

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20 _____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **GLASSWING INTERNATIONAL USA INC.** EIN or SSN **26-1456470**

Name and title of officer or person subject to tax **MARK LOYKA
DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	~~~~~	1b	25,604,589.
2a	Form 990-EZ check here	<input type="checkbox"/>		b	Total revenue, if any (Form 990-EZ, line 9)	~~~~~	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>		b	Total tax (Form 1120-POL, line 22)	~~~~~	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>		b	Tax based on investment income (Form 990-PF, Part V, line 5)	~~~~~	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>		b	Balance due (Form 8868, line 3c)	~~~~~	5b	_____
6a	Form 990-T check here	<input type="checkbox"/>		b	Total tax (Form 990-T, Part III, line 4)	~~~~~	6b	_____
7a	Form 4720 check here	<input type="checkbox"/>		b	Total tax (Form 4720, Part III, line 1)	□□□□□□□□~□□□□□□□□	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>		b	FMV of assets at end of tax year (Form 5227, Item D)	_____	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>		b	Tax due (Form 5330, Part II, line 19)	_____	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	_____	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **RAINES & FISCHER LLP** to enter my PIN **11111**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **1341122222**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **10/19/23**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2022)

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: GLASSWING INTERNATIONAL USA INC.
D Employer identification number: 26-1456470
E Telephone number: 203-659-0367
G Gross receipts \$: 37,887,084.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: GLASSWING.ORG
K Form of organization: X Corporation
L Year of formation: 2007
M State of legal domicile: NY

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and expenses.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: MARK LOYKA, DIRECTOR
Preparer: WILLIAM L. FISCHER, RAINES & FISCHER LLP
Date: 10/19/23
PTIN: P00536061
Firm's EIN: 13-3217649
Phone no.: 2129539200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ADDRESS THE ROOT CAUSES AND CONSEQUENCES OF VIOLENCE AND POVERTY THROUGH EDUCATION AND HEALTH PROGRAMS THAT EMPOWER YOUTH AND COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,276,221. including grants of \$ 15,654,053.) (Revenue \$) FUNDING VOLUNTEER CENTERS IN CENTRAL AMERICA WHICH PROVIDE INFRASTRUCTURE, HEALTH CARE, MENTORING, AND AFTER SCHOOL PROGRAMS TO LOCAL EDUCATIONAL INSTITUTIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,276,221.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, gross receipts, and various IRS forms.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH BAKER CEO	10.00	X		X				49,020.	0.	0.
(2) ELIZABETH GRIFFIN DIRECTOR	1.00	X						0.	0.	0.
(3) MAGDALENA SERPA DIRECTOR	1.00	X						0.	0.	0.
(4) RODRIGO PINEDA DIRECTOR	1.00	X						0.	0.	0.
(5) ORLANDO MUYSHONDT DIRECTOR	1.00	X						0.	0.	0.
(6) RICARDO SAGRERA DIRECTOR	1.00	X						0.	0.	0.
(7) ZITA SAUREL DIRECTOR	1.00	X						0.	0.	0.
(8) ANA MORALES DIRECTOR	1.00	X						0.	0.	0.
(9) EMILIANO ROMAN DIRECTOR, FINANCE COMMITTEE	1.00	X						0.	0.	0.
(10) JANA PASQUEL DE SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
(11) CARMEN BUSQUETS DIRECTOR	1.00	X						0.	0.	0.
(12) CELINA SOL DIRECTOR	1.00	X						0.	0.	0.
(13) DIEGO DE SOLA DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN MOORE CHAIRMAN	1.00	X		X				0.	0.	0.
(15) JOHN SKIPPER DIRECTOR	1.00	X						0.	0.	0.
(16) SARAH FANDELL DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	2	2,100,957.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	61,003.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		
	10b	Less: accumulated depreciation	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11	12	32,984,087.
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	13,223.
	15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	16	35,159,270.	
Liabilities	17	Accounts payable and accrued expenses	17	5,673.
	18	Grants payable	18	
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	17,997,335.
	26	Total liabilities. Add lines 17 through 25	26	18,003,008.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27		Net assets without donor restrictions	27	11,268,870.
28		Net assets with donor restrictions	28	5,887,392.
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.				
29		Capital stock or trust principal, or current funds	29	
30		Paid-in or capital surplus, or land, building, or equipment fund	30	
31		Retained earnings, endowment, accumulated income, or other funds	31	
32	Total net assets or fund balances	32	17,156,262.	
33	Total liabilities and net assets/fund balances	33	35,159,270.	

Part 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	25,604,589.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,250,557.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,354,032.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,534,069.
5	Net unrealized gains (losses) on investments	5	-731,839.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,156,262.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/>		
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?		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 <input type="checkbox"/>		Consolidated basis <input type="checkbox"/>	
		Both consolidated and separate basis <input type="checkbox"/>	
b	Were the organization's financial statements audited by an independent accountant?	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 <input checked="" type="checkbox"/>		Consolidated basis <input type="checkbox"/>	
		Both consolidated and separate basis <input type="checkbox"/>	
c	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?	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?		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		

Form 990 (2022)

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022; b 33 1/3% support test - 2021; 17a 10% -facts-and-circumstances test - 2022; b 10% -facts-and-circumstances test - 2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~	3153830.	4098572.	6199827.	11349797.	25092520.	49894546.
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 ~ ~ ~	3153830.	4098572.	6199827.	11349797.	25092520.	49894546.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~ ~ ~ ~ ~						0.
c Add lines 7a and 7b ~ ~ ~ ~ ~						0.
8 Public support. (Subtract line 7c from line 6.)						49894546.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 ~ ~ ~ ~ ~	3153830.	4098572.	6199827.	11349797.	25092520.	49894546.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	2,240.	70,913.	100,465.	159,933.	467,854.	801,405.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~ ~ ~ ~ ~						
c Add lines 10a and 10b ~ ~ ~ ~ ~	2,240.	70,913.	100,465.	159,933.	467,854.	801,405.
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.)	3156070.	4169485.	6300292.	11509730.	25560374.	50695951.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	15	98.42 %
16 Public support percentage from 2021 Schedule A, Part III, line 15 <input type="checkbox"/>	16	98.80 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	17	1.58 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	1.20 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ X

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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 complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in</i> 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	

Section 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 III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		Current Year
Section D - Distributions		
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 supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>AMZAK CAPITAL MANAGEMENT LLC</u> <u>980 NORTH FEDERAL HIGHWAY</u> <u>BOCA RATON, FL 33432</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>BERTHA GONZALEZ</u> <u>460 22ND STREET</u> <u>NEW YORK, NY 10011</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>CHEVRON</u> <u>6001 BOLLINGER CANYON ROAD, G1220</u> <u>SAN RAMON, CA 94583</u>	\$ <u>96,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>JOHN MOORE</u> <u>44 GRAMERCY PARK NORTH APT 17A</u> <u>NEW YORK, NY 10010</u>	\$ <u>76,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>MAURICIO SAMAYOA</u> <u>3 GROVE ISLE DR., PH10</u> <u>MIAMI, FL 33133</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>MONTE EBRO INVESTMENTS LTD</u> <u>PO BOX 02-5364</u> <u>MIAMI, FL 33102</u>	\$ <u>236,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<u>MORGAN STANLEY FOUNDATION</u> <u>1585 BROADWAY</u> <u>NEW YORK, NY 10036</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	<u>SAMSUNG ELECTRONICS LATINOAMERICA-MIAMI</u> <u>9850 N.W. 41 ST, SUITE 350</u> <u>DORAL, FL 33178</u>	\$ <u>99,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	<u>TINKER FOUNDATION</u> <u>55 E 59TH ST</u> <u>NEW YORK, NY 10022</u>	\$ <u>100,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	<u>CITI FOUNDATION</u> <u>ONE COURT SQUARE, FLOOR 43</u> <u>LONG ISLAND CITY, NY 11120</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	<u>GREATER WASHINGTON COMMUNITY FOUNDATION</u> <u>1325 G STREET, NW</u> <u>WASHINGTON, DC 20005</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	<u>JASON ENGLISH</u> <u>666 GREENWICH ST</u> <u>NEW YORK, NY 10014</u>	\$ <u>9,657.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RODRIGO PINEDA 161 CRANFORD BLVD., APT 222 KEY BISCAYNE, FL 33149	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	ANA MORALES 177 9TH AVE NEW YORK, NY 10011	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	POINTS OF LIGHT 600 MEANS ST, SUITE 210 ATLANTA, GA 30318	\$ 33,660.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	CARMEN BUSQUETS 160 LEROY ST NEW YORK, NY 10014	\$ 96,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	OLIVER SARKOZY 445 PARK AVE NEW YORK, NY 10022	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	BAIN CAPITAL LP 200 CLARENDON STREET BOSTON, MA 02116	\$ 18,210.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>FIDELITY CHARITABLE GIFT FUND</u> <u>640 W 5TH ST</u> <u>NEW YORK, NY 10019</u>	\$ <u>991,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>	<u>JOHN SKIPPER</u> <u>160 LEROY STREET, UNIT 6BS</u> <u>NEW YORK, NY 10014</u>	\$ <u>76,505.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>	<u>JUAN MARCOS HILL</u> <u>54 HARVARD AVE, UNIT 1</u> <u>BROOKLINE, MA 02446</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>	<u>THE SKOLL FUND</u> <u>250 UNIVERSITY AVE STE 200</u> <u>PALO ALTO, CA 94301</u>	\$ <u>235,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>	<u>TIDES FOUNDATION</u> <u>PO BOX 29198</u> <u>SAN FRANCISCO, CA 94129</u>	\$ <u>190,960.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>	<u>COMMUNITY FOUNDATION OF LOUISVILLE</u> <u>325 W. MAIN STREET, SUITE 1110</u> <u>WATERFRONT PLAZA, WEST TOWER</u> <u>LOUISVILLE, KY 40202</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	RICARDO SAGRERA 92 LAIGHT STREET NEW YORK, NY 10013	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	ADAM SHAPIRO 149 E 73RD ST APT 2A NEW YORK, NY 10021	\$ 90,200.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	CARGILL 15407 MCGINTY ROAD WEST, MS 50 WAYZATA, MN 55391	\$ 21,500.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	JOHN SANDERS 2147 N TROY ST. ARLINGTON, VA 22201	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	NATIONAL PHILANTHROPIC TRUST UK 1 ROPEMAKER STREET LONDON, UNITED KINGDOM EC2Y 9HT	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	FEMSA GRAL. ANAYA 601 PTE. COL. BELLA VISTA MONTERREY, MEXICO	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	<u>INTERNATIONAL COMMUNITY FOUNDATION</u> <u>2505 N AVE</u> <u>NATIONAL CITY, CA 91950</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>	<u>HENRY MUNOZ</u> <u>34 STILES LANE</u> <u>GREENWICH, CT 06831</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>	<u>HYDE FAMILY CHARITABLE FUND</u> <u>109 CHAPIN PARKWAY</u> <u>BUFFALO, NY 14209</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>	<u>MARTIN ESCOBARI</u> <u>55 EAST 52ND STREET, 33RD FLOOR</u> <u>NEW YORK, NY 10055</u>	\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>	<u>MORTENSON FAMILY FOUNDATION</u> <u>700 MEADOW LANE NORTH, SUITE 615</u> <u>MINNEAPOLIS, MN 55422</u>	\$ <u>21,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>	<u>NATIONAL PHILANTHROPIC TRUST</u> <u>165 TOWNSHIP LINE ROAD, SUITE 1200</u> <u>JENKINTOWN, PA 19046</u>	\$ <u>583,752.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>	<u>PIVOTAL VENTURES LLC</u> <u>15120 NE 92ND STREET</u> <u>REDMOND, WA 98052</u>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>38</u>	<u>BENEVITY FUND</u> <u>#700, 611 MEREDITH RD NE</u> <u>CALGARY AB, CANADA</u>	\$ <u>9,763.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>39</u>	<u>PRICE PHILANTHROPIES</u> <u>4305 UNIVERSITY AVENUE, SUIT 600</u> <u>SAN DIEGO, CA 92105</u>	\$ <u>55,923.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>40</u>	<u>FUNDACION PARA LA PAZ</u> <u>145 N. MERCHANT STREET</u> <u>DECATUR, IL 62523</u>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>41</u>	<u>DELL USA L.P</u> <u>401 DELL WAY</u> <u>ROUND ROCK, TX 78664</u>	\$ <u>60,130.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>42</u>	<u>CLS FAM FOUND</u> <u>800 8TH STREET, NW</u> <u>WASHINGTON , DC 20001</u>	\$ <u>800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>	<u>OAK FOUNDATION</u> <u>405 HOWARD ST. STE 600</u> <u>SAN FRANCISCO, CA 94105-2674</u>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>	<u>FPOS</u> <u>224 W. 57TH ST.</u> <u>NEW YORK, NY 10019-3212</u>	\$ <u>188,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>	<u>FINANCIAL HOLDINGS LIMITED</u> <u>PO BOX 02-5364</u> <u>MIAMI, FL 33149</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>	<u>FORD FOUNDATION</u> <u>320 E 43RD ST.</u> <u>NEW YORK, NY 10017</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>	<u>DUTCH BROS FOUNDATION</u> <u>300 N. VALLEY DRIVE</u> <u>GRANTS PASS, OR 97526-8533</u>	\$ <u>172,253.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>	<u>OCEANA BLUE INTERNATIONAL</u> <u>1800 N. ANDREWS AVE</u> <u>POMPANO BEACH, FL 33069-1421</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THE PHILANTHROPY WORKSHOP 110 EAST 25TH STREET NEW YORK, NY 10010	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	GOLDMAN SACHS 200 WEST STREET NEW YORK, NY 10282	\$ 10,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	JAMES ALLEN 5 COPLEY ROAD LARCHMONT, NY 10538	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	MUSE IMPORTS LTD 601 HUDSON STREET NEW YORK, NY 10014	\$ 5,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	SHER TREMONTE LLP 90 BROAD ST, 23RD FLOOR NEW YORK, NY 10004	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	YOUTHBUILD USA, INC 1785 COLUMBUS AVENUE, SUITE 500 ROXBURY, MA 02119	\$ 68,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>	<u>AIRLINE MRO</u> <u>15 WEST 34 STREET, 5TH FLOOR</u> <u>NEW YORK, NY 10001</u>	\$ <u>43,125.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>56</u>	<u>ADVENTURES OF THE MIND FOUNDATION</u> <u>1511 16TH STREET, APT#101</u> <u>SANTA MONICA, CA 90404</u>	\$ <u>6,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>57</u>	<u>COVINGTON & BURLING LLP</u> <u>620 8TH AVE</u> <u>NEW YORK, NY 10018</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>58</u>	<u>CROWLEY CARES FOUNDATION</u> <u>501 SILVERSIDE RD</u> <u>WILMINGTON, DE 19809</u>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>59</u>	<u>DAVIS POLK & WARDWELL LLP</u> <u>450 LEXINGTON AVENUE</u> <u>NEW YORK, NY 10017</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>60</u>	<u>FARLEY CAPITAL LP</u> <u>432 E 87TH ST</u> <u>NEW YORK, NY 10128</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>	<u>THE FELIX & MATILDE SIMAN FOUNDATION</u> <u>INC.</u> <u>3628 SW 57TH AVE</u> <u>MIAMI, FL 33155-5000</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>62</u>	<u>GOFUND ME</u> <u>855 JEFFERSON AVENUE P.O. BOX 1329</u> <u>REDWOOD CITY, CA 94063</u>	\$ <u>25,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>63</u>	<u>IBRD</u> <u>1818, H STREET, N.W.</u> <u>WASHINGTON, DC 20433</u>	\$ <u>11,352.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>64</u>	<u>KENSINGTON OVERSEAS</u> <u>1515 W 22ND ST STE 500</u> <u>OAK BROOK, IL 60523</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>65</u>	<u>PRADA US CORP</u> <u>609 WEST 52ND STREET</u> <u>NEW YORK, NY 10019</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>66</u>	<u>STRACHAN FOUNDATION</u> <u>488 BEAULIEU AVE</u> <u>SAVANNAH, GA 31406</u>	\$ <u>24,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>	<u>TECH SERVICES INTERNATIONAL</u> <u>44050 ASHBURN VILLAGE PLZ</u> <u>ASHBURN, VA 20147</u>	\$ <u>29,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>68</u>	<u>TISBEST PHILANTHROPY</u> <u>5950 6TH AVE S STE 111</u> <u>SEATTLE, WA 98108</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>69</u>	<u>VANGUARD CHARITABLE</u> <u>2670 WARWICK AVENUE</u> <u>WARWICK, RI 02889-9509</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>70</u>	<u>ABBEY HILL INTERNATIONAL LIMITED</u> <u>785 CRANDON BLVD, APT 1501</u> <u>KEY BISCAYNE, FL 33149</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>71</u>	<u>ASOCIACION DE INVESTIGACION</u> <u>10 CALLE 7-48, ZONA 9</u> <u>GUATEMALA, GUATEMALA</u>	\$ <u>31,871.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>72</u>	<u>AT&T</u> <u>TORRE DIANA, RIO LERMA 232,</u> <u>CUAUHTEMOC, 06500</u> <u>MEXICO CITY, MEXICO</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for

Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<p><u>CELINA SOL</u></p> <p><u>470 PARK AVENUE, APT 4C.</u></p> <p><u>NEW YORK, NY 10022</u></p>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	<p><u>CHUMIK E HOLDINGS</u></p> <p><u>1331 BRICKELL BAY DR. APT 801</u></p> <p><u>MIAMI , FL 33131</u></p>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	<p><u>JOHN P. MCNULTY PRIZE</u></p> <p><u>P.O. BOX 2097</u></p> <p><u>NAPLES, FL 34106</u></p>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<p>_____</p> <p>_____</p> <p>_____</p>	\$ _____	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	noncash contributions.)
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Name of organization

Employer identification number

GLASSWING INTERNATIONAL USA INC.

26-1456470

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>12</u>	<u>26 SHS ISHARES CORE S&P 500 ET</u> _____ _____ _____	\$ <u>9,657.</u>	<u>09/23/22</u>
<u>20</u>	<u>210 SHS SPDR S&P 500 ETF TRUST</u> _____ _____ _____	\$ <u>76,505.</u>	<u>09/26/22</u>
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, number of easements, acreage, modified easements, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 3 columns: Description, Yes, No. Rows 3a(i), 3a(ii), 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	24,839,306.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-731,839.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-731,839.	
3	Subtract line 2e from line 1	3	25,571,145.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,444.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,444.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,604,589.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	17,217,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	17,217,113.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,444.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	33,444.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,250,557.	

Part XIII Supplemental Information.

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

PART X, LINE 2:

EFFECTIVE JANUARY 1, 2009, GLASSWING USA ADOPTED THE AUTHORITATIVE GUIDANCE FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN ASC 740, INCOME TAXES, AS AMENDED BY ACCOUNTING STANDARDS UPDATE (ASU) 2009-06, IMPLEMENTATION GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN TAXES AND DISCLOSURES AMENDMENTS FOR NONPUBLIC ENTITIES. THIS GUIDANCE REQUIRES GLASSWING USA TO DETERMINE WHETHER A TAX POSITION OF THE ORGANIZATION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING THE RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZATION DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE FINANCIAL STATEMENT RECOGNITION. THE ORGANIZATION'S TAX RETURNS REMAIN

Part XIII Supplemental Information (continued)

OPEN FOR EXAMINATION BY TAX AUTHORITIES FOR A PERIOD OF THREE YEARS FROM WHEN THEY ARE FILED; THE 2019, 2020 AND 2021 FEDERAL, NEW YORK, CONNECTICUT, FLORIDA, DISTRICT OF COLUMBIA, CALIFORNIA, AND NEW JERSEY TAX RETURNS ARE CURRENTLY OPEN FOR EXAMINATION.

Multiple horizontal lines for supplemental information.

Part XIII Supplemental Information (continued)**Part VII** Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
438 SHS VANGUARD INDEX FDS S&P 500 ETF	153,887.	FMV
13,044 SHS VANGUARD SHORT TERM BOND	981,952.	FMV
6,393 SHS VANGUARD TOTAL BOND MARKET	459,273.	FMV
4,897 SHS ISHARES IBOXX INVEST GR COR BD	516,291.	FMV
2,450 SHS PIMCO ENHANCED SHRT MTRT EXC	241,693.	FMV
7,215 SHS VANGUARD SHORT-TERM CORPORATE	542,496.	FMV
120 SHS SPDR S&P 500 ETF TRUST	45,892.	FMV
574,688.276 SHS FEDERATED HRMS INST PM VLOB IS	574,573.	FMV
6,967.086 SHS MSIF GLOBAL FRANCHISE INST	209,709.	FMV
7,088.977 SHS MSIF GLOBAL OPPORTUNITY PTF I	144,190.	FMV
2,622.261 SHS MSIF INCEPTION I	20,952.	FMV
1,042.227 NEUBERGER BERMAN GENESIS INST	56,760.	FMV
82,158.942 SHS PGIM HIGH YIELD Z	373,823.	FMV
3,771.752 SHS PRINCIPAL EQUITY INC I	131,559.	FMV
42,116.124 SHS PRINCIPAL SPC PRF&CP SEC INC I	368,516.	FMV
500,000 UNITED STATES TREASURY BILL 03/30/2023	494,900.	FMV
1,300,000 UNITED STATES TREASURY BILL 06/01/2023	1,275,841.	FMV
698,016.853 SHS FEDERATED HRMS INST PM VLOB IS	698,519.	FMV
1,650,000 UNITED STATES TREASURY NOTE 3/02/2023	1,638,705.	FMV
1,060,000 UNITED STATES TREASURY NOTE 04/20/2023	1,046,437.	FMV
1,600,000 UNITED STATES TREASURY NOTE 06/15/2023	1,568,143.	FMV
1,750,000 UNITED STATES TREASURY NOTE 09/07/2023	1,698,445.	FMV
2,275,000 UNITED STATES TREASURY NOTE 11/02/2023	2,189,959.	FMV
2,150,000 UNITED STATES TREASURY NOTE 12/15/2023	2,059,709.	FMV
975,000 UNITED STATES TREASURY NOTE 02/29/2024	944,985.	FMV
1,800,000 UNITED STATES TREASURY NOTE 03/15/2024	1,708,799.	FMV

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	PROGRAM SERVICES	TO PROVIDE INFRASTRUCTURE, HEALTH CARE, MENTORING, AND AFTER SCHOOL PROGRAMS TO	15,654,053.
3 a Subtotal ~~~~~	0	0			15,654,053.
b Total from continuation sheets to Part I ~~~~	0	0			0.
c Totals (add lines 3a and 3b) □□□□□□	0	0			15,654,053.

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

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO PROVIDE INFRASTRUCTURE, HEALTH CARE, MENTORING, AND AFTER SCHOOL PROGRAMS TO LOCAL EDUCATIONAL INSTITUTIONS.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(D) PURPOSE OF GRANT: TO PROVIDE INFRASTRUCTURE, HEALTH CARE, MENTORING, AND AFTER SCHOOL PROGRAMS TO LOCAL EDUCATIONAL INSTITUTIONS.

PART I, LINE 2

THE ORGANIZATION SENDS A REPRESENTATIVE TO THE RECIPIENT ORGANIZATIONS TO OBSERVE AND MONITOR THE ORGANIZATION'S PROGRAMS AND USE OF ITS FUNDS.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Open to Public
Inspection

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

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~~~~~				
2 Art - Historical treasures ~~~~~				
3 Art - Fractional interests ~~~~~				
4 Books and publications ~~~~~				
5 Clothing and household goods ~~~~~				
6 Cars and other vehicles ~~~~~				
7 Boats and planes ~~~~~				
8 Intellectual property ~~~~~				
9 Securities - Publicly traded ~~~~~	X	2	86,162.	FAIR MARKET VALUE
10 Securities - Closely held stock ~~~~~				
11 Securities - Partnership, LLC, or trust interests ~~~~~				
12 Securities - Miscellaneous ~~~~~				
13 Qualified conservation contribution - Historic structures ~~~~~				
14 Qualified conservation contribution - Other~				
15 Real estate - Residential ~~~~~				
16 Real estate - Commercial ~~~~~				
17 Real estate - Other ~~~~~				
18 Collectibles ~~~~~				
19 Food inventory ~~~~~				
20 Drugs and medical supplies ~~~~~				
21 Taxidermy ~~~~~				
22 Historical artifacts ~~~~~				
23 Scientific specimens ~~~~~				
24 Archeological artifacts ~~~~~				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ~~~~~

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~

	Yes	No
30a		X
31		X
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~~~~~

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

GLASSWING INTERNATIONAL USA INC. RECEIVED 26 SHARES OF ISHARES CORE S&P
500 AND 210 SHARES OF SPDR S&P 500 FROM TWO DONORS, WHICH WERE
TRANSFERRED INTO ITS MORGAN STANLEY ACCOUNT AND SUBSEQUENTLY SOLD
DURING 2022.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number
26-1456470

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

AMERICA. THESE RESOURCES FUND A VOLUNTEER CENTER IN SAN SALVADOR, WHICH PROVIDES HEALTH CARE, MENTORING, AND AFTER SCHOOL PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS KENNETH BAKER AND CELINA DE SOLA ARE MARRIED TO ONE ANOTHER.

DIRECTORS CELINA DE SOLA AND DIEGO DE SOLA ARE SIBLINGS.

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

A COPY OF FORM 990 WAS GIVEN AND REVIEWED BY THE ORGANIZATIONS' GOVERNING BODY BEFORE FILING.

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

PRIOR TO HIS OR HER SERVICE, AND FOR EACH YEAR OF SERVICE THEREAFTER, EACH KEY PERSON MUST SIGN AND SUBMIT TO THE SECRETARY OF GLASSWING A COMPLETED POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, WHEREBY SUCH PERSON DISCLOSES IN WRITING THE FOLLOWING, TOGETHER WITH ALL MATERIAL FACTS RELATED THERETO:

A. ANY ENTITY OF WHICH SUCH PERSON OR A RELATIVE OF SUCH PERSON IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OWNER (EITHER AS A SOLE PROPRIETOR OR A PARTNER), OR EMPLOYEE AND WITH WHICH GLASSWING HAS A RELATIONSHIP;

B. ANY TRANSACTION IN WHICH GLASSWING IS A PARTICIPANT AND IN WHICH SUCH PERSON MIGHT HAVE A CONFLICTING INTEREST;

C. ANY FINANCIAL INTEREST SUCH PERSON OR A RELATIVE OF SUCH PERSON MAY HAVE

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

IN ANY CORPORATION, ORGANIZATION, PARTNERSHIP, OR OTHER ENTITY THAT PROVIDES GOODS OR SERVICES TO GLASSWING FOR A FEE OR OTHER COMPENSATION;

AND

D. ANY POSITION OR OTHER MATERIAL RELATIONSHIP SUCH PERSON OR A RELATIVE OF SUCH PERSON MAY HAVE WITH ANY NOT-FOR-PROFIT CORPORATION WITH WHICH GLASSWING HAS A BUSINESS RELATIONSHIP.

EACH DIRECTOR, OFFICER, AND KEY PERSON ANNUALLY SIGN AND SUBMIT TO THE SECRETARY OF GLASSWING A CONFLICT OF INTEREST POLICY CERTIFICATE, WHICH AFFIRMS THAT SUCH PERSON: (A) HAS RECEIVED A COPY OF THIS POLICY; (B) HAS READ AND UNDERSTOOD THIS POLICY; AND (C) HAS AGREED TO COMPLY WITH THIS POLICY.

EVERY CALENDAR YEAR, THE BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE THEREOF, REVIEW ALL RELATED PARTY TRANSACTIONS APPROVED AND ENTERED INTO DURING THE PREVIOUS CALENDAR YEAR AND DETERMINE WHETHER ANY SUCH RELATED PARTY TRANSACTIONS WERE IMPROPERLY APPROVED AND IN VIOLATION OF THE EVALUATION PROCEDURES AND APPROVAL REQUIREMENTS. IF BOARD OF DIRECTORS, OR AN AUTHORIZED COMMITTEE THEREOF, DETERMINES THAT THE EVALUATION OR APPROVAL OF ANY RELATED PARTY TRANSACTION WAS IN VIOLATION OF ANY SUCH PROVISIONS, THE BOARD OF DIRECTORS, OR SUCH AUTHORIZED COMMITTEE THEREOF, SHALL TAKE THE FOLLOWING ACTIONS WITHIN A REASONABLE PERIOD OF TIME AFTER SUCH DETERMINATION IS MADE:

A. RATIFY ANY RELATED PARTY TRANSACTION THAT THE BOARD, OR AN AUTHORIZED COMMITTEE THEREOF, FINDS, IN GOOD FAITH, TO BE FAIR, REASONABLE, AND IN THE BEST INTERESTS OF GLASSWING AT THE TIME SUCH RELATED PARTY TRANSACTION WAS APPROVED;

Name of the organization

GLASSWING INTERNATIONAL USA INC.

Employer identification number

26-1456470

B. DOCUMENT IN WRITING THE NATURE OF THE POTENTIAL OR ACTUAL FINANCIAL INTEREST AND/OR CONFLICT OF INTEREST AND THE BASIS FOR THE BOARD'S OR AN AUTHORIZED COMMITTEE'S RATIFICATION OF SUCH RELATED PARTY TRANSACTION; AND

C. PUT INTO PLACE, AND OVERSEE THE IMPLEMENTATION AND COMPLIANCE OF, AND COMPLIANCE WITH, PROCEDURES TO ENSURE THAT GLASSWING COMPLIES WITH THE RELATED PARTY TRANSACTION EVALUATION PROCEDURES AND APPROVAL REQUIREMENTS.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 2

DIRECTORS KENNETH BAKER AND CELINA DE SOLA ARE MARRIED TO ONE ANOTHER.

DIRECTORS CELINA DE SOLA AND DIEGO DE SOLA ARE SIBLINGS.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization GLASSWING INTERNATIONAL USA INC.	Employer identification number 26-1456470
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GLASSWING INTERNATIONAL CALLE LOS EUCALIPTOS #243 COLONIA LAS MERCED SAN SALVADOR, EL SALVADOR	TO ENCOURAGE BROADER SOCIETAL PARTICIPATION IN IMPROVING QUALITY OF LIFE	EL SALVADOR	FOREIGN EXEMPT		N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GLASSWING INTERNATIONAL	B	15,654,053.	BOOKS AND RECORDS
(2)			
(3)			
(4)			
(5)			
(6)			

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	SOFTWARE	01/04/19		36M		43	2,148.				2,148.	2,148.		0.	2,148.
3	SOFTWARE	12/05/19		36M		43	2,395.				2,395.	1,663.		732.	2,395.
4	SOFTWARE	01/24/20		36M		43	1,074.				1,074.	686.		358.	1,044.
5	SOFTWARE	02/07/20		36M		43	15,000.				15,000.	9,583.		5,000.	14,583.
6	SOFTWARE	01/01/22		36M		42	7,500.				7,500.			2,500.	2,500.
7	SOFTWARE	01/01/22		36M		42	7,500.				7,500.			2,500.	2,500.
8	SOFTWARE	02/02/22		36M		42	3,998.				3,998.			1,222.	1,222.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						39,615.				39,615.	14,080.		12,312.	26,392.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						39,615.				39,615.	14,080.		12,312.	26,392.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						20,617.			0.	20,617.	14,080.			20,170.
	ACQUISITIONS						18,998.			0.	18,998.	0.			6,222.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						39,615.			0.	39,615.	14,080.			26,392.
	ENDING ACCUM DEPR											26,392.			
	ENDING BOOK VALUE											13,223.			

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GLASSWING INTERNATIONAL USA INC.

FORM 990 PAGE 10

26-1456470

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,080,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 2,700,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-19g (3-year to 25-year property), h (Residential rental property), and i (Nonresidential real property).

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 20a-20d (Class life 12-year, 30-year, 40-year).

Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 O. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns for property type, date placed in service, business/investment use percentage, cost or other basis, basis for depreciation, recovery period, method/convention, depreciation deduction, and elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for vehicle types and rows 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 and Yes/No columns for policy and use questions.

Part VI

Amortization

Table for Section VI with columns (a) through (f) for cost descriptions and amortization details. Includes rows 42-44.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
SOFTWARE	01/01/22	7,500.		36M	2,500.
SOFTWARE	01/01/22	7,500.		36M	2,500.
SOFTWARE	02/02/22	3,998.		36M	1,222.
TOTAL TO FORM 4562, LINE 42					6,222.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 2
 ~~~~~

| (A)<br>DESCRIPTION OF COSTS | (B)<br>DATE<br>BEGAN | (C)<br>AMORT.<br>AMOUNT | (D)<br>CODE<br>SECT. | (E)<br>LIFE/<br>RATE | (F)<br>ACCUM.<br>AMORT. | (G)<br>AMORT.<br>THIS YR. |
|-----------------------------|----------------------|-------------------------|----------------------|----------------------|-------------------------|---------------------------|
| SOFTWARE                    | 12/05/19             | 2,395.                  |                      | 36M                  | 1,663.                  | 732.                      |
| SOFTWARE                    | 01/24/20             | 1,074.                  |                      | 36M                  | 686.                    | 358.                      |
| SOFTWARE                    | 02/07/20             | 15,000.                 |                      | 36M                  | 9,583.                  | 5,000.                    |
| TOTAL TO FORM 4562, LINE 43 |                      |                         |                      |                      |                         | 6,090.                    |