONY RD, ENCINITAS, CA 92024				

Form 990 (2022) IMPACT CUBED 83-2215503 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organiz		orga	niza			nper	sat			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is botl or/trus	n an	compensation	compensation	amount of
	week		T		10010	T	100)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	al trus		yee	mper		1099-NEC)	1000 1420)	and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			_
(1) CHARLENE SEIDLE	1.00									
CHAIR	40.00	Х		X				0.	325,532.	24,719.
(2) LEILANI RASMUSSEN	1.00			4	K			_		_
TREASURER	40.00	<u> </u>		X				0.	279,142.	0.
(3) SHARYN GOODSON	1.00								000 005	40.005
SECRETARY	40.00	X		X				0.	209,987.	42,307.
(4) SHANA HAZAN	0.30	-								•
DIRECTOR (5) HEATHER WOLFSON	1.00	X						0.	0.	0.
DIRECTOR	0.00	X						0.	0.	0.
(6) DAVID CYGIELMAN	0.30	^				$\vdash$		0.	0.	0.
DIRECTOR		Х						0.	0.	0.
		⇈								
		1								
		1								
		<u> </u>								
		↓								
		4								
		₩				₩				
		-								
		₩								
		1								
		$\vdash$				$\vdash$	-			
		1								
		+				$\vdash$				
		1								
		1								
										- QQQ (0000

Form 990 (2022) IMPACT CUBED

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

(C) (D) (E) 83-2215503 Page 8

	(A) Name and title	(B) Average	(do		(C Pos	itior	) than o	ne	(D) Reportable	(E) Reportable			<b>(F)</b> timate	
		hours per week (list any hours for related organizations below				irecto	Highest compensated the popular of semployee	ee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organization (W-2/1099-MIS 1099-NEC)	d ns SC/	comp fro orga and	ount on other oensate om the anizati	tion e on ed
		line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				orga	nizatio	ons ——
									4					
									1					
						K					$\neg$			
	Subtotal							<b>&gt;</b>	0.	814,6		6	7,02	26.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.	814,6		6	7,02	
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable	Э			0
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on	Г		Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su								ner compensation from t			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	Х	
	rendered to the organization? If "Yes." com											5		X
1	Complete this table for your five highest con	•	•							•	oensati	on fro	m	
	the organization. Report compensation for t  (A)  Name and business					iui	DI WIL		(B)  Description of s			(C	s) nsation	`
	Name and business	addicss	MC	ONE	<u> </u>				Description of	ici vices		эттрег	isatioi	
								$\dashv$						
	Total number of independent contractors (in	ncluding but no	ot lin	nited	l to 1	thos	se list	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	ŭ				(						-orm (	990 (c	2022)

Page **9** 83-2215503

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ည လ	1:	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
يَ ق		c Fundraising events 1c					
ifts Ir A	,	d Related organizations 1d	17,000.				
nis,		e Government grants (contributions) 1e					
Sig	1	f All other contributions, gifts, grants, and					
her i			785,293.				
Ē	,	g Noncash contributions included in lines 1a-1f	-				
Con		h Total. Add lines 1a-1f		802,293.			
			Business Code				
ø	2 :	a CONSULTING SERVICES	900099	81,595.	81,595.		
Program Service Revenue	1	b					
Se		c					
am		d					
og B		e					
4	1	f All other program service revenue					
		g Total. Add lines 2a-2f		81,595.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Othor				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
•		b Less: cost or other basis					
nu.		and sales expenses					
eve		. ,					
her Revenue		d Net gain or (loss) a Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 8	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
	•	c Net income or (loss) from sales of inventory	Business Code				
ns	11 .	F	Dusiness Code				
ee Tue	113	a b					
ella Ven	'	c					
Miscellaneous Revenue	Ì	d All other revenue					
Σ	Ì	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		883,888.	81,595.	0.	0.

# Form 990 (2022) IMPACT CUBED Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	500 000	500 000		
	and domestic governments. See Part IV, line 21	503,923.	503,923.		
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	159,127.	159,127.		
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	139,127.	139,127.		
4 5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48.		48.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<b>A</b>		
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b					
С	Accounting	25,255.		25,255.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	0.1. (10.1. 44 ) 1 400/ (11. 05				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	19,422.	16,922.		2,500.
13	Office expenses	5,342.	4,740.	332.	270.
14	Information technology	16,549.	11,478.	2,223.	2,848.
15	Royalties				
16	Occupancy				
17	Travel	67,525.	61,838.	159.	5,528.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings	987.	904.	2.	81.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,293.		5,293.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONCULT MANIM CERTIFICATION	203,768.	199,469.	2,700.	1,599.
b	OMITTED	15,000.		= ,	15,000
c	DIIGINEGG MENT G	11,359.	10,402.	27.	930
d	ATT OFFICE	3,829.	1,020.	567.	2,242.
_	All other expenses	5,567.	2,318.		3,249
25	Total functional expenses. Add lines 1 through 24e	1,042,994.	972,141.	36,606.	34,247
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)				

83-2215503 Page **11** 

# Form 990 (2022) Part X Balance Sheet

ra	rt X	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,598,460.	1	1,413,672
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,291.	4	68
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	5			9	55,972
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	56,000
	13	Investments - program-related. See Part IV, lin	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1 101	15	
	16	Total assets. Add lines 1 through 15 (must e		1,626,751.	16	1,525,712
	17	Accounts payable and accrued expenses		17,038.	17	75,105
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su				
ia B		controlled entity or family member of any of t			22	
_	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X		۱ ۵۰	
	00	of Schedule D		17,038.	25	75,105
	26		check here X	17,030.	26	73,103
S		Organizations that follow FASB ASC 958, o	eneck nere A			
nce	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		159,239.	27	371,908
<u>a</u>	27			1,450,474.	28	1,078,699
В В	28	Net assets with donor restrictions		1,430,474.	28	1,070,099
Ë		Organizations that do not follow FASB ASC	, 956, check here			
ō	20	and complete lines 29 through 33.	do		29	
ets	29	Capital stock or trust principal, or current fun			30	
<b>SS</b> (	30	Paid-in or capital surplus, or land, building, or			31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		1,609,713.	31	1,450,607
ž	32	Total liabilities and not assets/fund balances		1,626,751.	33	1,525,712
	_ 33	Total liabilities and net assets/fund balances		1,020,131.	JJ	Form <b>990</b> (2022

Form 990 (2022) IMPACT CUBED 83-2215503 Page **12** 

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04		
3	Revenue less expenses. Subtract line 2 from line 1	3	-15		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,60	9,7	<u>13.</u>
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	1,45	0,6	<u>07.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Х	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		. 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?		3a		<u> </u>
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		. 3b		
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Name of the organization Employer identification number IMPACT CUBED 83-2215503

			CI COBED					3-2213303
Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch					I)(A)(i).	
2		A school described in sect						
3	一	A hospital or a cooperative				(b)(1)(A)(i	ii).	
4	H	A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in ee.	ijanionon man a noopita.	4000111004	000110		ine ricepinal e rialite,
5		An organization operated for	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3		section 170(b)(1)(A)(iv). (C		liege of university owner	or operat	cd by a gc	Werrimental unit describe	5 <b>u</b> III
						70/1-\/4\/A\	<i>(</i> )	
6	V	A federal, state, or local gov	•				• •	
7	X	An organization that norma	-	ntial part of its support ti	rom a gove	ernmentai	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	•					
8	Н	A community trust describe						
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:			4			
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)		`			
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1)	r section	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.	
á	a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization			•	-		
		organization. You must o			, ,			
ŀ	, [	Type II. A supporting org	-		tion with its	s supporte	ed organization(s), by hav	vina
		control or management o						-
		organization(s). You mus			o po.oo		inio o manage ine cap	55.154
	. $ abla$	Type III functionally inte			in connect	tion with a	and functionally integrate	ed with
•		its supported organization	-				• •	with,
,	_ t	Type III non-functionally		·				zation(s)
•	<i>-</i>	that is not functionally int						* *
		•	-		•			7611655
		requirement (see instructi	•					
•	•	Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
		er the number of supported of						
9		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	162	NO		, , , , , , , , , , , , , , , , , , ,
					<del>                                     </del>			
	_1							

### 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.)

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	. ,	` ,	` ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1416163.	807,029.	928,408.	3631217.	802,783.	7585600.
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	1416163.	807,029.	928,408.	3631217.	802,783.	7585600.
	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)			A			
6	Public support. Subtract line 5 from line 4.						7585600.
	ction B. Total Support						7000000
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1416163.	807,029.	928,408.	3631217.	802,783.	7585600.
	Gross income from interest,		66.7626	7 7 2 3 3	0001111	001,7000	700000
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business			*			_
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7585600.
	Gross receipts from related activities,	etc. (see instruction	nns)			12	700000
	First 5 years. If the Form 990 is for the						
	organization, check this box and <b>stop</b>	-		•			X
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2022 (I	ine 6. column (f). d	ivided by line 11. c	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization		-		• • •		s
						Schedule A	(Form 990) 2022

### 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			<b>A</b>			
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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 amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 20:0		(0) = 0 = 0	(4) = 3 = 1	(5) = 5 = =	(1) 1 0 101
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third t	fourth or fifth tax v	ear as a section 5	01(c)(3) organizatio	nn
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	)22 (line 10c. colur	mn (f), divided by li	ne 13. column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
•	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						nd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

IMPACT CUBED 83-2215503 Page 4

## Schedule A (Form 990) 2022 Part IV | Supporting C

### 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		
_		
За		
3b		
3c		
4a		
та		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		

Pai	Tiv 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?		₩
	A family member of a person described on line 11a above?		
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.		
Sec	tion B. Type I Supporting Organizations		Τ
		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 <b>Part VI</b> 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
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		-
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. 2 tion C. Type II Supporting Organizations		
000	tion 6. Type it oupporting organizations		TNI
4	Ways a majority of the expeniention's divertous by twisters duving the tay year also a thejority of the divertous	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)		
Sec	tion D. All Type III Supporting Organizations		
	польти турс постры под ступнициона	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	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).		
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.		
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 instruction	on <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.		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.		$\bot$
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.		
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.		

83-2<u>21550</u>3 Page 6

Schedule A (Form 990) 2022

IMPACT CUBED

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omplet	e Sections A through E.	
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)	<b>1</b> d		
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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting organ	nization (see
	instructions).	•		•

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

#### 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

2022

Open to Public

Open to Public Inspection

Employer identification number

Name of the organization  ${\tt IMPACT\ CUBED}$ 

IMPACT CUBED 83-2215503

s Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S of Accounts. Complete if the
	organization answered Tes off official soc, Fartiv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, releasements		
	year	assa, satingaisrisa, si terrimatea sy ti	To organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		<del>_</del> f
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
_	<b>3</b> , <b>9</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	vation easements during the year
	5, T	, ,	g ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	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 footno	te to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.	· ·	
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	· · · · · · · · ·	
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	400 A		<b>*</b>
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS		1
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2022

232051 09-01-22

83-2215503 Page 2 IMPACT CUBED Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: **a** Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations 3a(i)

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
 Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

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

(ii) Related organizations

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colum	nn (R) line 10c )		0.

Schedule D (Form 990) 2022

3a(ii)

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	Th. See Form 990, Fart A, 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
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
G)		
(H)		
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
4)		A
5)		
6)		
7)		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets		
(9)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line	
(9)  II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [		11d. See Form 990, Part X, line 15.  (b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]		
(9)  II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organization a		
(a) Eq. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) Eq. (1)  (2)		
1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (a) [2]  (b) [1]  (c) [2]  (c) [3]		
(a) Eq. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) Eq. (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		
(a) Equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organization and the organization and the organization and the organization answered "Yes" complete if the organization and t		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Int IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  2)  3)  4)  5)  6)  7)		
(a) Eq. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) Eq. (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	(b) Book value
(a) Education (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) Education (b) must equal Form 990, Part X, col. (B) line (a) Education (b) must equal Form 990, Part X, col. (B) line (a) Education (b) Education (c)	Description  15.)	(b) Book value
1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (a) [2]  (b) [3]  (c) [4]  (c) [6]  (d) [7]  (e) [7]  (e) [8]  (e) [9]  (e) [1]  (f) [1]  (f) [1]  (g) [	Description  15.)	(b) Book value
9)  I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  2)  3)  4)  5)  6)  7)  8)  9)  al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.	Description  15.)	(b) Book value
9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  2) 3) 4) 5) 6) 77 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)	(b) Book value
9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  2) 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.)	(b) Book value
1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  2)  3)  4)  5)  66  77  88  99  al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	Description  15.)	(b) Book value
1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description  15.)	(b) Book value
(a) Equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (a) [2]  (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  15.)	(b) Book value
(a) Education (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description  15.)	(b) Book value
(a)  al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  15.)	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)	(b) Book value

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) 2022

Sche	dule D	(Form 990) 2022	IMPACT	CUBED				83-2	2215503 Page
Par	t XI	Reconciliation of	f Revenue բ	oer Audited Fi	nancial Statemer	its With I	Revenue per Re	turn.	
		Complete if the organ	ization answere	ed "Yes" on Form	990, Part IV, line 12a.				
1	Total r	revenue, gains, and oth	er support per	audited financial s	statements			1	1,668,853
2	Amou	nts included on line 1 b	out not on Form	n 990, Part VIII, line	e 12:				
		realized gains (losses)							
		ed services and use of					784,965.		
С		eries of prior year gran							
d		(Describe in Part XIII.)				2d			704 065
								2e	784,965
3		act line <b>2e</b> from line <b>1</b>						3	883,888
4		nts included on Form 9				45			
		ment expenses not inc							
		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>						40	0
_		revenue. Add lines <b>3</b> ar			Dort I line 10 \			4c	883,888
5 Par	rt XII	Reconciliation of	f Expenses	per Audited F	inancial Stateme	nts With	Expenses per F		
		Complete if the organ	-	-					
1	Total e	expenses and losses pe						1	1,827,959
2		nts included on line 1 b							, , , , , , , , , , ,
		ed services and use of				2a	784,965.		
		ear adjustments							
С		losses				2c			
d		(Describe in Part XIII.)				2d			
е	Add lir	nes 2a through 2d						2e	784,965
3		act line 2e from line 1						3	1,042,994
4		nts included on Form 9							
а	Invest	ment expenses not inc	luded on Form	990, Part VIII, line	7b	4a			
b	Other	(Describe in Part XIII.)				4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>						4c	0
5	Total	expenses. Add lines 3	and <b>4c.</b> (This m	nust equal Form 99	00, Part I, line 18.)			5	1,042,994
		Supplemental In							
		descriptions required for						; Part X	K, line 2; Part XI,
ines	2d and	4b; and Part XII, lines	2d and 4b. Also	o complete this pa	rt to provide any addit	ional inform	nation.		
ח גרם	л <b>У</b>	TIME O.							
PAF	(I X	, LINE 2:							
דעי	7 OB	GANIZATION 1	C A DITE	T.TC CHART	דע אווו דע די	хьмот	FROM INCOM	ъ т2	AALG IIMDEB
1111	1 OI	GANIZATION	D A IOD	DIC CHARL	II AND IS E	ABMI I	TROM INCOM	11 11	ANED UNDER
SEC	יתדחי	N 501(C)(3)	энт эо	TNTERNAL	REVENUE COD	E AND	SECTION 23	701	днт чо (п)
<u> </u>		301(0)(3)	01 111111	TIVI DICIVIL	REVERSE COD	<u> </u>	DECITOR 23	, , ,	(D) OI IIID
CAI	JIFO	RNIA REVENUE	E AND TA	XATION CO	DE. THE ORG	ANIZAT	ION BELIEV	ES I	T HAS
API	ROP	RIATE SUPPOR	RT FOR A	NY TAX PO	SITIONS TAK	EN, AN	ID AS SUCH,	ΙT	DOES NOT
						•	•		
IAV	/E A	NY MATERIAL	UNRECOG	NIZED TAX	BENEFITS O	R LIAE	SILITIES AS	OF	SEPTEMBER
30,	202	3.							
								_	

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** IMPACT CUBED 83-2215503 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) GRANTMAKING UKRAINE RELIEF EFFORTS 159,127. 0 0 159,127. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 159,127. and 3b)

232071 10-17-22

Schedule F (Form 990) 2022

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

IMPACT CUBED

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

(INCLUDING  & UKRAINE RELIEF  ND)  EFFORTS	159,127.	WIRE TRANSFER	0.	
ND) EFFORTS	159,127.	WIRE TRANSFER	0.	
	7			
	04			
ık	pove that are recognized as charitie	pove that are recognized as charities by the foreign country,	pove that are recognized as charities by the foreign country, recognized as a tax	ove that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ....

	•	( ) ( )	,	,	•	•	( / ( / )	,	
3	Enter tota	I number of ot	ther organizat	ions or entit	ies				

Schedule F (Form 990) 2022

IMPACT CUBED

	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
				1							
			)								

Schedule F (Form 990) 2022 IMPACT CUBED 83-2215503 Page 4

### Part IV Foreign Forms

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

60,

Schedule F (Form 990) 2022

#### SCHEDULE I (Form 990)

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Schedule I (Form 990) 2022

iname of the organization IMPACT CU	BED						83-2215503
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance? ocedures for moni	toring the use of grant	funds in the United	l States.			Yes X No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA, U.C. SAN DIEGO - 9300 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	212,570.	0.			VISITING PROFESSOR SUPPORT, ACADEMIC TRIP, RESEARCH COLLABORATION
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	127,388.	0.			RESEARCH COLLABORATION, SCHOLARSHIPS
ARIZONA CENTER FOR NATURE  CONSERVATION/PHOENIX ZOO - 455 N.  GALVIN PARKWAY - PHOENIX, AZ 85008	86-0174843	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE UNIVERSITY OF SAN MARCOS FOUNDATION - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92069	80-0390564	501(C)(3)	36,672.	0.			SCHOLARSHIPS
MIGHTYCAUSE CHARITABLE FOUNDATION P.O. BOX 160 MARIANNA, FL 32447-0360	27-2499903	501(C)(3)	39,500.	0.			GENERAL SUPPORT
<ul><li>2 Enter total number of section 501(c)(3) at</li><li>3 Enter total number of other organizations</li></ul>							

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

83-2215503 IMPACT CUBED Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (d) Amount of non-(a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: IMPACT CUBED PARTNER NONPROFITS REPORT ON GRANT OUTCOMES, CHALLENGES, AND OPPORTUNITIES VIA CONVERSATIONS WITH STAFF. THESE CONVERSATIONS ARE LEARNING OPPORTUNITIES FOR BOTH GRANTEES AND IMPACT CUBED, AND TAKEAWAYS ARE USED TO INFORM FUTURE FUNDING.

39

#### SCHEDULE J (Form 990)

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.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

83-2215503

Part I	Questions	Regarding	Con	npensation	ī

TMPACT CUBED

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 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 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 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 Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h X **c** 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. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) CHARLENE SEIDLE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	325,532.	0.	0.	0.	24,719.	350,251.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	279,142.	0.	0.	0.	0.	279,142.	0.
(3) SHARYN GOODSON	(i)	0.	0.	0.1	0.	0.	0.	0.
	(ii)	209,987.	0.	0.	0.	42,307.	252,294.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
'	(i)							
	(ii)							
'	(i)							
	(ii)							
·	(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.
PART I, LINE 3
THE OFFICERS REPORTED ON SCHEDULE J RECEIVE COMPENSATION FROM LEICHTAG
FOUNDATION A RELATED ORGANIZATION, THAT HAS APPROPRIATE COMPENSATION
POLICIES IN PLACE.

#### 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.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

IMPACT CUBED

Employer identification number 83-2215503

PART III, LINE 2, NEW PROGRAM SERVICES: SAN DIEGO GIVES BUILDS NONPROFIT CAPACITY AND CATALYZES PHILANTHROPY. WE IGNITE GENEROSITY, STIMULATE PHILANTHROPY, AND FOSTER A SUSTAINABLE NONPROFIT SECTOR. WE CONNECT SAN DIEGANS TO MORE LOCAL CAUSES THROUGH INNOVATIVE TECHNOLOGY, LEARNING OPPORTUNITIES, A 24-HOUR DAY OF COLLECTIVE GIVING, AND A DAY OF VOLUNTEER SERVICE. UKRAINE RELIEF FUND POWERS A TENACIOUS GRASSROOTS NETWORK THAT AIDS THOSE WHO CANNOT LEAVE AND EVACUATE THE MOST FRAIL AND VULNERABLE PEOPLE FROM THE MOST DANGEROUS PLACES. FUNDS RAISED GO TO REAL-TIME CRITICAL NEEDS, INCLUDING EVACUATION FOOD HEAT AND ENERGY, MENTAL AND PHYSICAL HEALTHCARE, AND MEDICAL SUPPLIES. FORM 990, PART III, LINE 1 DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES ACROSS SAN DIEGO REGION AS WELL AS NORTH AMERICA AND TO ENSURING A THRIVING, JUST STATE OF ISRAEL. LINE 2, NEW PROGRAM SERVICES: PART III, SAN DIEGO GIVES BUILDS NONPROFIT CAPACITY AND CATALYZES PHILANTHROPY. IGNITE GENEROSITY, STIMULATE PHILANTHROPY, AND FOSTER A SUSTAINABLE NONPROFIT SECTOR. WE CONNECT SAN DIEGANS TO MORE LOCAL CAUSES THROUGH INNOVATIVE TECHNOLOGY, LEARNING OPPORTUNITIES, A 24-HOUR DAY OF COLLECTIVE GIVING, AND A DAY OF VOLUNTEER SERVICE.

FORM 990, PART III, LINE 2

UKRAINE RELIEF FUND POWERS A TENACIOUS GRASSROOTS NETWORK THAT AIDS

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization IMPACT CUBED

Employer identification number 83-2215503

THOSE WHO CANNOT LEAVE AND EVACUATE THE MOST FRAIL AND VULNERABLE

PEOPLE FROM THE MOST DANGEROUS PLACES. FUNDS RAISED GO TO REAL-TIME

CRITICAL NEEDS, INCLUDING EVACUATION, FOOD, HEAT AND ENERGY, MENTAL AND

PHYSICAL HEALTHCARE, AND MEDICAL SUPPLIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PHILANTHROPIC CONSULTING: IMPACT CUBED CONSULTANTS OFFER TIME-TESTED

SKILLS TO INCUBATE, DEVELOP, AND MANAGE CAPACITY BUILDING PROJECTS AND

INITIATIVES IN CONSULTATION WITH FOUNDATIONS, NONPROFITS, AND NETWORK

ORGANIZATIONS. THIS INCLUDES ORGANIZING AND FACILITATING BOARD, FAMILY

OR COMMUNITY MEETINGS; CREATING GOVERNANCE STRATEGY AND MATERIALS;

FACILITATING RESEARCH; ASSESSING COMMUNITY NEEDS AND DONOR INTERESTS TO

INFORM GRANT STRATEGIES; DEVELOPING, MANAGING, AND EVALUATING

GRANTMAKING PROGRAMS; ADVISING ON MULTI-GENERATION APPROACHES AND

ENGAGING YOUNGER GENERATIONS OF DONORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM ADMINISTRATION: PART OF A COLLABORATIVE SERVING AS PROGRAM

ADMINISTRATORS WITH RESPONSIBILITY FOR THE GRANTING PROCESS AND AWARD

DECISIONS IN ACCORDANCE WITH THE CITY OF SAN MARCOS COVID-19 COMMUNITY

GRANTS PROGRAM AGREEMENT. FUNDS WILL BE DISTRIBUTED TO NONPROFIT

ORGANIZATIONS FOR THE SOLE BENEFIT OF SAN MARCOS RESIDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FEEDING OUR FRONTLINE HEROES SUPPORT SCRIPPS ENCINITAS HOSPITAL WORKERS

WHO ARE WORKING TIRELESSLY TO AID AND HELP PATIENTS DURING THE COVID-19

SURGE.

EXPENSES \$-62,377 INCLUDING GRANTS OF \$130,325 REVENUE \$81,105.

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number IMPACT CUBED 83-2215503

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS A FINANCE COMMITTEE THAT CAN MAKE RECOMMENDATIONS TO
THE BOARD BUT IT DOES NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

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

IMPACT CUBED REQUIRES THAT EACH BOARD MEMBER SUBMITS COMPLETED CONFLICT OF

INTEREST DISCLOSURES EACH YEAR. CONFLICTS ARE NOTED IN MEETING MINUTES.

BOARD MEMBERS RECUSE THEMSELVES FROM ANY DECISION OR ORGANIZATION ACTION

THAT MAY POSE A CONFLICT.

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

THE OFFICERS RECEIVE COMPENSATION FROM LEICHTAG FOUNDATION A RELATED ORGANIZATION, THAT HAS APPROPRIATE COMPENSATION POLICIES IN PLACE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST TO THE ADDRESS ON THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 11B:

ELECTRONIC VERSION OF FORM 990 IS PROVIDED TO BOARD OFFICERS FOR REVIEW AND APPROVAL OF FILING.

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

IMPACT CUBED REQUIRES THAT EACH BOARD MEMBER SUBMITS COMPLETED CONFLICT

OF INTEREST DISCLOSURES EACH YEAR. CONFLICTS ARE NOTED IN MEETING

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization  IMPACT CUBED	Employer identification number 83-2215503
MINUTES. BOARD MEMBERS RECUSE THEMSELVES FROM ANY DECIS	ION OR
ORGANIZATION ACTION THAT MAY POSE A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE OFFICERS RECEIVE COMPENSATION FROM LEICHTAG FOUNDAT	ION A RELATED
ORGANIZATION, THAT HAS APPROPRIATE COMPENSATION POLICIE	S IN PLACE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY,
AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UP	ON REQUEST. THE
FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	49,630
MANAGEMENT AND GENERAL EXPENSES	2,700
FUNDRAISING EXPENSES	1,599
TOTAL EXPENSES	53,929
VISITING PROFESSOR FEES:	
PROGRAM SERVICE EXPENSES	205,061
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	205,061
SPEAKER HONORARIUMS:	
PROGRAM SERVICE EXPENSES	750
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** IMPACT CUBED 83-2215503 MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0 750 TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 259,740 FORM 990, PART XII, LINE 2C THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR WITH RESPECT TO THE COMMITTEE RESPONSIBILITIES IN THE OVERSIGHT OF THE AUDIT.

2022.06000 IMPACT CUBED

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

Employer identification number

83-2215503

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year		Direct c	<b>(f)</b> ontrolling	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, I	oecause it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	cont	<b>g)</b> 512(b)(13) rolled :ity?
		,,		501(c)(3))			Yes	No
LEICHTAG FOUNDATION	CONTRIBUTE TO CHARITIES							
441 SAXONY ROAD	THAT INSPIRE VIBRANT							
ENCINITAS, CA 92024	JEWISH LIFE	CALIFORNIA	501(C)(3)	PF			-	Х
	<del> </del>							
	_							
		1	1	1	1		1	ì

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

IMPACT CUBED

Schedule R (Form 990) 2022

<u>Schedule R (Form 990) 2022</u> **IMPACT CUBED** 83-2215503 Page 2

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

Organizations treated as a partitioning treata year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partne	Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0	
							-			$\vdash$		
					•							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	tion o)(13) rolled ity?
		country)		2,				Yes	No
-									
									<del>                                     </del>

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Page 3

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

c dif, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assests to related organization(s) h Purchase of assests the related organization(s) i Exchange of assests with related organization(s) i Exchange of assest swith related organization(s) i River Swith Related organizati	b	Gift, grant, or capital contribution to related organization(s)				1b		X
d Loans or loan guarantees to rot for related organization(s)  E Loans or loan guarantees by related organization(s)  f Divident from related organization(s)  g Sale of assets to related organization(s)  f Dividence of assets to related organization(s)  g Sale of assets to related organization(s)  f Exchange of assets strom related organization(s)  g Exchange of assets three transfer of acilities, equipment, or other assets to related organization(s)  g Lease of facilities, equipment, or other assets to related organization(s)  g Lease of facilities, equipment, or other assets to related organization(s)  g Lease of facilities, equipment, or other assets to related organization(s)  g Lease of facilities, equipment, or other assets to related organization(s)  g Reformance of services or membership or fundraising solicitations to related organization(s)  g Reformance of services or membership or fundraising solicitations by related organization(s)  g Rembursement paid to related organization(s)  g Rembursement paid to related organization(s)  f D W X  g Rembursement paid to related organization(s)  h Rembursement paid to related organization(s)  g Rembursement paid to related organization(s)  h Rembursement paid t	С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  i Exchange of assets with related organization(s)  i Exchange of assets with related organization(s)  i Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations or services or membership or fundraising solicitations or services or membership or fundraising solicitations or s	d					1d		X
f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1 Exchange of assets with related organization(s)  1 Lease of facilities, equipment, or other assets to related organization(s)  1 Lease of facilities, equipment, or other assets from related organization(s)  1 Lease of facilities, equipment, or other assets from related organization(s)  1 Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 N Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  1 N Sharing of paid employees with related organization(s)  1 N Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  2 N SA Sharing of paid employees with related organization(s)  3 N SA Sharing of paid employees with related organization(s)  4 N SA Sharing of paid employees with related organization(s)  5 N SA Sharing of paid employees with related organization(s)  6 N SA Sharing of paid employees with related organization(s)  7 N SA Sharing of paid employees with related organization(s)  8 N SA Sharing of paid employees with related organization(s)  9 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid employees with related organization(s)  1 N SA Sharing of paid em						1e		X
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) 1 Exchange of assets from related organization(s) 1 Lease of facilities, equipment, or other assets to related organization(s) 1 Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundralising solicitations for related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations by related organization(s) 1 Performance of services or membership or fundralising solicitations services or memb								
h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  if Performance of services or membership or fundraising solicitations for related organization(s)  in Performance of services or membership or fundraising solicitations by related organization(s)  in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  in Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  to Other transfer of cash or property for related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) (c) Amount involved Method of determining amount involved Method of determi	f	Dividends from related organization(s)				1f		
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) l Performance	g					<b>1</b> g		
is Exchange of assets with related organization(s) j. Lease of facilities, equipment, or other assets to related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or other assets from related organization(s) k. Lease of facilities, equipment, or lated organization(s) k. Lease of facilities, equipment, or lated organization(s) k. Lease of facilities, equipment, or lated organization(s) k. Lease of facilities, equipment, mile assets from related organization(s) k. Lease of facilities, equipment, mile assets from related organization(s) k. Lease of facilities, or lated organization(s) k. Lease of facilities, equipment, mile assets from lated organization(s) k. Lease of facilities	h	Purchase of assets from related organization(s)				1h		
k Lease of facilities, equipment, or other assets from related organization(s)  1 Performance of services or membership or fundraising solicitations for related organization(s)  1 Performance of services or membership or fundraising solicitations by related organization(s)  1 Im X  1 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  2 Sharing of paid employees with related organization(s) for expenses  4 Performance of services or membership or fundraising solicitations by related organization(s)  5 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  6 Sharing of paid employees with related organization(s)  7 Reimbursement paid to related organization(s) for expenses  9 Reimbursement paid to related organization(s) for expenses  10 X  11 X  12 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  13 X  14 X  15 X  16 Amount involved Method of determining amount involved Metho	i	Exchange of assets with related organization(s)				1i		
I Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  To Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction type (as)  (c) Amount involved Method of determining amount involved Method	j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
I Performance of services or membership or fundraising solicitations by related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  To Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction type (as)  (c) Amount involved Method of determining amount involved Method								
m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property from related organization(s)  s Other transfer of cash or property from related organization(s)  1	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  1	ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		<u>X</u>
o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  1						1m	_X_	
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1p X 1q X 1q X 1q X 1s V 1r Cother transfer of cash or property to related organization(s) 1s X 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization (b) Transaction Transaction Type (a-s)  Method of determining amount involved  (d) Method of determining amount involved  (1)  (2)  (3)	n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		<u>X</u>
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1	0	Sharing of paid employees with related organization(s)				10	X	
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 1								
r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  (c)  Amount involved  Method of determining amount involved  (1)  (2)  (3)	p Reimbursement paid to related organization(s) for expenses							
S Other transfer of cash or property from related organization(s)  It is X  The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved Method of determining amount involved (a) Method of determining amount involved (b) Method of determining amount involved (b) Method of determining amount involved (c) Method of determining amount involved (d)	q	Reimbursement paid by related organization(s) for expenses				1q		X
S Other transfer of cash or property from related organization(s)  It is X  The answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining amount involved Method of determining amount involved (a) Method of determining amount involved (b) Method of determining amount involved (b) Method of determining amount involved (c) Method of determining amount involved (d)								
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction type (a-s)  (c)  Amount involved  Method of determining amount involved  (2)  (3)	r	Other transfer of cash or property to related organization(s)	<b>4</b>			1r		
(a) Name of related organization Transaction type (a-s)  (b) Transaction type (a-s)  (d) Method of determining amount involved  (1)  (2)  (3)						1s		<u>X</u>
Name of related organization type (a-s)  Amount involved Method of determining amount involved  (1)  (2)	_2_	If the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on what is the answer to any of the above is "Yes," see the instructions for information on the above is the angle of the answer to any of the above is "Yes," see the instructions for information of the above is the above is the angle of the above is t	no must complete th	is line, including covered re	elationships and transaction thresholds.			
type (a-s)  (1)  (2)  (3)		(a)						
(2)		Name of related organization		Amount involved	Method of determining amount inv	/olved		
(3)			1, po (a o)					
(3)	(4)							
(3)	(1)							
(3)	(0)							
	(2)							
	(2)							
(4)	<u>(3)</u>							
	(4)							
	(-)							
(5)	(5)							
<u>♥</u>	(5)							
(6)	(6)							
32163 09-14-22 Schedule R (Form 990) 2022	232163	09-14-22			Schedule	R (Forr	n 990)	2022

Schedule R (Form 990) 2022 IMPACT CUBED 83-2215503 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Dispro tiona allocation	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn Yes	al or Per ging er? OW	(k) rcentage vnership
			4									
			0,									
			)									