Form **990**

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.

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

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury

		2023 calendar year, or tax year beginning	and	ending			
			unu		D Employer identifi	cation number	
a	heck if pplicabl	e:					
Х	Addre:	Next Generation IMPACT Foundation					
	Name chang				83-3560708		
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone numbe	er	
	Final	DO Boy 1082	,		404-483-9532		
	termin ated		ZIP or foreign postal code		G Gross receipts \$	280,275.	
	Amend				H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer:Ron T	ant		for subordinates		
	pendir	same as C above			H(b) Are all subordinates i	ncluded? Yes No	
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions	
JΛ	Vebsit	e: nextgenerationimpact.org			H(c) Group exemption	n number	
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year	of formation: 2019	M State of legal domicile: OK	
Pa	art I	Summary					
е	1	Briefly describe the organization's mission or most	significant activities: Empowe:	ring God'	s People to Reacl	h	
Activities & Governance		the Next Generation					
ar i	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	e than 25% of its net a	ssets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5	
<u>ھ</u>	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	5	
es		Total number of individuals employed in calendar y				9	
Ĭ₹		Total number of volunteers (estimate if necessary) .				300	
Act		Total unrelated business revenue from Part VIII, col				0.	
	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11			0.	
					Prior Year	Current Year	
ne		Contributions and grants (Part VIII, line 1h)			368,541.	280,275.	
Revenue	ı				0.	0.	
Вè		Investment income (Part VIII, column (A), lines 3, 4,			0.	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			4,446.	0.	
		Total revenue - add lines 8 through 11 (must equal			372,987.	280,275.	
		Grants and similar amounts paid (Part IX, column (A			0.	0.	
	ı	Benefits paid to or for members (Part IX, column (A)					
Expenses		Salaries, other compensation, employee benefits (F			250,867.	289,086.	
Sen		Professional fundraising fees (Part IX, column (A), lin		861.	<u> </u>	0.	
Ä	ı	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,			46,769.	51,532.	
		Total expenses. Add lines 13-17 (must equal Part IX			297,636.		
		Revenue less expenses. Subtract line 18 from line			75,351.	-60,343.	
or		Tieveriae iese experieee. Captraet iine Te Iron iine			ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			124,032.	63,689.	
Ass J Ba	21	Total liabilities (Part X, line 26)			0.	0.	
EE EE	22	Net assets or fund balances. Subtract line 21 from	line 20		124,032.	63,689.	
	rt II	Signature Block			·	<u> </u>	
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.		
Sigı	n	Signature of officer			Date		
Her	е	Ron Tant, President					
		Type or print name and title				- I - BTIN	
		- · · · · ·	Preparer's signature	اا	Date Check Check	PTIN	
Paid			ois S. Lazenby		self-employed P00295161		
	arer	Firm's name Mersereau, Lazenby & Rocka	<u>'</u>		Firm's EIN 5	8-2115374	
Use	Only	Firm's address 3469 Lawrenceville-Suwanee	Rd.				
		Suwanee, GA 30024			Phone no.770		
May	the IF	RS discuss this return with the preparer shown abor	ve? See instructions			X Yes No	

Pa	Chapter of Program Service			
1	Briefly describe the organization's mission:	onse or note to any line in this Part III		
	Empowering God's People to Reach	the Next Generation		
2	Did the organization undertake any significa			
	prior Form 990 or 990-EZ?			Yes X No
2	If "Yes," describe these new services on Sc		into any program conjecc?	Yes X No
3	Did the organization cease conducting, or m If "Yes," describe these changes on Schedu		icts, any program services?	Tes A No
4	Describe the organization's program service		argest program services, as measure	d hy expenses
7	Section 501(c)(3) and 501(c)(4) organization			
	revenue, if any, for each program service re			an oxponeos, and
4a	(Code:) (Expenses \$) (Revenue \$)
	Next Generation IMPACT is a church			
	to partner with God's people to s		t and	
	live for Christ and share and def	fend their faith.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	, <u> </u>			,
	-			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sched	lule O.)		
	(Expenses \$ inc	luding grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses	289,703.		
				Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		_ ^
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
40	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	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ ^
18	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,"	10		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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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		Х
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
24 a	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		
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l ,,
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	200		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Should contound a copondo or note to any into in that are v		Yes	No
1a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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 9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices provided to the payor?	7a		Х			
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	•						
	to file Form 8282?		7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е								
f	3 , 3 , 11 , 1							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	,							
_	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds							
9 Sponsoring organizations maintaining donor advised funds.								
_	a Did the sponsoring organization make any taxable distributions under section 4966?							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				х			
excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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	1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х				
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	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?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
			_	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 bo	dy before filing the form?	11a		Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b						
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						
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a		Х				
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 arrange	ement with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed OK								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501(c)(3)s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website Upon request Other (explain	n on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	and finai	ncial					
	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 b	ooks and records							
	The Organization - 404-483-9532								
	PO Box 1082 Monroe GA 30655								

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

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

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

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

Check this box if neither the organization n		orga	aniza			npe	nsat		director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-		and a director/trustee)			lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee	nben		1099-NEC)	1099-1420)	and related
	below	dualt	ıtiona	_	nplo)	st col	<u></u>	10001420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form.			
(1) Ron Tant	40.00									
President				х				67,000.	0.	0.
(2) Barry Williams	40.00									
Vice-President				х				54,750.	0.	0.
(3) Hans Finzel	1.00									
Chairman		Х		Х				0.	0.	0.
(4) Kemper Howe	0.00									
Board Member		Х						0.	0.	0.
(5) Wil West	0.00									
Board Member		Х						0.	0.	0.
(6) Buddy Robinson	0.00									
Board Member		Х						0.	0.	0.
(7) Robyn Elliot	0.00									
Board Member		Х						0.	0.	0.
		1								
		4								
		4								
	-									
		4								
		-								
		-								
		-		-						
		1								
		\vdash		\vdash						
		1								
		1								

Part VIII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)					
(A)	(B)				C)			(D)	(E)			(F)		
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		l	Estimated		
	hours per week					is bot or/trus		compensation	compensatio		an	nount		
	(list any	tor						from the	from related organizations		com	other pensa		
	hours for	direc				DE .		organization	(W-2/1099-MIS		l	rom th		
	related	stee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion	
	organizations below	al trus	onal tr		loyee	comb		1099-NEC)			l	d relat		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ions	
		트	드	Б	λ	포등	3							
		<u> </u>												
		Γ												
		⊢	_											
		L												
		\vdash												
		\vdash												
		-												
		<u>L</u>						101 750						
1b Subtotal	//II Coation A							121,750.		0.			0.	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								121,750.		0.			0.	
2 Total number of individuals (including but								· · · · · · · · · · · · · · · · · · ·	0.000 of reportable		<u> </u>			
compensation from the organization						,		·	, ,				0	
0 5:11												Yes	No	
3 Did the organization list any former office	,	,	,		,	,	_	, , ,	,		3		х	
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> 4 For any individual listed on line 1a, is the s											3		A	
and related organizations greater than \$1	· ·		-					· ·	the organization		4		х	
5 Did any person listed on line 1a receive or			•						idual for services					
rendered to the organization? If "Yes," co.	mplete Schedui	le J f	or s	uch	pers	son .					5		Х	
Section B. Independent Contractors														
1 Complete this table for your five highest of the organization. Report compensation for										ipens	ation	irom		
(A)	r trio odioridar y	<u>our</u> (orial	nig v	VICII	<u> </u>		(B)	your.		((>)		
Name and busines	s address	NO	NE					Description of s	ervices		compe		n	
Total number of independent contractors	(including but r	not li	mite	d to	tho	se lis	stec	d above) who received n	nore than					
\$100,000 of compensation from the organ	nization					0						000	(0.5.5.	
											Form	990 ((2023)	

Form 990 (20			Generation	IMPACT	Fou
Part VIII	Statemen	t of Re	venue		

			Check if Schedule O contains a respons	se or note to a	nv lir	ne in this Part VIII			
			Officer if Octrodule O contains a respons	SC OF FIOLE TO B	ary in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenuè excluded
							function revenue	business revenue	from tax under
<u> </u>			1 1						sections 512 - 514
nts	1 a	а	Federated campaigns 1a						
S a	ı	b	Membership dues1b						
s, ((С	Fundraising events 1c	7,	695.				
a ii		d	Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e						
io io			All other contributions, gifts, grants, and						
he E			similar amounts not included above 1f	272,	580.				
들턴			Noncash contributions included in lines 1a-1f						
کو		_	Total. Add lines 1a-1f			280,275.			
- 		<u>''-</u>	Total. Add lines 1a-11	Business C	·····	200,270.			
	_			Business	oue				
<u>ğ</u>	2 8								
le el	ı	b							
en S	•	С		-					
₹ Şe	•	d							
Program Service Revenue	•	е							
₫	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, int						
			other similar amounts)						
	4		Income from investment of tax-exempt bond						
	5		Royalties	•					
	•		(i) Real	(ii) Perso					
	6 -	_		(1)					
			Less: rental expenses 6b	+					
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·	- 1 (:) 04-					
	7 8		Gross amount from sales of (i) Securities	s (ii) Othe	er				
			assets other than inventory 7a						
	ı		Less: cost or other basis						
Jue			and sales expenses 7b						
Revenue	•	С	Gain or (loss)7c						
æ	•	d	Net gain or (loss)						
her	8 8	а	Gross income from fundraising events (not						
ŏ			including \$ 7,695. of						
			contributions reported on line 1c). See						
			Part IV, line 18	Ba	0.				
	ı		Г	Bb	0.				
			Net income or (loss) from fundraising events	 `		0.			
			Gross income from gaming activities. See						
	•			e l					
			F	9b					
			Net income or (loss) from gaming activities	_					
	10 8		Gross sales of inventory, less returns						
				0a					
				0b					
\rightarrow		С	Net income or (loss) from sales of inventory						
<u>s</u>				Business C	ode				
e e c	11 a	а							
Miscellaneous Revenue	ı	b							
e ge	(С							
Ĭŝ	(d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			280,275.	0.	0.	0.

332009 12-21-23

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

<u> </u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	L
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
ć	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	121,750.	107,132.	13,400.	1,218
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	146,791.	133,416.	13,375.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	20,545.	19,522.	1,023.	
	Fees for services (nonemployees):				
	Management				
	Legal	2,941.		2,941.	
	Accounting	7,735.		7,735.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	5 500	455		
	column (A), amount, list line 11g expenses on Sch 0.)	6,528.	155.	6,332.	41
	Advertising and promotion	29.		29.	
	Office expenses	1,955.	2 252	1,955.	
	Information technology	2,069.	2,069.		
	Royalties				
	Occupancy	17 074	17 074		
	Travel	17,874.	17,874.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	025	F20	402	
	Conferences, conventions, and meetings	935.	532.	403.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	698.		698.	
	Insurance	090.		030.	
i 	other expenses, item/2e 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.)				
	Events	3,300.	3,300.		
b '	Telephone	2,894.	2,894.		
c	Leadership Development	2,290.	2,290.		
d	Postage/Shipping	1,163.	·	1,163.	
e /	All other expenses	1,121.	519.		602
	Total functional expenses. Add lines 1 through 24e	340,618.	289,703.	49,054.	1,861
	Joint costs. Complete this line only if the organization	-	·		•
1	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		124,032.	1	63,689.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described	· ·		6	
Ś	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	124,032.	16	63,689.	
	17	Accounts payable and accrued expenses	•		17	7
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete P			21	
m	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substa				
ig		controlled entity or family member of any of these			22	
Ë	23	Secured mortgages and notes payable to unrelate	F		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay			2-7	
	23	parties, and other liabilities not included on lines				
		•	· · · ·		25	
	26			0.	26	0.
	20	Organizations that follow FASB ASC 958, chec	ck here X	٠.	20	•
es		and complete lines 27, 28, 32, and 33.	N liefe			
auc	27	Net assets without donor restrictions		115,569.	27	63,689.
3ali	28	Net assets with donor restrictions		8,463.	28	0.
P P	20	Organizations that do not follow FASB ASC 95		0,100.	20	٠.
Ξ			bo, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds	1		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equ			30	
۸ss					31	
et/	31 32	Retained earnings, endowment, accumulated inc		124,032.	32	63,689.
Z		Total liabilities and not assets/fund balances		124,032.	33	63,689.
	33	Total liabilities and net assets/fund balances		124,032.	აა	05,003.

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2023)

2

3

4

6

8

10

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Next Generation IMPACT Foundation 83-3560708

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete tl	nis part.) S	See instructions.	
he.	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz						the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,					
11	\vdash	An organization organized a	•	*	-			
12		An organization organized a	=	•	-		•	
		more publicly supported or						Check the box on
		lines 12a through 12d that				•	· · · · · ·	
а		☐ Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o					iti(-)	
b		☐ Type II. A supporting org	•					-
		control or management o organization(s). You mus			ame perso	ons mai co	ontroi or manage the sup	pported
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organization					• •	ea with,
d		Type III non-functionally		•				ization(s)
		that is not functionally int						
		requirement (see instruct	-	•	•		•	
е		Check this box if the orga	•	-				
		functionally integrated, or					<i>y</i> 1 <i>y y</i> 1 <i>y y</i> 1	
f	Ente	er the number of supported o	* *					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	11						l	1

332021 12-21-23

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			220,044.	374,237.	280,275.	874,556.
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			220,044.	374,237.	280,275.	874,556.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						172,304.
6	Public support. Subtract line 5 from line 4.						702,252.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4			220,044.	374,237.	280,275.	874,556.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						874,556.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						X
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2023 (r	14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	•		•		•	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop here	e. Explain in Part \	/I how the organiza	ation
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported or	rganization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, ch	eck this box and sto	p here. Explain in	Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a publicly	supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17b,	check this box a	nd see instructions	<u> </u>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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	<u> </u>					
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			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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		1	1	1	T	1
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	 					
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	[[<u> </u>
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	lion,
Se	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<u>, .~ ,</u>	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
 10b	~ 000\	2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ıstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

	dule A (Form 990) 2023 Next Generation IMPACT Foundation			3-3560708 Page 6
	t V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
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		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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-function	ally integrate	ed Type III supportina ord	ganization (see
	instructions).	, ,		

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
Δ.	Excess from 2023				

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

SCHEDULE 0 (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Employer identification number 83-3560708

Next Generation IMPACT Foundation	83-3560708
Form 990, Part VI, Section A, line 8b:	
The Organization does not have any committees with authority to act on	
behalf of the governing body.	
Form 990, Part VI, Section B, line 11b:	
The board will be issued the Form 990 for review each year before filing	_
the 990.	
Form 990, Part VI, Section C, Line 19:	
Available upon request.	

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