990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change PROJECT DRAWDOWN 38-3705448 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 651-243-3116 Initial return 428 MINNESOTA ST STE 500 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SAINT PAUL MN 55101 8,271,141 G Gross receipts\$ Amended return Name and address of principal officer: Yes H(a) Is this a group return for subordinates? Application pending JONATHAN FOLEY 428 MINNESOTA ST STE 500 H(b) Are all subordinates included? If "No," attach a list. See instructions SAINT PAUL MN 55101 **X** 501(c)(3) 501(c) () (insert no.) 527 Tax-exempt status: 4947(a)(1) or WWW.DRAWDOWN.ORG Website: H(c) Group exemption number Year of formation: 2005 X Corporation Trust M State of legal domicile: Form of organization: Association Other Part I Summarv 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 24 5 6 Total number of volunteers (estimate if necessary) 0 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 7,709,336 4,722,106 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 392,000 332,467 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 102,411 210,709 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,955 16,673 5,275,472 8,269,185 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 3,689,021 3,520,206 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 374, 913 1,392,062 959,116 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,081,083 4,479,322 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,789,863 194,389 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year or 4,623,077 8,543,786 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 205,607 336,476 22 Net assets or fund balances. Subtract line 21 from line 20 417,470 8,207,310 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here JONATHAN FOLEY EXECUTIVE DIRECTOR Type or print name and title Preparer's name Preparer's signature PTIN Check Paid RYAN N. HAGAN, CPA 09/08/25 self-employed P00293011 **Preparer** ALTRUIC ADVISORS, **CPAS** 46-1335331 Firm's name Firm's EIN **Use Only** 417 FOREST AVENUE

PLYMOUTH, MI

May the IRS discuss this return with the preparer shown above? See instructions

48170

888-298-5297

P	art III	Statement of Pro Check if Schedul				ne in this Part III		X
1		escribe the organization's SCHEDULE O						
2		rganization undertake ar m 990 or 990-EZ?				were not listed on the		Yes X No
	-	describe these new serv						🗀 100 🗀 110
3	Did the o	rganization cease condu?	ıcting, or mak	e significant cha	anges in how it conducts	, any program		Yes X No
_		describe these changes						
4	expenses	s. Section 501(c)(3) and	501(c)(4) org	ganizations are re	equired to report the amo	est program services, as rount of grants and allocation		
	the total	expenses, and revenue,	if any, for eac	h program servi	ce reported.			
	Code:) (Expenses :	\$	364,279	including grants of \$) (Revenue \$)
	• • • • • • • • • • • • • • • • • • • •							
	O (Code:) (Expenses)	Φ ,		including grants or \$) (nevertue \$	
	: (Code:	\/Evnopses	¢	710 638	including grants of \$) (Revenue \$	328,809)
) (Expenses :	Ψ	,10,030	including grants of \$.) (nevertue \$	
40		ogram services (Describ	e on Schedul	e O.)	· •) (5	2 400 74	:4 >
46	(Expense Total pro	es \$ 844 gram service expenses	e,U∠8 in	cluding grants or 3,447,	^{⊤ \$} 661) (Revenue \$	3,480,76)

Form 990 (2024) PROJECT DRAWDOWN 38-3705448 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 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 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 12a Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

Checklist of Required Schedules (continued)

						Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	า					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the						
	organization's current and former officers, directors, trustees, key employees, and highest compensated					v	
04-	employees? If "Yes," complete Schedule J				23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	246					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2	240			240		х
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24a 24b		A
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				240		
С	to defease any tax-exempt hands?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess b	enefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	00			25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr	ior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E						
	If "Yes," complete Schedule L, Part I				25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr	ent					
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II				26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	еу					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee						
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Yes," complete Schedule L, Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedul	е					
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf					
	"Yes," complete Schedule L, Part IV				28a		X
b					28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				00-		v
20	"Yes," complete Schedule L, Part IV				28c		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>				29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>				30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i>	I Part			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	, ran	'				
02	complete Schodule N. Part II				32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation						
	acetions 201 7701 2 and 201 7701 22 If "Vos." complete Schodule P. Bart I				33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ili						
	or IV, and Part V, line 1				34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				05-		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable						
	related organization? If "Yes," complete Schedule R, Part V, line 2				36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	on					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b						
300200	19? Note: All Form 990 filers are required to complete Schedule O.		<u></u>		38	X	
P	Statements Regarding Other IRS Filings and Tax Compliance	,					
	Check if Schedule O contains a response or note to any line in this Part	V	<u></u>				
_	Enter the manches are entered in heavily of Ferry 1000 February C. Verstand P. 11	. د ا	,	26	\$333333	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		26 D	6000000		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	т,	<i>-</i>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c	teresesses	X
	TOPOGRAPIO GRITHING (GRITHOMING) WITHINGO LO DILEO WITHING TO						

Pê	Statements Regarding Other IRS Filings and Tax Compliance (continue)	nued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			00000000		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	24	0000000		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $_{\cdot}$			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco			888888		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					•
				<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of					
_	gifts were not tax deductible?			6b	33333333	(0.000000000000000000000000000000000000
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			::::::::::::::::::::::::::::::::::::::		v
	16 6V - 1 did the consequence of the decomplete the decomplete the control of the			76		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7-		х
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract.					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 88					Λ
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f					
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		JIII 1090-0 !	111		
Ü				8		000000000
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the energy in a graphization make any tayable distributions under a setion 40002			9a		00000000
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	.00				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
-	against amounts due or received from them	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	********	******
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	In the experientian licensed to incur qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			***		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the experiencian receive any nermonte for indeed tenning any idea during the toy year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			00000000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ne?		16	L	X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	;				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes." complete Form 6069.					

Form 990 (2024) PROJECT DRAWDOWN

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or			00000000		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7	00000000		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			0000000		
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		owing:			
а	The governing body?		_	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Int			•	•	
				,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts	 s?		Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			***		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	30000000
b	Other officers or key employees of the erganization			15b		Х
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				-000000000	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a tayable entity during the year?			16a	00000000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b	000000000	.00000000
Sec	etion C. Disclosure			100	l .	<u> </u>
17	List the states with which a copy of this Form 000 is required to be filed.					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section					
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	50 1 (0	-1			
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	nolicy				
	and financial statements available to the public during the tax year.	policy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.					
	NNE MARSHALL 428 MINNESOTA ST STE 500					

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

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

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

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

Check this box if neither the organ	ization nor any related organiza	ation compensated any curre	ent officer, director, or trustee.

(A) Name and title	(B) Average hours per week	off	x, unle icer ar	Posi heck i ss per nd a di	more rson i irecto	than or s both a r/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JONATHAN FOLEY										
	40.00									
EXECUTIVE DIRECTOR	0.00			X				417,968	0	60,392
(2) RESHMA PATTNI	40.00									
FINANCE DIRECTOR	0.00	-		X				151,020	0	42,016
(3) ELIZABETH BAGLEY				21				131,020	<u> </u>	42,010
(6) 2222122211 2110222	40.00									
MANAGING DIRECTOR	0.00	•		X				223,431	0	46,410
(4) TOOD REUBOLD									-	
	40.00									
MARKETING DIRECTOR	0.00				X			185,964	0	56,064
(5) MATTHEW SCOTT										
	40.00									
ENGAGEMENT DIRECTOR	0.00				X			164,648	0	18,489
(6) STEPHAN NICOLEAU										
	1.00									
CHAIR	0.00	X		X				0	0	0
(7) JENNIFER CALDWEL										
	1.00	X		X					0	0
SECRETARY (8) PEGGY LIU	0.00	X		X				0	0	<u> </u>
(8) PEGGI LIU	0.50									
DIRECTOR	0.00	X						0	0	0
(9) ANGELA MWANZA	0.00	Λ						U	0	
(3) ANGELIA IMANUA	0.50									
DIRECTOR	0.00	X						0	0	0
(10) BRADLEY PALMER	0.00									
(11, 11, 11, 11, 11, 11, 11, 11, 11, 11,	0.50									
DIRECTOR	0.00	X						0	0	0
(11) LAURA TURNER SEY										
	0.50									
DIRECTOR	0.00	X						0	0	0 Form 990 (2024)

	(A) Name and title	(B) Average hours per week	bo	x, unle		rson i	s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) (12)	2) LOLA WOETZEL RECTOR	0.50 0.00	x						0	0	0
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b c	Subtotal Total from continuation sheet	ets to Part VII, Se	ectio	n A					1,143,031		223,371
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (increportable compensation from t	luding but not lim	ited						1,143,031 who received more than \$100),000 of	223,371
3 4 5	Did the organization list any for employee on line 1a? <i>If "Yes," o</i> For any individual listed on line organization and related organization in the list of the	mer officer, directomplete Schedu 1a, is the sum of zations greater th	etor, f le J f repo an \$	for su ortabl 150,0 mper	uch in e con 000? nsatio	ndivi mpei If "Y on fro	dual nsatio 'es," om a	on ar com	nd other compensation from plete Schedule J for such nrelated organization or indiv	ridual	3 X 4 X 5 X
Sect 1	ion B. Independent Contractor Complete this table for your five	highest compen									
	compensation from the organization	ation. Report com (A) I business address	npen	satio	n for	the	calen	dar		e organization's tax year. (B) tion of services	(C) Compensation
2	Total number of independent correceived more than \$100,000 o							ose I	listed above) who	0	

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

38-3705448 Form 990 (2024) PROJECT DRAWDOWN Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) (A) (D) Revenue excluded Unrelated from tax under business revenue sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, 7,709,336 and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1<u>g</u> h Total. Add lines 1a-1f 7,709,336 Business Code 332,467 332,467 SERVICE FEES Program Service Revenue f All other program service revenue 332,467 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 210,915 210,915 Income from investment of tax-exempt bond proceeds 16,354 16,354 Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) **7a** Gross amount from (ii) Other (i) Securities sales of assets 1,750 other than inventory 7a b Less: cost or other Other Revenue basis and sales exps. 7h 1,956 -206 c Gain or (loss) 7с -206 -206 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory **Business Code** iscellaneous Revenue 319 319 OTHER INCOME

319

348,615

8,269,185

0

All other revenue

Total. Add lines 11a–11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,186,750 712,494 294,889 179,367 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,681,558 1,586,517 3,371 91,670 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 432,951 325,886 56,511 50,554 9 218,947 172,032 27,184 19,731 Payroll taxes Fees for services (nonemployees): a Management 3,903 3,903 Legal 46,674 46,674 c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,600 (A), amount, list line 11g expenses on Schedule O.) 457,105 400,217 54,288 69,609 70,084 475 12 Advertising and promotion 5,010 1,581 2,987 442 13 Office expenses Information technology 88,463 50,496 16,900 21,067 14 Royalties 15 16 Occupancy 102,686 65,266 29,539 7,881 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials $3,\overline{878}$ 3,878 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,234 Depreciation, depletion, and amortization 6,234 22 16,024 16,024 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 33,81635,191 1,375 **EVENT EXPENSES** 33,334 33,334NET PRESENT VALUE DISCOUN 32,337 32,337 BANK AND SERVICE CHARGES 14,418 43,775 13,517 863 38 SUPPLIES AND EQUIPMENT d 12,352 30,335 1,088 e All other expenses 656,7484,479,322 3,447,661 374,913 Total functional expenses. Add lines 1 through 24e 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)

-0000000000	Check if Schedule O contains a response or i	note to any line in this	s Part X			
				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest-bearing			458,430	1	373,143
2	Savings and temporary cash investments				2	5,603,840
3				230,250	3	2,441,666
4					4	
5		ner officer, director,				
	trustee, key employee, creator or founder, substantia		1000			
	controlled entity or family member of any of these pe	rsons			5	
6	Loans and other receivables from other disqualified	persons (as defined				
2	under section 4958(f)(1)), and persons described in	section 4958(c)(3)(l	B)		6	
Assets					7	
8 ۴					8	
9	Dranaid armanasa and deferred abarres			9,045	9	15,471
10	Da Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	30,334			
	b Less: accumulated depreciation		14,730	22,636	10c	15,604
11	Investments—publicly traded securities				11	44,062
12				3,852,716	12	
13					13	
14				50,000	14	50,000
15	Other coats Coa Dart IV line 44			15		
16			4,623,077	16	8,543,786	
17	Accounts payable and accrued expenses			205,607	17	288,565
18				18		
19					19	47,911
20					20	
21					21	
က္ 22	Loans and other payables to any current or former o	fficer, director,				
Liabilities	trustee, key employee, creator or founder, substantia	al contributor, or 35%	6			
abi	controlled entity or family member of any of these pe	rsons			22	
그 ₂₃	Secured mortgages and notes payable to unrelated	hird parties			23	
24		d nortice			24	
25	6 Other liabilities (including federal income tax, payabl	es to related third				
	parties, and other liabilities not included on lines 17-	24). Complete Part >	X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			205,607	26	336,476
	Organizations that follow FASB ASC 958, check	here X				
es	and complete lines 27, 28, 32, and 33.					
ဋ 27	Net assets without donor restrictions			2,744,264 1,673,206	27	2,884,754
E 28	Net assets with donor restrictions			1,673,206	28	2,884,754 5,322,556
힏	Organizations that do not follow FASB ASC 958					
교	and complete lines 29 through 33.					
Ö 29				29		
30	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				30	
8 31					31	
Net Assets or Fund Balances 22 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	2 Total net assets or fund balances		L	4,417,470	32	8,207,310
2 33				4,623,077	33	8,543,786

Form **990** (2024)

	990 (2024) PROJECT DRAWDOWN 38-3705448			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	8,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,4	79,:	<u> 322</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4,4		
5	Net unrealized gains (losses) on investments	5		•	-23
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,2	07,3	<u> 310</u>
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:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ĺ

Form **990** (2024)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

 $\label{lem:complete} \textbf{Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.}$

Attach to Form 990 or Form 990-EZ.

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

2001 No. 1545-0047

Open to Public Inspection

PROJECT DRAWDOWN

Employer identification number 38-3705448

P.	art I	Reas	on for Public Charity	Status. (All organization	s must	complet	e this part.) See instruct	ons.			
The	orga	nization is not a	private foundation because it	t is: (For lines 1 through 12, chec	k only one	e box.)					
1		A church, cor	envention of churches, or associate	ciation of churches described in	section 1	70(b)(1)(A	۸)(i).				
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 9	990).)						
3		A hospital or a	a cooperative hospital service	organization described in sectio	n 170(b)(1)(A)(iii).					
4	П	•	•	n conjunction with a hospital desc		,, ,, ,	'0(b)(1)(A)(iii). Enter the hospita	al's name.			
		city, and state	•								
5		-		a college or university owned or c							
	ш	_	b)(1)(A)(iv). (Complete Part II		poratou b	y a govoiii	miorital ariti docorroca in				
6		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ernmental unit described in sect i	ion 170(b)(1)(A)(v)					
7	X			bstantial part of its support from							
•			section 170(b)(1)(A)(vi). (Co		a governii	iontai anii	or from the general pablic				
8				0(b)(1)(A)(vi). (Complete Part II.)						
9	Ħ	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university o	or a non-land-grant college of a	agriculture (see instructions). En	ter the nar	ne, city, a	nd state of the college or				
40											
10				nore than 33 1/3% of its support functions, subject to certain exc							
				unrelated business taxable incor							
			9	1975. See section 509(a)(2). (C	,		tax, nom baomecee				
11		An organization	on organized and operated exc	clusively to test for public safety.	See secti	on 509(a)	(4).				
12	П	J	•	clusively for the benefit of, to perf		` '	` '				
				ns described in section 509(a)(1							
		the box on line	es 12a through 12d that descr	ribes the type of supporting organ	nization ar	d complet	e lines 12e, 12f, and 12g.				
	а	Type I. A	supporting organization oper	ated, supervised, or controlled by	its suppo	orted organ	nization(s), typically by giving				
		the suppo	orted organization(s) the powe	r to regularly appoint or elect a m	ajority of t	he directo	rs or trustees of the				
		supporting organization. You must complete Part IV, Sections A and B.									
	b	Type II. A	A supporting organization sup-	ervised or controlled in connection	n with its	supported	organization(s), by having				
			•	ng organization vested in the sam	e persons	that conti	rol or manage the supported				
			on(s). You must complete F								
	С			upporting organization operated in uctions). You must complete P e							
	d	Type III r	non-functionally integrated.	. A supporting organization opera	ted in con	nection w	ith its supported organization(s)				
		that is not	functionally integrated. The o	organization generally must satisf	y a distrib	ution requ	irement and an attentiveness				
				ust complete Part IV, Sections							
	е	Check thi	s box if the organization received	ved a written determination from	the IRS th	at it is a T	ype I, Type II, Type III				
				functionally integrated supporting	organizat	ion.					
	f		ber of supported organization llowing information about the								
	g				(:-A 0						
(I		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
		J		above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
_											
(C)											
. ,											
(D)											
` ′											
(E)											
` '											
Tota											

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

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

Sec	tion A. Public Support	Traine to quality			p		
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,284,736	3,919,932	3,246,009	4,722,106	7,709,336	24,882,119
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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	5,284,736	3,919,932	3,246,009	4,722,106	7,709,336	24,882,119
6	shown on line 11, column (f)						991,572
6 Sec	Public support. Subtract line 5 from line 4	<u> </u>	·····		<u> </u>	*******************************	23,890,547
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	5,284,736	3,919,932	3,246,009	4,722,106	7,709,336	24,882,119
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,231,10	3,123,102	3,270	102,411	210,915	316,596
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,559	38,945	48,923	58,955	319	222,701
11	Total support. Add lines 7 through 10						25,421,416
12	Gross receipts from related activities, etc. (s					12	348,821
13	First 5 years. If the Form 990 is for the org	· ·	and, third, fourth, o	r fifth tax year as a	section 501(c)(3)		
Car	organization, check this box and stop here						
	tion C. Computation of Public S	• •				T T	
14	Public support percentage for 2024 (line 6,			f)))			93.98%
15	Public support percentage from 2023 Sched						98.12%
ıba	33 1/3% support test — 2024. If the organ						X
h	box and stop here. The organization qualification 33 1/3% support test — 2023. If the organ		-			abook	A
b	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test — 202					ie	
174	10% or more, and if the organization meets	•				15	
	Part VI how the organization meets the facts			-	•		
	organization		_				
b	10%-facts-and-circumstances test — 202	23. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and lin	е	
	15 is 10% or more, and if the organization n	neets the facts-and-c	ircumstances test	, check this box and	d stop here. Explai	n	
	in Part VI how the organization meets the fa	cts-and-circumstand	es test. The organ	ization qualifies as	a publicly supported	d	
	organization						
18	Private foundation. If the organization did	not check a box on li	ne 13, 16a, 16b, 1	7a, or 17b, check th	nis box and see		_
	instructions						

Schedule A (Form 990) 2024

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.)

Sac	tion A. Public Support	quality under	the tests listed	below, please	complete Fait	11.)		
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2020	(5) 2021	(C) LOLL	(d) 2020	(6) 2024		(i) Total
•	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						5000000	
8	Public support. (Subtract line 7c from							
S00	line 6.) tion B. Total Support						30000	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(f) Total
9	Amounts from line 6	(a) 2020	(b) 2021	(6) 2022	(u) 2023	(6) 2024		(I) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						\perp	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec					•	
Sec	tion C. Computation of Public Su		ntage				<u> </u>	
15	Public support percentage for 2024 (line 8, c			(f))			15	%
16	Public support percentage from 2023 Sched	lule A. Part III. line	15	(•//			16	%
	tion D. Computation of Investme							
<u> </u>	Investment income percentage for 2024 (line			olumn (f))			17	%
18	Investment income percentage from 2023		U P 47				18	%
19a	33 1/3% support tests — 2024. If the organ							
-	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests — 2023. If the organ		-				• •	_
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19h	o, check this box ar	nd see instructions			

Part IV **Supporting Organizations**

(Complete only if you checked a box on 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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule	9 /	۹ (Form ۹	990) 2024

Schedu	ale A (Form 990) 2024 PROJECT DRAWDOWN	38-3/03448		Page 5
Par	Supporting Organizations (continued)			1
		0000000	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	110	***********	
h	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b		000000000000000000000000000000000000000
С	provide detail in Part VI.	11c	*********	
Sect	ion B. Type I Supporting Organizations	110		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of	ficers,		
	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 s	upported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am	ong the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations		,	
		P0000000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	<u></u>	
Sect	ion D. All Type III Supporting Organizations		T 1/	
			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?	<u>1</u>	300000000000000000000000000000000000000	388888888888888888888888888888888888888
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		100000000000000000000000000000000000000	
•	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	200000000000000000000000000000000000000	:00:00:00:00:00:00:00:00:00:00:00:00:00
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	600000000000000000000000000000000000000	
Sect	ion E. Type III Functionally Integrated Supporting Organizations		<u></u>	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)		
·	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ity (see instructions).		
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 each of its supported organizations, and how the organization determined	1	**********	
	that these activities constituted substantially all of its activities.	2a	350505050505	656666666666
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	2b		
	have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	- Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	00000000	100000000000000000000000000000000000000	100000000000000000000000000000000000000

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20), 1970) (explain in Part VI). See		
	instructions. All other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.		
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
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			
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III sup	oporting organization		
	(see instructions).			Schodulo A (Form 990) 2024	

Schedule A (Form 990) 2024

	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued	<u>)</u>	1 age 1
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2024 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount				
Secti	ection E – Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2024			s	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required–explain in Part VI). See				
	instructions.			888888	
3	Excess distributions carryover, if any, to 2024				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	From 2023				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			000000	
-	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years			000000	
-	Applied to 2024 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.		***************************************	20000000	
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
	Excess from 2021				
c	Excess from 2022				
d	Excess from 2023				

Schedule A (Form 990) 2024

e Excess from 2024

Schedule A (Form 990) 2024 PROJECT DRAWDOWN 38-3705448 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

	B, lines 1 3a, and 3l	and 2; Part b; Part V, li	t IV, Sectior ne 1; Part V	n C, line 1; P /, Section B,	3c, 4b, 4c, art IV, Sect line 1e; Pa		nd 3; Part IV, S lines 5, 6, and	nd 11c; Part IV, Section E, lines I 8; and Part V, ee instructions.)	
			· <u></u>		<u> </u>				
PART I	I, LINE	10 - 0	THER IN	COME DET					
					\$	222,701			

SCHEDULE D (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PROJECT DRAWDOWN 38-3705448 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in 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 and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X......

Pa	rt III Organizations Maintaini	ng Collections o	f Art, Hi	storical T	reasures,	or Other Si	milar	Assets	(cont	inue	d)
3	Using the organization's acquisition, accessical collection items (check all that apply).								,		,
a b	Public exhibition Scholarly research	<u> </u>		change prog							
	Preservation for future generations	e	Other								
С 4	Provide a description of the organization's co	lloctions and evolain he	wy thoy furt	thar the organ	nization's ever	mot purposo in E	ort				
7	XIII.	illections and explain no	ow they full	iner ine organ	IIZALIOI I S GAGI	inpi purpose in i	ait				
5	During the year, did the organization solicit or	r receive donations of a	rt historica	al treasures <i>i</i>	or other simils	ar					
Ū	assets to be sold to raise funds rather than to								□ Y	es	No
Pa	rt IV Escrow and Custodial A										
	Complete if the organization 990, Part X, line 21.	on answered "Yes	on For	m 990, Pa	art IV, line	9, or reporte	d an a	mount	on Fo	rm	
1a	Is the organization an agent, trustee, custodia										_
	included on Form 990, Part X?								Y	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table.								
									Amour	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo									es	No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds	Check here if the expla	anation has	s been provid	ed in Part XIII						
	Complete if the organization	on answered "Ves	" on For	m 990 Ps	art IV line	10					
	Complete ii the organizati	(a) Current year		rior year	(c) Two yea		Three year	s back	(e) Fou	ır years	back
1a	Beginning of year balance		. ,	•	, , ,				. ,		
	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre		ne 1g, colu	umn (a)) held	as:						
	Board designated or quasi-endowment	%									
	Permanent endowment%	•									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c sho	·									
3a	Are there endowment funds not in the posses	ssion of the organization	n that are h	neld and adm	inistered for t	he					1
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?	area Perede e como ford							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Da	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Eq		nent funds	•							
га	Complete if the organization		" on For	m 990 Pa	art IV line	11a See Fo	rm 991	ገ Part	X line	10	
	Description of property	(a) Cost or other b		(b) Cost or o	-	(c) Accumula		J, 1 art	(d) Book		
		(investment)		(othe		depreciation			(0) = 00.		
1a	Land			*				333			
b	Buildings				ŀ	*******************	<u> </u>	2000			
c	Leasehold improvements										
	Equipment				30,334	1	4,73	0		15,	604
	Other						•				
	. Add lines 1a through 1e. (Column (d) must e		, line 10c,	column (B))						15,	604

	Investments – Other Securities	F 000 D IV/ I	44b O F 000 P-4 V P 40
	Complete if the organization answered "Yes" (a) Description of security or category	On Form 990, Part IV, II (b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
1) Financial c	lerivatives		
	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(F)			
(G)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related	an Farma 000 Dart IV II	no 11a Cao Farm 000 Bart V line 10
	Complete if the organization answered "Yes"	on Form 990, Part IV, II (b) Book value	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
/1\			Cook of one of your manor take
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))		
(9)	n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
(9) Γotal. (Columi		on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
(9) Γotal. (Columi	Other Assets	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
(9) Fotal. (Columi Part IX	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Columi Part IX	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2)	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, li	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B))	on Form 990, Part IV, li	
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes"		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, li	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25. (a) Description of liabilities	on Form 990, Part IV, li	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25.	on Form 990, Part IV, li	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25. (a) Description of liabilities	on Form 990, Part IV, li	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3)	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25. (a) Description of liabilities	on Form 990, Part IV, li	(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3) (4)	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25. (a) Description of liabilities	on Form 990, Part IV, li	(b) Book value
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(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" line 25. (a) Description of liabilities	on Form 990, Part IV, li	(b) Book value

Pa	Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Fo			
1	Total revenue, gains, and other support per audited financial statements			8,760,340
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			0,700,540
	Net unrealized gains (losses) on investments	2a	-23	
b	Donated services and use of facilities	2b	491,178	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	491,155
3	Subtract line 2e from line 1		3	8,269,185
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		***************************************	,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			8,269,185
Pa	Reconciliation of Expenses per Audited Financi		-	rn
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line		4 070 F00
1				4,970,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-	491,178	
a	Donated services and use of facilities	2a	491,170	
	Prior year adjustments	0-		
	Other (Describe in Part VIII.)			
	Other (Describe in Part XIII.)		20	491,178
3	Add lines 2a through 2d		2e 3	4,479,322
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,17,522
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)		***************************************	
	Care: (2000:120 iii: 41.7 iiii)		000000000	
С	Add lines 4a and 4b		4c	
С	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1a			4,479,322
с 5 Р а	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. IT XIII Supplemental Information	8.)	5	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322
c 5 P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.); Part IV, lines 1b and 2b; I	5 Part V, line 4; Part X, line	4,479,322

Schedule D (Fo	orm 990) (Rev. 12-20	24) PROJECT	DRAWDOWN		38-3/05448	Page 5
Part XIII	orm 990) (Rev. 12-20 Supplementa	Information (a	continued)			
	Сирристопи	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i>			
				 		• • • • • • • • • • • • • • • • • • • •

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

PROJECT DRAWDOWN

Employer identification number 38-3705448

	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		.00000000	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			10000000
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		:00000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
	1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		[8000000000000000000000000000000000000	F00000000
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	20000000	14444444	14000000
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) (Rev. 12-2024) PROJECT DRAWDOWN

Part II

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

38-3705448

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

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

	: : :				:		
	(b) Breakdown of V	W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in celumn (B) reported
(A) Name and Title	(I) base compensation	(II) Bonus & incentive compensation	(III) Otner reportable compensation	compensation	Derleits	(D)-(I)(D)	as deferred on prior Form 990
JONATHAN FOLEY	(1) 417,968	0 8:	0	60,392	0	478,360	0
1 EXECUTIVE DIRECTOR	(E)		0	0	0		0
RESHMA PATTNI	(1) 151,020	0	0	42,016	0	193,036	0
2 FINANCE DIRECTOR	(E)		0	0	0	0	0
ELIZABETH BAGLEY	(1) 223,43		0	46,410	0	269,841	0
3 MANAGING DIRECTOR	(ii)	0	0	0	0	0	0
	(i) 185,964	0 7:	0	56,064	0	242,028	0
4 MARKETING DIRECTOR	(E)		0	0	0	0	0
	(i) 164, 648	0	0	18,489	0	183,137	0
5 ENGAGEMENT DIRECTOR	(E)		0		0	0	0
	(i)						
9	(E)						
	(II)						
	(ii)						
	(ii)						
	(ii)						
	(i)						
12	(II)						
13	(II)						
14	(ii)						
15	(II)						
91	(I)						

DAA

Schedule J (Form 990) (Rev. 12-2024)

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Schedule J (Form 990) (Rev. 12-2024) PROJECT DRAWDOWN	38-3705448 Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	o, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.	
	Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

SOLUTIONS IN ACTION.

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

PROJECT DRAWDOWN

38-3705448

Employer identification number

FORM 990 - ORGANIZATION'S MISSION PROJECT DRAWDOWN'S MISSION IS TO DRIVE MEANINGFUL CLIMATE ACTION BY ADVANCING SCIENCE-BASED SOLUTIONS AND STRATEGIES. PROJECT DRAWDOWN'S WORK IS FOCUSED ON THREE PILLARS: SCIENCE - ADVANCING SCIENCE-BASED CLIMATE SOLUTIONS AND STRATEGIES; STAKEHOLDERS - ENGAGING KEY STAKEHOLDERS AND EMPOWERING BOLD CLIMATE LEADERSHIP; AND STORIES - TELLING HUMAN STORIES OF

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT COMMUNICATIONS: OUR RIGOROUS, CUTTING-EDGE RESEARCH IDENTIFIES THE BEST POSSIBLE CLIMATE SOLUTIONS AND DESIGNS THE MOST EFFECTIVE STRATEGIES TO BRING THEM TO SCALE. WE THEN SHARE OUR FINDINGS WITH THE WORLD THROUGH EFFECTIVE SCIENCE COMMUNICATION, MARKETING CAMPAIGNS, AND MEDIA PARTNERSHIPS. FOR EXAMPLE, WE HAD OVER 1.3 MILLION USERS FROM 230 COUNTRIES AND TERRITORIES ACCESS CLIMATE SOLUTIONS INFORMATION ON OUR WEBSITE IN 2024, AND THERE HAVE BEEN MORE THAN 1.2 MILLION VIEWS OF DR. JONATHAN FOLEY'S TWO TED TALKS SINCE THEY WERE RELEASED. THERE HAVE BEEN 12,500 DOWNLOADS OF PROJECT DRAWDOWN'S PUBLICATIONS IN THE LAST YEAR. FROM THE TED STAGE, INTERNATIONAL CLIMATE MEETINGS AND CLIMATE WEEK TO TOP-TIER MEDIA OUTLETS AND BOARDROOMS ACROSS THE WORLD, WE AMPLIFY THE IMPORTANCE OF SCIENCE-BASED CLIMATE ACTION.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT SCIENCE: THE DRAWDOWN SCIENCE TEAM WORKS TO IDENTIFY THE MOST EFFECTIVE SOLUTIONS AND STRATEGIES, AND SERVES AS TRUSTED THOUGHT LEADERS IN THE GLOBAL CLIMATE SOLUTIONS SPACE. WE CONDUCT CUTTING-EDGE RESEARCH TO IDENTIFY THE BEST POSSIBLE CLIMATE SOLUTIONS AND DESIGN THE MOST EFFECTIVE STRATEGIES TO BRING THEM TO SCALE.

DESPITE THE IMPORTANCE OF FOOD SYSTEMS IN THE GLOBAL CLIMATE CHALLENGE, EFFECTIVE SOLUTIONS IN THIS SPACE RECEIVE ONLY 3% OF CLIMATE FUNDING. OUR DRAWDOWN FOOD INITIATIVE IS WORKING TO CHANGE THIS BY CREATING AND SHARING SCIENCE-BASED PLANS TO ADDRESS CLIMATE CHANGE IN THE FOOD, AGRICULTURE, AND LAND-USE SECTOR. DRAWDOWN FOOD'S WORK EMPOWERS POLICYMAKERS, COMMUNITY BUSINESSES, INVESTORS, PHILANTHROPISTS, AND OTHERS TO DEPLOY THE MOST IMPACTFUL CLIMATE ACTIONS ACROSS THE GLOBAL FOOD SYSTEM.

DRAWDOWN EXPLORER WILL BE WHAT THE CLIMATE MOVEMENT HAS BEEN MISSING: ALL-ENCOMPASSING PLATFORM USING THE BEST AVAILABLE DATA TO PROVIDE DECISION-MAKERS WITH ACTIONABLE, LOCALIZED INTELLIGENCE ON THE MOST EFFECTIVE CLIMATE SOLUTIONS. BUILT UPON TRILLIONS OF DATA POINTS AND THOUSANDS OF HOURS OF ANALYSIS BY TOP SCIENTISTS, DRAWDOWN EXPLORER WILL BE THE DEFINITIVE GUIDE TO EFFECTIVE CLIMATE ACTION, HIGHLIGHTING EMERGENCY BRAKE SOLUTIONS THAT CAN RAPIDLY REDUCE EMISSIONS, GEOGRAPHIC HOT SPOTS TO MAXIMIZE IMPACT, AND BENEFIT CLUSTERS THAT SIMULTANEOUSLY PROVIDE ADDITIONAL BENEFITS TO PEOPLE - IMPROVED HEALTH, ECONOMIC VITALITY, SECURITY, MORE - AND NATURE THROUGHOUT THE WORLD. WE HAVE ALREADY HAD A REACH OF OVER 10 MILLION ONLINE VIEWS OF THE DRAWDOWN EXPLORER TEASER VIDEO TO DATE.

SCHEDULE O (Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

PROJECT DRAWDOWN

Employer identification number

38-3705448

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT
DRAWDOWN LABS: UNLOCKING THE FULL POTENTIAL OF OUR CLIMATE SOLUTIONS
REQUIRES SHARING SCIENCE-BACKED SOLUTIONS IN ACTIONABLE AND COMPELLING
WAYS. WE USE OUR SCIENCE TO INFORM, INSPIRE, AND EMPOWER KEY STAKEHOLDERS
AND EMERGING CLIMATE LEADERS - INCLUDING POLICYMAKERS, COMMUNITY LEADERS,
PHILANTHROPISTS, INVESTORS, BUSINESS LEADERS, AND OTHERS - TO TAKE BOLD
ACTION AND BRING THE MOST EFFECTIVE SOLUTIONS TO THE WORLD. WE HELP RAPIDLY
ACCELERATE GLOBAL CLIMATE INVESTMENT BY SHOWING THE WORLD WHAT IS POSSIBLE,
AND MOST EFFECTIVE IN ADDRESSING CLIMATE CHANGE.

THE DRAWDOWN CAPITAL COALITION WORKS WITH IMPACT INVESTORS,
PHILANTHROPISTS, AND THEIR ADVISORS TO GUIDE PRIVATE CAPITAL INTO MORE
STRATEGIC, SCIENCE-BASED CLIMATE SOLUTIONS. AND WITH THE SUPPORT OF OUR
PARTNERS, WE IDENTIFY OTHER ACTIONS - SUCH AS ADVOCATING FOR NEW POLICIES,
PURSUING CRITICAL RESEARCH, OR ADVANCING PUBLIC COMMUNICATION - THAT CAN
ALSO HELP SCALE CLIMATE SOLUTIONS. TO DATE, THIS WORK HAS HELPED GUIDE
BILLIONS OF DOLLARS TOWARD MORE EFFECTIVE CLIMATE SOLUTIONS.

THROUGH PROJECT DRAWDOWN'S JOB FUNCTION ACTION GUIDES, WE ARE EMPOWERING EMPLOYEES TO TAKE CLIMATE ACTION WHILE AT WORK AND HELP THEIR COMPANIES IMPLEMENT CLIMATE SOLUTIONS. WE HOST INTERACTIVE TRAINING PROGRAMS THAT HELP CLIMATE-PASSIONATE EMPLOYEES ENGAGE THEIR EMPLOYERS IN SCALING CLIMATE ACTION. FINALLY, RECOGNIZING THE CRITICAL IMPORTANCE OF INDIVIDUAL CLIMATE ACTIONS, WE ARE COLLABORATING TO LAUNCH SHIFT, A GAME-CHANGING NEW TOOL FOR CLIMATE-CONSCIOUS INDIVIDUALS SEEKING GUIDANCE FOR TAKING THE MOST EFFECTIVE, SCIENCE-BASED PERSONAL CLIMATE ACTION POSSIBLE - AT HOME, AT WORK, AND IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS ADDITIONALLY, OUR DRAWDOWN STORIES AND DRAWDOWN LIFT PROGRAMS CONTRIBUTED TO OUR 2024 ACCOMPLISHMENTS.

DRAWDOWN STORIES: WE USE THE POWER OF STORYTELLING TO HELP MOVE THE NARRATIVE ON CLIMATE CHANGE AND INSPIRE THE VISION OF A MORE HOPEFUL FUTURE. OUR STORYTELLING WORK IS IGNITING CHANGE BY HIGHLIGHTING EVERYDAY PEOPLE ACROSS AMERICA - AND THE WORLD - WHO ARE STEPPING UP TO ADVANCE CLIMATE SOLUTIONS IN THEIR COMMUNITIES. DRAWDOWN STORIES INCLUDES DRAWDOWN'S NEIGHBORHOOD AND THE GLOBAL SOLUTIONS DIARY. THROUGH THESE, WE SHOWCASE CLIMATE HEROES PUTTING SOLUTIONS INTO ACTION - ACROSS AMERICA AND THE WORLD.

DRAWDOWN LIFT: IN 2024, DRAWDOWN LIFT EVOLVED INTO DRAWDOWN NEXUS, A PROGRAM WE'RE USING TO CREATE A BROADER VISION FOR CLIMATE ACTION, IDENTIFYING POWERFUL SYNERGIES BETWEEN STOPPING CLIMATE CHANGE, HALTING BIODIVERSITY LOSS, AND IMPROVING HUMAN WELL-BEING. EXPLORING THESE CONNECTIONS, WE WILL BUILD A ROBUST, EVIDENCE-BASED FRAMEWORK CHANGE-MAKERS AROUND THE WORLD CAN USE TO IDENTIFY AND PRIORITIZE ACTIONS THAT SIMULTANEOUSLY ABATE CLIMATE CHANGE, PROTECT NATURE, AND ENHANCE HUMAN WELL-BEING

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization				Employer ider	tification number	
	r drawdown			38-370		
FORM 990, PART VI	, LINE 11B - OF	RGANIZATIO	N'S PROCESS I	O REVIEW F	ORM 990	
EACH OF THE BOARD						• • • •
APPROVE BEFORE FI	LING.					
FORM 990, PART VI	T.TNE 12C - EN	JEORCEMENT	OF CONFITCES	POT.TCY		
A CONFLICT OF INT					D MEMPED	
REGARDING CONFLICT						
COMPENSATION INCLU		'AYMENTS M	ADE TO KEY EN	IPLOYEES AT	LIHE END OF	
EACH BOARD MEETING	3.					
FORM 990, PART VI						
THE ORGANIZATION (CONDUCTS A ONLI	INE MARKET	RESEARCH FOR	R COMPARABI	·Ε	
ORGANIZATIONS.						
FORM 990, PART VI	, LINE 19 - GOV	ERNING DO	CUMENTS DISCI	LOSURE EXPI	ANATION	
THE GOVERNING DOC						
FORM 990, PART IX, DESCRIPTION	, LINE 11G - 01	HER FEES	FOR SERVICES			
	ROG SERVICE	МСТ	s CENERAT.		DRAISING	
OTHER CONSULTING I		PIG1	& GENERAL		DIAIDING	
OTHER CONSULTING I	400,217	······································	54 200	ė	2,600	
Y	400,217	······································	J4, 200	Y	2,000	