Mathematical of the second se			EXTENDED TO MAY 15, 2023		
Form TOTU Under section 501(c), 527, or 4471(a)(1) of the Internal Revenue Code (except private formation.) Current Comparison		Ω	nn Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047
Baseline Color baseline <thcolor baselin<="" th=""><td>For</td><td>m J</td><td></td><td></td><td>2021</td></thcolor>	For	m J			2021
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Disputing Disputing Bistricts, INC. 84-1811424 Disputing Number and street (of P.0. box if mail is not delivered to street address) BomSvite E Telephone number 646-768-4102 City or town, state or province, country, and ZIP or foreign postal code G coust-receits 1, 361,535. NEW YORX, NY 10004 H(a) Is this a group return for subordinates? Yes X No I Tax-exempt status: Si SIG(3) solf(c)(1) (insert.o.) 4947(a)(1) or JSZ7 I Tax-exempt status: Si SI C(1) solf(c)(1) (insert.o.) 4947(a)(1) or JSZ7 Vebsite: WWN. GI ID. ORG (insert.o.) 4947(a)(1) or JSZ7 M(b) we state origination: Yes X No Pert II Summary I Briefly describe the organization's mission or most significant activities: THE MISSION OF THE GLOBAL INSTITUTE IS TO STENGTHEN AN EMERGING, PLACE-BASED MODEL OF 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 4 Aural unrel of individuals employed in calendar year 2021 (Part VI, line 2) 6 4 7 a Total unrel of volunteers (estimate if necessary) 6 0 0 0 <td></td> <td>Addre</td> <td></td> <td></td> <td></td>		Addre			
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303 646-768-4102 City or town, state or province, country, and ZIP or foreign postal code G. Cross neepins 3 1, 361, 535. MEW YORK, NY 10004 F Name and address of principal officer/JULIE WAGNER H(a) Is this a group return for subordinates induced? Vest X No 1 Taxexempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or H(b) Re all subordinates induced? Vest X No 1 Taxexempt status: X 501(c)() 4047(a)(1) or L Year of formation: Year Si No 1 Wobsite: WWW CTID. ORG H(b) Re all subordinates induced? Year of formation: X (c) Sold: No 1 Briefly describe the organization: X (c) corporation Trust Association Other No.* 1 (S C) It is the organization is significant activities: THE MISSION OF THE GLOBAL 1 TITUTE IS TO STENCTHEN AN EMERGING, PLACE=BASED MODEL OF 2 Check this box 1 3 5 4 Number of indigendenter voting members of the governing body (Part VI, line 1a) 3 5 0 5 Total number of indigendenter voting members of the governing body (Part VI, line 1a) 105,0000. 1,044,		Initial			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004 G Coss receipts 5 1,361,535. Neme and address of principal officer_JULIE WAGNER 80 BROAD STREET, NEW YORK, NY 10004 H(b) har all a group return for subordinates? Ves X No 1 Tax-exempt status: X 501(c)(3) 501(c) (▲ (insert no.) 4947(a)(1 or	F	Final			02
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80 BROAD STREET, NEW YORK, NY 10004 I Taxexempt status: X 501(c)(3) 501(c) () ● (inset no.) 4947(a)(1) or 577 J Website: WWW.GIID.ORG H(b) Are all subcritations included? Ves instructions J Website: WWW.GIID.ORG Part I Corporation I Trust Association Other ► L Year of formation: 2019 M State of legal domicile: NY Part I Summary I Briefly describe the organization's mission or most significant activities: THE MISSION OF THE GLOBAL INSTITUTE IS TO STENGTHEN AN EMERGING, PLACE-BASED MODEL OF 2 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of vicing members of the governing body (Part V, line 1a) 3 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 5 Total number of vicing members of the governing body (Part V, line 2a) 6 6 Continuotheres (estimate if necessary) 6 7 a Total unrelated business revenue from Form 990 T, Part I, line 11 76 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 0 10 Investment income (Part VII, column (A), lines 13) 0 0 0 0 0 0 <td< th=""><td></td><td></td><td></td><td></td><td></td></td<>					
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K form of organization: X Corporation Trust Association Other L year of formation: 2019 M State of legal domicile; NY Part I Summary Insertify describe the organization's mission or most significant activities: THE MISSION OF THE GLOBAL Insertify describe the organization's mission or most significant activities: THE MISSION OF THE GLOBAL 1 INSTITUTE IS TO STENGTHEN AN EMERGING, PLACE-BASED MODEL OF 2 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 5 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 4 5 Total number of volunteers (estimate if necessary) 6 4 4 7a Total unrelated business texable income from Form 990-T, Part I, line 11 To 5, 0000. 1, 044, 738. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 1.536, 175. 315, 640. 12 Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10) 163,				527 If "No," attach a list	. See instructions
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 1, 157. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 163, 175. 1, 361, 535. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 318,000. 17,000. 16a Professional fundraising fees (Part IX, column (D), line 25) 66,118. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 341,226. 729,885. 18 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 659,226. 746,885. 19 19 Revenue less expenses. Subtract line 18 from line 12 -496,051. 614,650. 20 Total assets (Part X, line 16) 52,719. 90,113. 21 Total liabilities (Part X, line 26) 52,719. 90,113. 22 Net assets or fund balances. Subtract line 21 from line 20. 350,555. 965,205. Part II Signature Bloc	ē	8	Contributions and grants (Part VIII, line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 1, 157. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 163, 175. 1, 361, 535. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 318,000. 17,000. 16a Professional fundraising fees (Part IX, column (D), line 25) 66,118. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 341,226. 729,885. 18 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 659,226. 746,885. 19 19 Revenue less expenses. Subtract line 18 from line 12 -496,051. 614,650. 20 Total assets (Part X, line 16) 52,719. 90,113. 21 Total liabilities (Part X, line 26) 52,719. 90,113. 22 Net assets or fund balances. Subtract line 21 from line 20. 350,555. 965,205. Part II Signature Bloc	enu	9	Program service revenue (Part VIII, line 2g)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 1, 157. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 163, 175. 1, 361, 535. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 318,000. 17,000. 16a Professional fundraising fees (Part IX, column (D), line 25) 66,118. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 341,226. 729,885. 18 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 659,226. 746,885. 19 19 Revenue less expenses. Subtract line 18 from line 12 -496,051. 614,650. 20 Total assets (Part X, line 16) 52,719. 90,113. 21 Total liabilities (Part X, line 26) 52,719. 90,113. 22 Net assets or fund balances. Subtract line 21 from line 20. 350,555. 965,205. Part II Signature Bloc	Sev				• •
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) b Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					<u> </u>
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17 Other expenses (Part IX, column (A), lines T1a-T1d, T1F-24e) 341, 220: 725, 003: 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 659, 226: 746, 885: 19 Revenue less expenses. Subtract line 18 from line 12 -496, 051: 614, 650: 19 Revenue less expenses. Subtract line 18 from line 12 -496, 051: 614, 650: 20 Total assets (Part X, line 16) 403, 274: 1, 055, 318: 21 Total liabilities (Part X, line 26) 52, 719: 90, 113: 22 Net assets or fund balances. Subtract line 21 from line 20 350, 555: 965, 205: Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ben	h	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 66, 118.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 659,226.746,885. 19 Revenue less expenses. Subtract line 18 from line 12 -496,051.614,650. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 403,274.1,055,318. 21 Total liabilities (Part X, line 26) 52,719.90,113. 22 Net assets or fund balances. Subtract line 21 from line 20 350,555.965,205. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	341,226.	729,885.
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	sets alan	20	Total assets (Part X, line 16)	-	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	it As	21	Total liabilities (Part X, line 26)		-
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is	_			350,555.	965,205.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					owledge and belief, it is
	true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign Here	Signature of officer PAMELA PUCHALSKI, TREA Type or print name and title		Date							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JENNIFER COATES		self-employed P02247728							
Preparer	Firm's name 🕨 LUTZ AND CARR, C			Firm's EIN 13-1655065						
Use Only	Firm's address 551 FIFTH AVENUE	C, SUITE 400								
	NEW YORK, NY 10176 Phone no.212-697-2299									
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No						
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THE GLOBAL INSTITUTE ON INNOVATION		
	n 990 (2021) DISTRICTS, INC.	84-181142	24 Page 2
Ра	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	
•	THE MISSION OF THE GLOBAL INSTITUTE IS TO STRENGTHEN A	N EMERGING,	,
	PLACE-BASED MODEL OF INNOVATION-INNOVATION DISTRICTS-TO	•	,
	IMPACTFUL PLACE-BASED STRATEGY THAT CITIES AND REGIONS		7 ТО
	STRENGTHEN THEIR ECONOMIC COMPETITIVENESS AND SOCIAL E	QUITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the		TT
	prior Form 990 or 990-EZ?		Yes X No
~	If "Yes," describe these new services on Schedule O.	- ^	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	۶? L	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expr	enses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	• •	
	revenue, if any, for each program service reported.	· ·	
4a			L5,640. ₎
	DURING 2022, THE GLOBAL INSTITUTE SHIFTED FROM AN INTER		K TO A
	CUTTING-EDGE GLOBAL NETWORK OF 23 INNOVATION DISTRICTS		
	DEEP-LEARNING NETWORK RECEIVES EMPIRICAL ANALYSIS OF T AND LEADERSHIP ASSETS IN ADDITION TO COLLABORATIVE WOR		
	AND LEADERSHIP ASSETS IN ADDITION TO COLLABORATIVE WOR		
	STRATEGIC SUPPORT TO SELECT EMERGING DISTRICTS STRIVING		
	THEIR R&D AND ADVANCED INDUSTRY STRENGTHS. THESE COLLE		
	ARE BEING AGGREGATED TO DEVELOP PUBLIC-FACING MATERIAL	S AND NEW F	PUBLIC
	POLICY ADVICE TO SUPPORT THE INNOVATIVE AND EQUITABLE (GROWTH OF C	CITIES
	AND REGIONS.		
41-			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)	,	
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 599,178.)	
<u>4e</u>	Total program service expenses 599,178.	E	orm 990 (2021)
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	3		
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THE GLOBAL INSTITUTE ON INN 113 2021.05080

84-1811424 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		x
9	Schedule D, Part III	8		- 23
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-23	
D	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	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	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form 990 (2021)

Part IV Checklist of Required Schedules

2021.05080 THE GLOBAL INSTITUTE ON INN 11300_1

 Form 990 (2021)
 DISTRICTS, INC.

 Part IV
 Checklist of Required Schedules (continued)

Part 23 Did 24 Did 25 Sec 26 Did 27 Did 26 Did 27 Did 26 Did 27 Did 28 Wass a A cu "Ye: Did 28 A fa 29 Did 20 Did 21 Did	If the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on rt IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III If organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete hedule J If the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the t day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete hedule K. If "No," go to line 25a If the organization maintain an escrow account other than a refunding escrow at any time during the year to defease y tax-exempt bonds? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It as a solicit the transaction has not been reported on any of the organization with a disqualified person in a prior year, and the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete hedule L, Part I If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Introlled entity or family member of any	22 23 24a 24b 24c 24d 25a 25b 26	
 23 Did and Sch 24a Did last Sch b Did c Did c Did c Did 25a b Sch b Did C Did 25a c Did 35a c Did 35a c Did 35a c C Did 0 C C C C C C C C C C C C C C C C C C	 It he organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current d former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete hedule J</i>	24a 24b 24c 24d 25a 25b	
Ada and Sch Sch b Did c Did c Did c Did c Did c Did c any d Did 25a Sec tran b Istr that Sch 26 Did or fo con 27 Did or fo con 27 Did crea enti 28 Was inst a A co "Ye: 29 Did 20 d Did 25 a Sec tran b A fa c c A 35 "Ye: 29 Did con 27 Did crea 28 Was inst 28 C Was 20 C Did 20 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 25 C Did 26 C Did 27 C Did 27 C Did 27 C Did 27 C Did 27 C Did 27 C C 28 C 28 C 29 C 20 C 20 C 20 C 20 C 20 C 20 C 20	d former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete hedule J</i> . If the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the t day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete hedule K. If</i> "No," <i>go to line 25a</i>	24a 24b 24c 24d 25a 25b	
24 a Did last Sch b Did c Did c Did d Did d Did d Did c Did d Did c Did f Sec b Is th that Sch 26 Did con Con 27 Did creating Hat 28 Wats inst "rye: b A fat c A 32 29 Did 20 Did 21 Did	 It the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the t day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete hedule K. If "No," go to line 25a</i> It the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? It the organization maintain an escrow account other than a refunding escrow at any time during the year to defease y tax-exempt bonds? It the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? It of organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete hedule L, Part 1</i> It the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	24a 24b 24c 24d 25a 25b	
last Sch Sch Did C Did any d Did C Did C Did C Did C Did C C Did C C C C Did C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C	t day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete hedule K. If</i> " <i>No</i> ," <i>go to line 25a</i>	24b 24c 24d 25a 25b	
b Did c Did d Did 25 a Sec b Is tr b Is tr b Is tr b Is tr c Did 26 Did or fc con 27 Did c A cu "Ye: a b A fa c A 33 "Ye: Did 20 Did con Con 31 Did 32 Did	If the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? If the organization maintain an escrow account other than a refunding escrow at any time during the year to defease y tax-exempt bonds? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If the organization any act as an "on behalf of" issuer? If "Yes," complete Schedule L, Part I If the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete behalf L, Part I If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Introlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II If the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, eator or founder, substantial contributor or employee thereof, a grant selection committee memb	24b 24c 24d 25a 25b	
c Did d Did 25 a Sec b Is tr 26 Did 27 Did 28 Was a A cu "Yes b A fa 29 Did 20 Did 21 Did 22 Did	 d the organization maintain an escrow account other than a refunding escrow at any time during the year to defease y tax-exempt bonds? d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit insaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete hedule L, Part I</i> d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% ntrolled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> d the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, eator or founder, substantial contributor, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i>, as the organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i>, as the organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i>, as the organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i>, as the organization a party to a business transaction with one of the following parties (see the Schedule L, <i>Part III</i>, as the organization a party to a business transaction wit	24c 24d 25a 25b	
d Did 25 a Sec tran tran b Is th that Sch 26 Did 0 or fo con 27 Did 28 Wass a A cu "Yes A fa c A 33 "Yes Did 29 Did 30 Did 31 Did	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a 25b	
25a Sec tran tran b Is th that b Is th that 26 Did or for con 26 Did or for con 27 Did creation 28 Wassington a A cu "Yes b A far c A 33 "Yes 29 Did 30 Did 31 Did 32 Did	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit nsaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete hedule L, Part I</i> at the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% ntrolled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> at the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, thereof, a grant selection committee member, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	25a 25b	
tran b Is th that Sch 26 Did or for con 27 Did 28 Wass a A cu 28 Wass b A fa c A 38 "Yes Did 29 Did 30 Did 31 Did 32 Did	nsaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b	
b Is the that sch Sch Did 26 Did 27 Did 27 Did 28 Wass a A cu 28 Wass b A fa c A 33 "Yes Did 29 Did 30 Did 31 Did 32 Did	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i> <i>hedule L, Part I</i> d the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> d the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, eator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	25b	
or for con con 27 Did creation enti 28 Wastington a A cu "Yet b A fat c A 33 "Yet 29 Did 30 Did con State 31 Did 32 Did	If the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> If the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, eator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	26	
or for con con 27 Did creation enti 28 Wastington a A cu "Yet b A fat c A 33 "Yet 29 Did 30 Did con State 31 Did 32 Did	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% introlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26	
con 27 Did crea enti 28 Was inst a A cu "Ye: b A fa c A 38 "Ye: 29 Did 30 Did con 31 Did 32 Did	At the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, eator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L, Part III</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	26	
28 Crea enti 28 Was inst a A cu "Yes b A fa c A 38 "Yes 29 Did 30 Did 30 Did 31 Did 32 Did	eator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled tity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		
enti 28 Was inst a A cu "Ye: b A fa c A 33 "Ye: 29 Did 30 Did con 31 Did 32 Did	tity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		
inst a A cu "Ye: b A fa c A 3: "Ye: 29 Did 30 Did con 31 Did 32 Did		27	
a A cu "Ye: b A fa c A 3.4 "Ye: 29 Did 30 Did con 31 Did 32 Did			
b A fa c A 35 "Yes Did con con con bid con bid con bid bid bid bid bid	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> es, " complete Schedule L, Part IV	28a	
c A 3 "Yes 29 Did 30 Did con 31 Did 32 Did	amily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	
 29 Did 30 Did con 31 Did 32 Did 	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f es, " complete Schedule L, Part IV	 28c	x
BO Did con 31 B1 Did B2 Did	I the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
B1 Did B2 Did	I the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ntributions? If "Yes," complete Schedule M	30	
32 Did	I the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
	I the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete hedule N, Part II	32	
B3 Did	the organization own 100% of an entity disregarded as separate from the organization under Regulations ctions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	
84 Was	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		
	rt <i>V, line 1</i> I the organization have a controlled entity within the meaning of section 512(b)(13)?	34	
b If "Y	Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	
	hin the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b	
	Yes," complete Schedule R, Part V, line 2	36	
B7 Did	the organization conduct more than 5% of its activities through an entity that is not a related organization		
	d that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	
	te: All Form 990 filers are required to complete Schedule O	38	X
	Check if Schedule O contains a response or note to any line in this Part V		
			Yes
	ter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	2	
	ter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C	4	
			v
(gar) 32004 12-0	I the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming mbling) winnings to prize winners?	form	

THE GLOBAL INSTITUTE ON INNOVATION Form 990 (2021) DISTRICTS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

84-1811424 Page	5
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			Yes	Ν
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		\vdash
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country			F
	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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		L
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		L
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┞
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds.	-		L
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┝
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		┢
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			L
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			L
	Section 501(c)(12) organizations. Enter:			L
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			L
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
		124		t
b	It "Yes," enter the amount of tax-exempt interest received or accrued during the year I Izo I			L
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		ŀ
3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
3 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	<u>13a</u>		
3 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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	<u>13a</u>		
3 a b c	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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	13a 14a		
3 b c 4a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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			
3 b c 4a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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		
3 b c 4a 5	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Inter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
3 b c 4a 5	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Inter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14a 14b		
3 a b c 4a b 5	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Inter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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?	14a 14b		
3 a b c 4a b 5 6	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	14a 14b 15		
13 a b c 14a b 15 16	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	14a 14b 15		
3 a b c 4a 5 5 6 7	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Inter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	14a 14b 15		

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

Form 990 (2021)

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.

84-1811424

Page **6**

X

Sec	tion A. Governing Body and Management											
		1 1	сE		Yes	No						
1 a	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.		1									
b	Enter the number of voting members included on line 1a, above, who are independent	1b										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			0		x						
2	officer, director, trustee, or key employee?		·····	2								
3	Did the organization delegate control over management duties customarily performed by or under the			2		x						
4	of officers, directors, trustees, or key employees to a management company or other person?			3 4		X						
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9. Did the organization become aware during the year of a significant diversion of the organization's as			4 5		X						
6				6		X						
0 7a												
74	more members of the governing body?	•		7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		·····	14								
~	persons other than the governing body?	•		7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
	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 rea		·····									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R											
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		[10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such c											
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	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		L	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		[12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y											
	on Schedule O how this was done			12c	<u>X</u>							
13	Did the organization have a written whistleblower policy?			13	Х							
14	Did the organization have a written document retention and destruction policy?			14		X						
15	Did the process for determining compensation of the following persons include a review and approva	•										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v						
	The organization's CEO, Executive Director, or top management official			15a		X X						
b	Other officers or key employees of the organization			15b		<u>^</u>						
40	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 arranged			10-		x						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		····· -	16a								
a	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate											
				16b								
Sec	exempt status with respect to such arrangements?			100								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 50	1(c)(3)	only	avail	ahle						
10	for public inspection. Indicate how you made these available. Check all that apply.		. (0)(0)5	, orny,	avall	2010						
		on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	icv. and	l finar	ncial							
	statements available to the public during the tax year.		, and									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records										
	PAMELA PUCHALSKI - 646-768-4102											
	80 BROAD STREET STE 303, NEW YORK, NY 10004											
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-	7					. ,						

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Form 990 (20	021)	DISTRICT	'S, INC	•			84-18
Part VII	Compensation	of Officers,	Directors	s, Trustees,	, Key Employees,	Highest C	compensated
	Employees, an	d Independe	ent Contra	actors			

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

DISTRICTS, INC.

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both ar officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ru stee			en sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loyee	e com		1099-NEC)		and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAMELA PUCHALSKI	20.00	Ē	Ë	5	Ke	Ξe	요			
TREASURER	20.00	x		x				73,500.	0.	0.
(2) JULIE WAGNER	60.00									
PRESIDENT		x		x				0.	0.	0.
(3) CARRIE KOLASKI	1.00									
SECRETARY		x		x				0.	0.	0.
(4) THOMAS OSHA	1.00									
BOARD CHAIR		X		Х				0.	0.	0.
(5) BRUCE KATZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		<u> </u>	<u> </u>							
										
132007 12-09-21						~				Form 990 (2021)

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	THE GLOBA		ΙT	JTI	Ξ	ON	II	NN	OVATION				-
	990 (2021) DISTRICTS									84-181	.142	4	Page 8
Par	t VII Section A. Officers, Directors, Trus		ploy I	ees			ighe	st (·	
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ited it of
		(list any hours for related organizations below line)				,	from torganization grow torganization and relation	sation he ation ated					
	Subtotal								73,500.).		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.73,500.).		0.
2	Total number of individuals (including but n							no r			<u> </u>		
	compensation from the organization												0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-				•	3	Yes	s No X
4	For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	ela	ted organization or indiv	idual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J 1	or si	uch	pers	son .				. 5		X
1	Complete this table for your five highest co										ensatio	n from	
	the organization. Report compensation for (A)		ear	endi	ng v	vith	or w	ithi	n the organization's tax (B)	year.		(C)	
	Name and business	address	N	ONI	E				Description of s	ervices	Com	pensat	ion
2	Total number of independent contractors (i \$100,000 of compensation from the organi	e e	iot li	mite	d to		se li: 0	steo	d above) who received n	nore than			
											For	m 990	(2021)

132008 12-09-21

			DISTRICTS, IN	IC .			84-1811	424 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)		
						(B) Related or exempt		(D) Revenue excluded
					Total revenue		business revenue	from tax under
nts nts								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
		b	Membership dues 1b					
			Fundraising events 1c					
Sift ar			Related organizations 11		1			
imil			Government grants (contributions) 1e		1			
r Si			All other contributions, gifts, grants, and					
the				044,738.				
d		g	Noncash contributions included in lines 1a-1f					
ano			Total. Add lines 1a-1f	•	1,044,738.			
				Business Code				
e,	2	а	CONSULTING FEES	541611	315,640.	315,640.		
vic	_	b			-			
Sei		c						
an eve		d						
Program Service Revenue		ē						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f		315,640.			
	3		Investment income (including dividends, intere					
	Ŭ		other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	5		(i) Real	(ii) Personal				
	6	2			1			
	0		Gross rents		1			
			Rental income or (loss) 6c		-			
	7		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	'	a			-			
		L	assets other than inventory 7a Less: cost or other basis		-			
Q		D						
evenue		_	and sales expenses 7b Gain or (loss) 7c		-			
sev.								
er R	•		Net gain or (loss) Gross income from fundraising events (not	····· 🕨				
Other	8	a						
0			including \$ of contributions reported on line 1c). See					
			. ,					
		h	/					
			Less: direct expenses 8b Net income or (loss) from fundraising events					
	•			····· 🕨				
	9	d	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19 9a Less: direct expenses 9b		-			
			Net income or (loss) from gaming activities					
	10			/				
	10	d	Gross sales of inventory, less returns and allowances 10 a					
		h			-			
			•					
		С	Net income or (loss) from sales of inventory	Business Code				
sno	11	2	OTHER INCOME	900099	1,157.			1,157.
Miscellaneous Revenue		a b			-,,-			-,
ella iver								
Be		c d						
Σ			All other revenue		1,157.			
	12		Total revenue. See instructions		1,361,535.	315,640.	0.	1,157.
10000				····· P	<u>+,301,333</u>	515,010		Form 990 (2021)
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	990 (2021) DISTRICTS, I			84-18	11424 Page 10
	rt IX Statement of Functional Expense			and the setures (A)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-		37
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 1 0 0 0			
	trustees, and key employees	17,000.	5,667.	5,667.	5,666.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a		410.		410.	
b		30,771.		30,771.	
	Accounting	50,771.		50,771.	
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	590,724.	502,195.	29,071.	59,458.
12	Advertising and promotion	33077210	50271551	2370710	33,1301
13	Office expenses				
14	Information technology	10,858.	8,472.	1,392.	994.
15	Royalties		• / = / = /		
16	Occupancy				
17	Travel	960.	960.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,307.		8,307.	
23	Insurance	4,350.		4,350.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS	81,884.	81,884.		
b	BANK CHARGES	1,621.	,	1,621.	
c		,		,	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	746,885.	599,178.	81,589.	66,118.
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)				
					Earm 990 (2021)

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Form **990** (2021)

2021.05080 THE GLOBAL INSTITUTE ON INN 11300_1

	990 () † X	Balance Sheet	• •			0-1	1011424 Page 11
i ui		Check if Schedule O contains a response or not	e to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			229,745.	1	469,936.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			159,068.	3	428,071.
	4	Accounts receivable, net	0.	4	153,157.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in section 49	58(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			2,000.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,922. 20,768.			
	b	Less: accumulated depreciation		20,768.	12,461.	10c	4,154.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			403,274.	16	1,055,318.
	17	Accounts payable and accrued expenses			52,719.	17	90,113.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Sche	dule D		21	
es	22	Loans and other payables to any current or form	ner officer, dire	ctor,			
i <u>t</u> i		trustee, key employee, creator or founder, subs	tantial contribu	tor, or 35%			
Liabilities		controlled entity or family member of any of thes	se persons			22	
-	23	Secured mortgages and notes payable to unrela	ated third partie	es		23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to relate	ed third			
		parties, and other liabilities not included on lines	s 17-24). Comp	lete Part X			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			52,719.	26	90,113.
s		Organizations that follow FASB ASC 958, che	eck here 🕨 🗋	X			
JCe		and complete lines 27, 28, 32, and 33.			01E EEE		400.000
alar	27	Net assets without donor restrictions			315,555.	27	403,802.
βË	28	Net assets with donor restrictions			35,000.	28	561,403.
ů		Organizations that do not follow FASB ASC 9	58, check her	e ▶ 🗀 🛛			
۳.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec		_		30	
ľ A	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			350,555.	32	965,205.
	33	Total liabilities and net assets/fund balances			403,274.	33	1,055,318. Form 990 (2021)

Form **990** (2021)

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THE (GLOBAL	INSTITUTE	ON	INNOVATION
DIST	RICTS.	INC.		

Form	990 (2021) DISTRICTS, INC.	84-18	11424	Pag	ge 12
Pa	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	1,361		
2	Total expenses (must equal Part IX, column (A), line 25)	2			85.
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	350),5	55.
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	965	5,2	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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	d 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 separat	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

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				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.							OMB No. 1545-0047
		nue Service		► Go to www.irs	.gov/Form990 fo				nformation.		Inspection
Nan	ne of t	he organizati		GLOBAL I RICTS, I	NSTITUTE	ON]	INNOVAT	ION			identification number 4-1811424
Pa	rt I	Reason			JS. (All organizati	ons mus	st complete tl	his part.) S	See instruction		
					is: (For lines 1 th						
1					ciation of churche						
2					(ii). (Attach Sched						
3					organization des)(b)(1)(A)(i	ii).		
4		-	=	-	-				-	(iii). Enter	the hospital's name,
		city, and state	e:								
5		An organizati	on operated f	or the benefit of	a college or unive	ersity ow	ned or opera	ted by a g	overnmental	unit descrik	ped in
		section 170	(b)(1)(A)(iv).	Complete Part II.))						
6		A federal, sta	te, or local go	vernment or gov	ernmental unit de	escribed	in section 17	70(b)(1)(A))(v).		
7	Χ	An organizati	on that norma	ally receives a su	bstantial part of it	s suppo	ort from a gov	ernmenta	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 17	0(b)(1)(A)(vi). (Co	mplete F	Part II.)				
9		An agricultura	al research org	ganization descri	ibed in section 17	70(b)(1)(A)(ix) operate	ed in conji	unction with a	land-grant	college
		or university o	or a non-land-o	grant college of a	agriculture (see in	structior	ns). Enter the	name, cit	y, and state c	of the colleg	e or
		university:									
10											nd gross receipts from
											from gross investment
					ome (less section	511 tax	() from busine	esses acqu	uired by the o	rganization	after June 30, 1975.
11				mplete Part III.)	aluaivaly to tost f	or public	antoty Soo	contion F	00(0)(4)		
12	\square	-	-	-	clusively to test for	-	-			arry out the	purposes of one or
12		0	0	•	cribed in section		· ·		-	•	e purposes of one or
				-	pe of supporting		-				
а		7	•	-	ed, supervised, or	-		-		-	r aivina
-				-	to regularly appoi		•	-			
			-		/, Sections A and						
b		Type II. A s	upporting org	anization superv	vised or controlled	d in conr	nection with it	ts support	ed organizati	on(s), by ha	iving
		control or n	nanagement o	of the supporting	organization ves	ted in th	e same perso	ons that c	ontrol or man	age the sup	ported
		organizatio	n(s). You mus	t complete Part	t IV, Sections A a	and C.					
c		Type III fur	ctionally inte	egrated. A suppo	orting organizatio	n operat	ed in connec	tion with,	and functiona	ally integrat	ed with,
			0	.,.	tions). You must		-				
C		••			supporting organi		•			•	
					ganization genera	•	-		•	d an attent	iveness
					complete Part I						
e			0		d a written deterr				a Type I, Type	e II, Type III	
	Ente				nctionally integrate						
f					oorted organizatio						
		i) Name of supp		(ii) EIN	(iii) Type of or		(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described or above (see ins		Vee	No	support (see i	nstructions)	support (see instructions)
Tota	al										

Schedule A (Form 990) 2021 DJ Part II Support Schedule for C	ISTRICTS , Drganizations		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(1424 _{Pag} /i)
(Complete only if you checked	-					-
fails to qualify under the tests			-			
Section A. Public Support			•			
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(a) 2017	(6) 2010	(0) 2013	(0) 2020	(e) 2021	
membership fees received. (Do not						
include any "unusual grants.")		1146789.	150,000.	105,000.	1044738.	244652
2 Tax revenues levied for the organ-		1110/050	10070000	100,000	1011/000	211052
ization's benefit and either paid to						
er evnended en ite behelf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1146789.	150,000.	105,000.	1044738.	244652
4 Total. Add lines 1 through 3		1140709.	130,000.	105,000.	1044/30.	244032
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,						111100
column (f)						111489 133163
6 Public support. Subtract line 5 from line 4.						133103
Section B. Total Support	() 00/7	(1) 00 / 0	() 00/0	(1) 0000	()	(0
alendar year (or fiscal year beginning in)	(a) 2017	(b) 2018 1146789.	(c)2019 150,000.	(d) 2020 105,000.	(e) 2021 1044738.	(f) Total 244652
7 Amounts from line 4		1140709.	150,000.	105,000.	1044/30.	244052
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						
0 Other income. Do not include gain						
or loss from the sale of capital			4 800			
assets (Explain in Part VI.)			1,792.		1,157.	
1 Total support. Add lines 7 through 10						244947
2 Gross receipts from related activities, o					12	315,64
3 First 5 years. If the Form 990 is for the						. г
organization, check this box and stop						▶[
ection C. Computation of Public						
4 Public support percentage for 2021 (lin					14	
5 Public support percentage from 2020						
6a 33 1/3% support test - 2021. If the or						
stop here. The organization qualifies a						
b 33 1/3% support test - 2020. If the or						
and stop here. The organization qualif						
7a 10% -facts-and-circumstances test						
and if the organization meets the facts	-and-circumstanc	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
meets the facts-and-circumstances tes	st. The organization	on qualifies as a p	ublicly supported	organization		Þl
b 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the	e facts-and-circur	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the	-
organization meets the facts-and-circu	metances test TI	he organization qu	alifies as a nublicl	v supported organ	ization	

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

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THE GLOBAL INSTITUTE ON INNOVATION

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	0		+ 0

DISTRICTS, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-	-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		1				
14	First 5 years. If the Form 990 is for th	e organization's f	first, second, third	fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
<u> </u>	check this box and stop here						▶∟
-	ction C. Computation of Publ					11	
	Public support percentage for 2021 (I		-			15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves		-			1 1	
17						17	%
	Investment income percentage from 2					18	%
19a	133 1/3% support tests - 2021. If the						e 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check t	this box and see in		
1320	23 01-04-22			1.0		Schedule	e A (Form 990) 2021
о г <i>с</i>		~ ~ ~	01 05000	16			
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DISTRICTS, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 disgualified 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.)

132024 01-04-21

10b Schedule A (Form 990) 2021

84-1811424 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

17

DTSTRTCTS

84-1811424

Sche	dule A (Form 990) 2021 DISTRICTS, INC.	84-181142	4 Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or 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 sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor	officers, oported		
	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		
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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	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			
<u></u>	supported organizations played in this regard.	3		
	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 ins	tructions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>)	
c	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity.	tity (see instructio		N
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			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
	rustees of each of the supported organizations: in res of two provide details in Fait VI.	Ja		

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

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Sche	edule A (Form 990) 2021 DISTRICTS, INC.			34-1811424 _{Page} 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
-	Observations if the community of the companies time is first as a result for the	the first strength	and There is 111 an ended a station of a second	

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

Schedule A (Form 990) 2021

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	t V Type III Non-Functionally Integrated 509		nizotiono		4-1011424 Page 7
		(a)(3) Supporting Orga	anizations (continu	led)	O
	on D - Distributions			4	Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		-	2	
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	wide details in Dart VII)		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the			7	
8		ne organization is responsive	÷		
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	(1)	(::)	10	/:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

	Form 990) 2021	DISTRICTS,	INC.	ON INNOVATION	84-1811424 _{Pa}
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	prmation. Provide the 1, 2, 3b, 3c, 4b, 4c, 5a, 6), lines 2 and 3; Part IV, S	explanations require 6, 9a, 9b, 9c, 11a, 11 Section E, lines 1c, 2a	b, and 11c; Part IV, Section E	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V
32028 01-04-2	2		2		Schedule A (Form 990)

(For	HEDULE D n 990)	Complete if t	ental Financial Statemer he organization answered "Yes" on Form 9 3, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	990,	OMB No. 1545-0047 2021 One on to Bublic
	ment of the Treasury Revenue Service	►Go to www.irs.gov/	Attach to Form 990. Form990 for instructions and the latest inference of the second	ormation.	Open to Public Inspection
Nam	e of the organizat		ITUTE ON INNOVATION		Employer identification numb
	Ū	DISTRICTS, INC.			84-1811424
Pa	rt I Organiz	tions Maintaining Donor A	dvised Funds or Other Similar Fu	nds or A	ccounts.Complete if the
	organizatio	n answered "Yes" on Form 990, Pa	t IV, line 6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	id of year			
2		contributions to (during year)			
3		f grants from (during year)			
4		end of year			
5			sors in writing that the assets held in donor a	dvised fun	ds
	-		ation's exclusive legal control?		
6			donor advisors in writing that grant funds can		
	•		donor or donor advisor, or for any other purp		•
Pa			the organization answered "Yes" on Form 99		
1		ervation easements held by the ord	÷	-,	,
•		of land for public use (for example,		n of a histo	prically important land area
		f natural habitat	·		fied historic structure
		of open space			
2		• •	a qualified conservation contribution in the fo	orm of a co	peopletion assement on the last
2	day of the tax yea				Held at the End of the Tax Y
~					2a
					2a 2b
b					20 2c
C L			oric structure included in (a)		20
a			quired after 7/25/06, and not on a historic str		
~					2d
3		ation easements modified, transfer	red, released, extinguished, or terminated by	the orgar	nization during the tax
	year ►				
4		where property subject to conserva		—	
5	-		the periodic monitoring, inspection, handling		
			nents it holds?		
6	Staff and voluntee	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing o	conservati	on easements during the year
_	►	<u> </u>			
7		es incurred in monitoring, inspectin	g, handling of violations, and enforcing conse	ervation ea	asements during the year
	▶\$				
8			d) above satisfy the requirements of section		
9	In Part XIII, descri	e how the organization reports cor	servation easements in its revenue and expe	ense stater	ment and
	balance sheet, an	I include, if applicable, the text of th	ne footnote to the organization's financial sta	tements th	nat describes the
_		ounting for conservation easements			
Pa		-	ons of Art, Historical Treasures, o	r Other	Similar Assets.
	Complete i	the organization answered "Yes" o	n Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB	ASC 958, not to report in its revenue stateme	ent and ba	lance sheet works
	of art, historical tr	asures, or other similar assets held	for public exhibition, education, or research	in furthera	nce of public
	service, provide ir	Part XIII the text of the footnote to	its financial statements that describes these	items.	
b	If the organization	elected, as permitted under FASB .	ASC 958, to report in its revenue statement a	ind balanc	e sheet works of
	art, historical treas	ures, or other similar assets held fo	r public exhibition, education, or research in t	furtheranc	e of public service,
	provide the follow	ng amounts relating to these items:			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$
2			ical treasures, or other similar assets for final		
	•		ASB ASC 958 relating to these items:	- /	
а	-		с 		▶ \$
		eduction Act Notice, see the Instr			Schedule D (Form 990) 20
	1 10-28-21	,			
			29		
250	511 759420	11300 20	21.05080 THE GLOBAL INS	STITU	FE ON INN 11300

Schedule DiForm 990; 221 DISTRICTS, INC. 84 4 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued; Substance Dublic exhibition d Loan or exchange program Dublic exhibition d Loan or exchange program d Dot or exchange program Dublic exhibition d Dot or exchange program d Dot or exchange program During the organization's acquisition solited traceovid ontains of air A flatorical trassures, or other similar assets to be ead to raise funds rather than to be maintained as part of the organization's sciencifor? No Part IVI Exconsion of the organization's collections? No Part IVI Exconsion of the organization's collection? Yes No Part IVI Exconsion an agent, thuses, custodian or other intermedially for contributions or other assets not included on form 980, Part X, ine 21. Yes No I 1**set, "eignating balance. d Amount d d d d d d d d d d d d d d d d d d d d			BAL INSTIT	UTE ON	INNOVATIO	N			
General set organization is acquisition, accession, and other records, check any of the following that make significant use of its collection them (shock all that apply):									
collection items (check all that apply): Collection items (check all that apply): Scholarly research Context is excluded in the organization is completed in the organization is completed on the organization is completed in a set in the organization is context is assets Provide a description of the organization is collection? Part V Encore and CutStocial Arrangements. Complete if the organization is collection? Previde a data fraction is control that that to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and point intrustee, custocial and complete it the organization answered "Yes" on Form 990, Part X, line 21. Is the organization and point integration is a context assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Part V Endowment Funds. Complete the organization include an amount on Form 990, Part X, line 21. Is the instance. Is a grinning of year balance. Is a containings, gains, and losses Is and programs.	Par	t III Organizations Maintaining C	ollections of A	rt, Historio	al Treasures,	or Other S	Similar Ass	ets(continu	Jed)
a Public exhibition d □ can or exchange program b Scholary research e □ Other c Preservation for future generations e □ Other d Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. Status d During the year. □ escole to raise funds rather than to be mantaned as part of the organization answerd "Yes" on Form 990, Part X, line 21. No Part IV Escore wand CutoScholal Arrangements. Complete the organization answerd "Yes" on Form 990, Part X, line 21. No d If the organization an agent, trustes, custodian or other intermodary for contributions or other assets not included on form 990, Part X ine 21. Yes No d If they arrangement in Part XIII and complete the following table: Amount Image: the arrangement in Part XII. Part V a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the organization has been provided on Part VII. Image: the arrangement in Part XII. Check here if the organization answerd "Yes" on Form 990, Part X, line 21. d If the organization ansound on Form 990, Part X, line 21. Image: the arr	3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the following the	at make sign	ificant use of it	ts	
b Scholarly research e Cher c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the year. did the organization solicit or recoive domations of art, historical treasures, or other similar assets Image: Scholar Scho									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collection?	а		d						
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? Part IV ESCON and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anound to form 990, Part X, line 21, Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is the organization and explain the atrangement in Part XIII and complete the following table: Amount Coll diditions during the year Id Distributions If Yes; "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Bagnining of year balance If Part Part Part Part Part Part Part Part	b		e	Othe	·				
5 During the year, did the organization societ or receive donations of art, historical treasures, or other similar assets	С	-							
tops sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. The is the organization an agent, fustes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X No b If 'Yes, '' explain the arrangement in Part XIII and complete the following table: Amount Yes No c Beginning balance 1d Image: Complete ithe organization in clude an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No b If 'Yes, '' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete ithe organization include an amount on Form 990, Part X, Ine 21, for escrow or custodial account liability? Yes No b Contributions 1a Contributions 1d Image: Complete ithe organization chas been provided on Part XIII Part V Endowment Funds. Complete ithe organization answered 'Yes' on Form 990, Part IV, Ime 10. Image: Complete ithe organization is able (d) Three years back (e) Four years back if a faither expanditures for faither and programs Image: Complete ithe organization is advertee organization is advertee organization is advertee endowment the organization is advertee endowment the prosession of the organization is advertee org	4							art XIII.	
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1a Land		Description of property		•					value
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	(Form 990) 2021	DISTRICTS,	INC.	8	34-1811424 Page 3
Part VII		Other Securities.			
				11b. See Form 990, Part X, line 12.	
		GOIV (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
	held equity interests	S			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
		0, Part X, col. (B) line 12.)			
Part VIII		Program Related.			
	(a) Description of			11c. See Form 990, Part X, line 13.	
	(a) Description of	Investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	Other Assets.	0, Part X, col. (B) line 13.) 🕨			
Fartix		repization answered "Vee	on Form 000 Dort IV line	11d. See Form 990, Part X, line 15.	
	Complete il trie org		Description	The See Form 990, Part A, line 15.	(b) Book value
(4)		(a)	Description		
(1)					
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<u>(4)</u>					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	mn (h) must equal Fr	orm 990, Part X, col. (B) lir	00 15)		
Part X	Other Liabilitie				
i urc /			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.	-	escription of liability			(b) Book value
	eral income taxes				(-)
(2)					
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(6)					
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	mn (h) must equal Fr	orm 990 Part X col (R) lir	ne 25.)	•	▶
				o the organization's financial statemen	ts that reports the
		e		organization o mianolal statemen	

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...

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Schedule D (Form 990) 2021 DISTRICTS, INC. 84–1811424 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Ves" on Form 990, Part IV, line 12a. 1 1, 361, 535. A mounts included on line 1 but not on Form 990, Part VII, line 12: 1 1, 361, 535. a Me unrealized gains (losses) on investments 2a 2a 2a b Donated services and use of facilities 2a 2a 2a 0. G Other (Describe in Part XIII.) 2a 2a 0. 3 1, 361, 535. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 1, 361, 535. 4 4 Amounts included on Form 990, Part VIII, line 7b 4a 4b 4c 0. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i> 5 1, 361, 535. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 1, 361, 535. Complete if the organization answered "Yes" on Form 990, Part I, line 12. 5 1, 361, 535. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 <t< th=""><th></th><th>THE GLOBAL INSTITUTE ON I</th><th>NNOVATION</th><th></th><th></th></t<>		THE GLOBAL INSTITUTE ON I	NNOVATION		
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Part XIII Supplemental Information.	С	Add lines 4a and 4b			• •
	_				746,885.
	Pa				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

SCHEDULE F (Form 990)			ivities Outside the Ur n answered "Yes" on Form 990, Part			оме 9	³ No. 1545-0047
	Completen	the organizatio	Attach to Form 990.	1 v , IIIe 140, 1	5, 01 10.	<u> </u>	
Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/Fo	prm990 for instructions and the lates	t information.		Open 1 Inspec	o Public tion
Name of the organization		-			Employer i	identific	ation number
THE GLOBAL INST	CITUTE ON	INNOVAT	ION				
DISTRICTS, INC.					84-181		
		Activities Our	tside the United States. Comple	ete if the orgar	ization answ	ered "Ye	es" on
Form 990, Part I	•						
•	•		ds to substantiate the amount of its gr the selection criteria used to award the			י 🗆 ו	/es 🗌 No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistan	ce outsi	de the
3 Activities per Region. (The following Parl	t I, line 3 table ca	an be duplicated if additional space is	needed.)			
(a) Region	(b) Number of				vity listed in ((f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service e specific type		expenditures for and
	in the region	independent contractors	recipients located in the region)		(s) in the regi		investments
		in the region					in the region
CENTRAL AMERICA AND		1		SUPPORT OF			0 000
THE CARIBBEAN		1	PROGRAM SERVICES	AND NETWORE	C PROGRAMS		9,000.
EAST ASIA AND THE							
PACIFIC		1	G&A				5,017.
							5,017.
EAST ASIA AND THE							
PACIFIC			FUNDRAISING				7,525.
EAST ASIA AND THE				SUPPORT OF	THE RESEAR	RCH	
PACIFIC			PROGRAM SERVICES	AND NETWORE	R PROGRAMS		12,542.
EUROPE		8	G&A				21,219.
EUROPE			FUNDRAISING				52,500.
FIDODE			DROCRAM CEDUICEC	SUPPORT OF		ксн	201 759
EUROPE			PROGRAM SERVICES	AND NETWORN	. FRUGRAMS		301,758.
				SUPPORT OF	THE RESEAT	RCH	
NORTH AMERICA		2	PROGRAM SERVICES	AND NETWORE			3,437.
	0	12					412,998.
3 a Subtotal b Total from continuation							2,550.
sheets to Part I	0	3					38,406.
c Totals (add lines 3a							,
and 3b)	0	15					451,404.
			tions for Form 900		<u> </u>		(orrm 000) 2021

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2021

132071 12-20-21

			TUTE ON INNOVATION		_
Schedule F (Form 990)	DISTRICT	S, INC.		84-181142	4 Page 1
(a) Region	(b) Number of		1. (Schedule F (Form 990), Part I, line (d) Activities conducted in region	3) (e) If activity listed in (d)	(f) Total
	offices in the region	employees or agents in region	(b) Your the conductor in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	expenditures for region
				SUPPORT OF THE RESEARCH	
SOUTH AMERICA		2	PROGRAM SERVICES	AND NETWORK PROGRAMS	4,840.
				SUPPORT OF THE RESEARCH	
SOUTH ASIA		1	PROGRAM SERVICES	AND NETWORK PROGRAMS	33,566.
Totals		3			38,406.

132181 04-01-21

15250511 759420 11300

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				1	
exempt 501(c)(3) orga 3 Enter total number of	nization by the IRS, o other organizations o	or for which the grantee or entities	or counsel has provided a sec			>		

84-1811424

Page 2

132073 12-20-21

THE GLOBAL INSTITUTE ON INNOVATION DISTRICTS, INC.

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

84-1811424

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Scheo	lule F (Form 990) 2021 DISTRICTS, INC.	84-1811424	Page 4
Par	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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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

Schedule F (Form 990) 2021

132074 12-20-21

	(Form 990) 2021	THE GLOBAL DISTRICTS,		ON INNO	VATION	84-1811424	Page 5
Part V	Supplementa						
						ounting method; amounts of	
						ethod); and Part III, column (c)
	(estimated humbe	er of recipients), as app	blicable. Also compl	ete triis part to pr	ovide any additional in	formation. See instructions.	

SCHEDULE L	I	Tra	insactior	ıs V	Vith	Inte	erested	Ρ	ersons			10	MB No.	1545-0	047
(Form 990)				swere	d "Yes	s" on F	orm 990, Par	t IV	, line 25a, 25b, 2	26, 27	, 28a,		2	02	'1
Department of the Treasury Internal Revenue Service		e to s	► Atta	ich to	Form	990 or	Form 990-E2	Ζ.	est information.				pen T spect		olic
Name of the organizatio	-		L INSTIT								ploye	r ident	•		umber
	DISTRI											3114	24		
	Benefit Trans		-									• •			
1	f the organizatio		Relationship bet									JD.	(d)	Corre	ected?
(a) Name of disqual	lified person	. ,	person and o				(0	;) De	escription of tran	sactio	אנ חנ			es	No
													-		
2 Enter the amount of	of tax incurred by	the o	rganization mar	naders	or dise	nualifie	d nersons du	rina	the year under						
			-	-		-	-	-	-		▶ \$				
3 Enter the amount of	of tax, if any, on l	ne 2, a	above, reimburs	sed by	the or	ganiza	tion				▶ \$				
Part II Loans to	o and/or From	n Int	erested Per	sons											
	if the organization					, Part	V, line 38a or I	=orn	n 990, Part IV, lir	ne 26;	or if tł	ne orga	anizati	ion	
reported a	n amount on For			-								W-X AD	Drovoc		
(a) Name of interested person	(b) Relation with organ		(c) Purpose of loan	(d) Loan to or from the		(e) Original principal amount	(f) Balance due				by bo	(h) Approved by board or committee?		Vritten ement?	
	i introrgan	Lation	oriouri		zation? From	l .	ipai amount			Yes	No	Yes		Yes	-
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											<u> </u>	┼──			
												+			
Total							> \$								
	or Assistance if the organization		-												
(a) Name of intere							Amount of		(d) Type	of		(e) Purp	ose c	of
			(b) Relationship between interested person and the organization			assistance			assistance			assistance			
											+				
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		_									-				
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		_									\rightarrow				
											-+				
LHA For Paperwork R	eduction Act N	otice,	see the Instruc	tions	for Fo	rm 990) or 990-EZ.				Sche	dule l	. (For	m 990) 2021

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Part IV Business Transactions Involv	ing Interest	ed Persons.				
Complete if the organization answered	"Yes" on Form	990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person		ip between interested d the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
URBAN INSIGHT SAGL	OWNER OF	INTERESTED	153,000.	PAYMENT TO		Х

Part V Supplemental Information.

Schedule L (Form 990) 2021

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: URBAN INSIGHT SAGL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNER OF INTERESTED PERSON IS SPOUSE OF THE ORGANIZATION'S PRESIDENT

(D) DESCRIPTION OF TRANSACTION: PAYMENT TO INTERESTED PERSON FOR

SERVICES PROVIDED BY THE ORGANIZATION'S PRESIDENT AND PROJECT MANAGER

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. THE GLOBAL INSTITUTE ON INNOVATION Emp

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

84-1811424

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

INC.

INNOVATION-INNOVATION DISTRICTS-TO BE AN IMPACTFUL PLACE-BASED STRATEGY

THAT CITIES AND REGIONS CAN DEPLOY TO STRENGTH THEIR ECONOMIC

COMPETITIVENESS AND SOCIAL EQUITY.

DISTRICTS,

FORM 990, PART IV, LINE 34:

RELATIONSHIP TO GIID EUROPE

GIID EUROPE IS A SWISS NONPROFIT AFFILIATED WITH THE ORGANIZATION. THE

ORGANIZATION AND GIID EUROPE SHARE A COMMON BOARD MEMBER AND THE SPOUSE

OF THE ORGANIZATION'S PRESIDENT SERVES AS THE PRESIDENT AND BOARD CHAIR

OF GIID EUROPE. DURING THE YEAR ENDED JUNE 30, 2022, THE ORGANIZATION

PAID GIID EUROPE \$57,000 FOR CERTAIN SERVICES PROVIDED BY THE

ORGANIZATION'S PRESIDENT AND PROJECT MANAGER.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY DURING THE YEAR.

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

THE 990 IS SUBMITTED BY THE TREASURER TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

15250511 759420 11300

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Name of the organization THE GLOBAL INSTITUTE ON INNOVATION DISTRICTS, INC.	Employer identification number 84-1811424
BOARD DELEGATED POWERS IS REQUIRED TO ANNUALLY COMPLETE A	ND SIGN A CONFLICT
OF INTEREST POLICY ACKNOWLEDGEMENT, CONFLICT OF INTEREST	DISCLOSURE FORM,
AND INDEPENDENT DIRECTOR AFFIRMATION. ANY POTENTIAL OR AC	TUAL CONFLICTS OF
INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS OR A	UDIT COMMITTEE FOR
EVALUATION BY THE REMAINING INDEPENDENT DIRECTORS TO DETE	RMINE IF A
CONFLICT OF INTEREST EXITS, AND IF SO, EVALUATE WHETHER T	O ENTER INTO THE
RELATED TRANSACTION OR ARRANGEMENT. FAILURE TO DISLOSE AC	TUAL OR POSSIBLE
CONFLICTS OF INTEREST ARE SUBJECT TO APPROPRIATE DISCIPLI	NARY AND
CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD VOTES ON COMPENSATION; NEITHER PRESIDENT OR TRE	ASURER ARE PRESENT
FOR BOARD DELIBERATIONS OR VOTING ON COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS WERE NOT MADE AVAILABLE TO THE PUBLIC DURIN	G THE TAX YEAR.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
GRAPHIC DESIGN:	_
PROGRAM SERVICE EXPENSES	8,190.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,190.
EDITING AND TRANSLATION:	
PROGRAM SERVICE EXPENSES	280.
MANAGEMENT AND GENERAL EXPENSES	220.
FUNDRAISING EXPENSES	0.
132212 11-11-21 42	Schedule O (Form 990) 2021
250511 759420 11300 2021.05080 THE GLOBAL INSTITU	TE ON INN 113001

Page 2

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization THE GLOBAL INSTITUTE ON INNOVATION DISTRICTS, INC.	Pa Employer identification num 84-1811424
TOTAL EXPENSES	50
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	493,72
MANAGEMENT AND GENERAL EXPENSES	28,85
FUNDRAISING EXPENSES	59,45
TOTAL EXPENSES	582,03
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	590,72