Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Inter	nal Rev	enue Ser	vice Go to ww	w.irs.gov/Form9					nation.		Inspec	ction	
Α	For th	e 2020	calendar year, or tax year beginning		10/	01, 2020 ,	and ending			09/30,			
В	hack if s	applicable:	C Name of organization						D Employer ider		ımber		
_	_		COALITION ON HUMAN NE	EDS					26-4680984				
	Addr chan		Doing business as										
	Nam	e change	Number and street (or P.O. box if mail is		eet address)	Room/suite		E Telephone nur				
	-	I return	1825 K STREET, NW, SU						(202) 22	3-2532			
	term	return/ inated	City or town, state or province, country, a	and ZIP or foreign p	oostal code								
	Ame	n	WASHINGTON, DC 20006						G Gross receipts			,430.	
	Appl pend	ication ling	F Name and address of principal officer:	DEOBORAL					H(a) Is this a grousubordinates		Yes	X No	
			1825 K STREET, NW SUI'	TE 411, WA					H(b) Are all subord	L	Yes	No	
<u> </u>		kempt st	1 2 2 1 (2)(2)) (insert r	no.)	4947(a)(1)	or 52	27	If "No," at	tach a list. See	instructions	;	
J			WWW.CHN.ORG						H(c) Group exemp				
		_		Association	Other -		L Year o	of formati	ion: 2010 M :	State of lega	I domicile:	DC	
Р	art I		ummary										
	1		y describe the organization's mission o							MISSIC	<u></u>		
JC S			LUDES ANALYZING AND ADOR										
ruai			LOCAL RESPONSIBILITIES										
Governance	2		k this box 🕨 🔛 if the organization d		•	•				1 1		0.1	
			ber of voting members of the governing							3		21.	
es 9	4		ber of independent voting members of t							4		21.	
Ϋ́	5		number of individuals employed in cale							5		10.	
Activities &	6		number of volunteers (estimate if necess							6			
٩	ı a		unrelated business revenue from Part V							7a		0.	
	b	Net u	inrelated business taxable income from	Form 990-T, Par	t I, line 11					7b			
									Prior Year		Current Y		
ne	8		ributions and grants (Part VIII, line 1h)				1,592,59		1,836				
Revenue	9	3, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1							58,820. 1,464.			0.	
Re	10	the second content of										0.	
	11								7,85 1,660,74		1,836		
	12		revenue - add lines 8 through 11 (must						1,000,74	0.	1,030	,430. 0.	
	13		ts and similar amounts paid (Part IX, colu							0.		0.	
	14		fits paid to or for members (Part IX, colu						868,48		1,085		
ses	15		ies, other compensation, employee bene		0.		1,005	0.					
Expenses	Ioa	Tatal	essional fundraising fees (Part IX, column	D) line 25)	1	78 067	• • • • • •			0.		<u> </u>	
Ě	17		fundraising expenses (Part IX, column (lar expenses (Part IX, column (A), lines 11						363,77	3	416	,398.	
			expenses. Add lines 13-17 (must equal						1,232,25		1,502		
	19		nue less expenses. Subtract line 18 fron	,	. ,,	,			428,48			,310.	
or		116161	THE 1033 EXPENSES. SUBITACT HITE TO HOH					Beginn	ning of Current Y		End of Ye		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					-3	1,712,12		2,046		
Ass	21		liabilities (Part X, line 26)						74,78			,363.	
Net	22		ssets or fund balances. Subtract line 21						1,637,34		1,971		
	art II		gnature Block										
Un	der ne	nalties of	of perjury, I declare that I have examined th	is return, including	g accompa	nying schedu	les and state	ments, a	nd to the best of	my knowle	dge and b	elief, it is	
tru	e, corr	ect, and	complete. Declaration of preparer (other than	n officer) is based o	on all inform	nation of whi	ch preparer ha	as any kn	owledge.				
									05/1	8/2022			
Sig	-		Signature of officer						Date				
He	re		DEOBORAH WEINSTEIN			EXECUT	IVE DIRE	ECTOR					
			Type or print name and title										
_		Print/	/Type preparer's name	Preparer's signat	ure		Date		Check	if PTIN			
Pai		S E	MCMASTER CPA	S E MCMAS	TER CP	A	08/15			1	031042	24	
	parer Only	Firm's	's name ▶S.E. MCMASTER & A	SOCIATES	, PLLC				Firm's EIN ▶ 3	0-0709	524		
	. Only		s address ▶1825 K STREET, NW, STE 70	05 WASHINGTON,	DC 20006	5				02-223			
Ма	y the	IRS d	discuss this return with the prepare	r shown above	? (see ins	structions)				Х Х	Yes	No	
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.							Form 99	0 (2020)	

Page 2 Form 990 (2020)

Pa	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: ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$428,340. including grants of \$) (Revenue \$26,945.)
	RESEARCH OF FEDERAL LEGISLATION RELATED TO THE NEEDS OF LOW-INCOME	
	PEOPLE: ANALYSIS OF FEDERAL LEGISLATION, BUDGETS, APPROPRIATIONS.	
	HELPFULNESS OF INITIATIVES, ADEQUACY OF FUNDING ANALYZED FOR	
	IMPACT ON LOW-INCOME AND VULNERABLE PEOPLE AND RELATED TO ECONOMIC CONDITIONS.	
4b	(Code:) (Expenses \$) (ncluding grants of \$) (Revenue \$))
	EDUCATION OF ADVOCATES AND POLICYMAKERS IN DC AND NATIONWIDE -	
	HOLD MEETINGS, ONLINE COMMUNICATIONS, NEWSLETTERS AND OTHER WRITTEN MATERIALS, SUCH AS REPORTS. CHANGES IN ECONOMIC	
	CONDITIONS, SUCH AS RISING POVERTY AND JOBLESSNESS, WILL HAVE A	
	BEARING ON THE NUMBER OF PARTICIPANTS IN EDUCATIONAL WEBINARS OR	
	USE OF ONLINE MATERIALS. SIMILARLY, POLITICAL CHANGES IN	
	WASHINGTON CAN IMPROVE OR LEAD TO CUTS IN FEDERAL PROGRAMS FOR	
	LOW-INCOME PEOPLE.	
_		
4C	(Code:) (Expenses \$214,171. including grants of \$) (Revenue \$) CONVENING ADVOCACY/POLICY EXPERT ORGANIZATIONS NATIONWIDE IN)
	SUPPORT OF LOW -INCOME SERVICES AND BENEFITS - PROVIDING FORUMS,	
	INCLUDING WEEKLY MEETINGS AMONG DC-BASED ADVOCATES, OTHER MEETINGS	
	AND CONFERENCE CALLS TO DISCUSS JOINT OR COMPLEMENTARY STRATEGIES	
	AND ACTIVITIES.	
<u>/</u> /	Other program services (Describe on Schedule O.)	
→u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,070,851.	
JSA		90 (2020)

Form 990 (2020) Page **3**

Part	Checklist of Required Schedules			- 5 -
	<u>.</u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Λ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		- 21
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	Х	
h	complete Schedule D, Part VI	11a	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			3.7
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.7
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020)
Page 4

Par	Checklist of Required Schedules (continued)		V	Na
	Did the constitution and the OF 000 of construction of the configuration of the design of the latest the configuration of the configura		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	Х	
24-	employees? If "Yes," complete Schedule J.	23	- 21	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		Х
L	through 24d and complete Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C		24-		
	to defease any tax-exempt bonds?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		Х
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27		26		- 21
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
28				
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
JZ	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
0.7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	<u> </u>			$\overline{}$

Form 990 (2020) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>							
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
h	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
		- 50						
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х				
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua						
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h						
_	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_						
	required to file Form 8282?	7c						
	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
-	excess parachute payment(s) during the year?	15						
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16						
_	If "Yes," complete Form 4720, Schedule O.							

Page 6

Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sect	ion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X					
•	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X					
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X					
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		Х					
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
ı a	one or more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
•	the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code							
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	3.5						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? •	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	X						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406		X					
	rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		Х					
	describe in Schedule O how this was done	13		X					
13	Did the organization have a written whistleblower policy?	14		X					
14	Did the organization have a written document retention and destruction policy?	14							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a	Х						
a b	Other officers or key employees of the organization	15b	X						
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
IVa	with a taxable entity during the year?	16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,	_	(-)					
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	inter	est p	olicy,					
	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE ORGANIZATION 1825 K STREET, NW, SUITE 411 WASHINGTON, DC 20006 202-223-2532	s >							

Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 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 dotted line)	box, office or direct	Position do not check more than one ox, unless person is both an fficer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an officer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		Position do not check more than one pox, unless person is both an officer and a director/trustee)		Position leck more than one s person is both an a director/trustee)		Position heck more than one ss person is both an d a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC) (E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations
(1) DEBORAH WEINSTEIN	40.00																		
EXECUTIVE DIRECTOR	0.	Х			Х			134,729.	0.	25,873.									
(2) LECIA IMBERY	40.00																		
DEPUTY DIRECTOR	0.					X		115,323.	0.	24,674.									
(3) RICHELLE FRIEDMAN	40.00																		
DIRECTOR OF PUBLIC POLICY	0.					X		105,461.	0.	23,794.									
(4) ELLEN TELLER	1.00																		
CHAIR	0.	Х		Х				0.	0.	0.									
(5) CHONYA JOHNSON	1.00							_	_	_									
DIRECTOR	0.	Х						0.	0.	0.									
(6)MELISSA BOTEACH	1.00																		
DIRECTOR	0.	Х						0.	0.	0.									
(7) REBECCA DIXON	1.00																		
DIRECTOR	0.	X						0.	0.	0.									
(8) OLIVIA GOLDEN	1.00			37				0.	0	0									
SECRETARY (9) ED JAYNE	1.00	Х		Х				0.	0.	0.									
TREASURER	0.	X		Х				0.	0.	0.									
(10) TYRONE HANLEY	1.00	Λ		Λ				0.	0.	0.									
DIRECTOR	0.	X						0.	0.	0.									
(11) BRUCE LESLEY	1.00	21						0.	0.										
DIRECTOR	0.	Х						0.	0.	0.									
(12) CHRISTIN DRISCOLL	1.00							3.											
DIRECTOR	0.	Х						0.	0.	0.									
(13) ANNEROSE MENACHERY	1.00																		
DIRECTOR	0.	Х						0.	0.	0.									
(14) ELLEN NISSENBAUM	1.00																		
DIRECTOR	0.	Х						0.	0.	0.									
	•								•	Form QQ(2020)									

Part VII Section A. Officers, Directors		y L11	ipic			anu i	iigi		1 1	·
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) SARAH SAADIAN	1.00									
DIRECTOR	0.	Х						0	0.	
16) CORRINE YU	1.00									
VICE-CHAIR	0.	X		Х				0	0.	
17) LAQUITA HONEYSUCKER	1.00									
DIRECTOR	0.	X						0	0.	
18) BETHANY LILLY	1.00									
DIRECTOR	0.	X						0	0.	
19) LAURA PERALTA-SCHULTE	1.00									
DIRECTOR	0.	Х						0	0.	
20) JIHAD SALEH WILLIAMS	1.00									
DIRECTOR	0.	X						0	0.	
21)	1.00									
DIRECTOR	0.	X						0	0.	
22) LAURA ESQUIVEL	1.00									
DIRECTOR	0.	X						0	0.	
23) EMMA MEHRABI	1.00							0	0.	
DIRECTOR 24) JENNIFER FLYNN WALKER	1.00	X						0	. 0.	
DIRECTOR		X						0	0.	
1h Cub total							_	355,513.	0.	74,341
1b Sub-total c Total from continuation sheets to Part	VII Section A		• •	• •	• •			0.	0.	0
d Total (add lines 1b and 1c)								355,513.	0.	74,341
Total number of individuals (including bu reportable compensation from the organi	t not limited to t	hose					o re		\$100,000 of	·
. openazio componicanion non mo engani										Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete S										3 X
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15	0,0	00?	P It	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization?	e or accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Re										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Page 9

Part VIII	Statement	of	Revenue
------------------	-----------	----	---------

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a b	Federated campaigns 1a Membership dues 1b	83,135.				00010110 012 011
Gifts, ilar Ar	d e	Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in	1,753,295.				
Sol	h	lines 1a-1f	<u> </u> \$ ▶	1,836,430.			
	•••	Total: Add lines to Tr. F.	Business Code				
Program Service Revenue	2a b						
E S	С						
Re	d						
Pro	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends, other similar amounts)	interest, and	0.			
	4	Income from investment of tax-exempt bon	d proceeds . >	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d 7a	Net rental income or (loss) Gross amount from (i) Securities	(ii) Other	0.			
	l la	sales of assets	() 56.				
		other than inventory 7a					
Ð	b	Less: cost or other basis					
evenue	_	and sales expenses 7b					
eve	С	Gain or (loss) 7c					
<u>ج</u> 8	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
Ū		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses		0.			
	9a	Gross income from gaming					
	Эа	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances 10a	0.				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		0.			
Sno			Business Code				
Miscellaneous Revenue	11a						+
ella Ver	b						
Sce	C d	All other revenue					
Ξ	e	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		1,836,430.			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a res	ponse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	0.			
foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members	0.			
	0.			
5 Compensation of current officers, directors, trustees, and key employees	365,781.	260,559.	56,043.	49,179.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	444,789.	316,839.	68,148.	59,802.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)		39,278.	8,848.	7,414.
9 Other employee benefits	153,099.	109,058.	23,457.	20,584.
10 Payroll taxes	66,513.	47,379.	10,191.	8,943.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.		22.426	
c Accounting	22,426.		22,426.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees				
9 Other. (If line 11g amount exceeds 10% of line 25, column	130,593.	121,188.	5,009.	4,396.
(A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion	0.	121,1001	3,003.	1,000.
13 Office expenses	76,907.	54,783.	11,784.	10,340.
14 Information technology	4,144.	2,952.	635.	557.
15 Royalties	0.			
16 Occupancy	96,732.	68,906.	14,820.	13,006.
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	786.			786.
20 Interest	0.			
21 Payments to affiliates	0.	10.005		
22 Depreciation, depletion, and amortization	19,409.	13,826.	2,973.	2,610.
23 Insurance	2,582.	1,839.	396.	347.
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aDUES AND SUBSCRIPTIONS	37,065.	33,700.	3,365.	
hBAD DEBT EXPENSE	25,000.	33,700.	25,000.	
cMISCELLANEOUS	754.	544.	107.	103.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,502,120.	1,070,851.	253,202.	178,067.
26 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or	note	e to any line in this Pa	art X		<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			393,750.	1	658,752.
	2	Savings and temporary cash investments			563,682.	2	565,182.
	3				634,974.	3	765,000.
	4	Accounts receivable, net			45,450.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these p		·	0.	5	0.
	6	Loans and other receivables from other disqualifi					
	•	under section 4958(f)(1)), and persons described in		•	0.	6	0.
ß	7	Notes and loans receivable, net		` ' ' ' '	0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
As	9	Prepaid expenses and deferred charges			32,227.	9	29,138.
	-	Land, buildings, and equipment: cost or other	i		<u> </u>		
		basis. Complete Part VI of Schedule D 1	10a	62,874.			
	h	Less: accumulated depreciation		51,709.	25,264.	100	11,165.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11.			0.	12	0.
	13	Investments - other securities. See Fart IV, line 11.			0.	13	0.
	14				0.	14	0.
	15	Intangible assets			16,779.	15	16,779.
	16				1,712,126.	16	2,046,016.
	17	Total assets. Add lines 1 through 15 (must equal lines and appropriate provided and appropriate and appropriat			25,248.	17	33,584.
	18	Accounts payable and accrued expenses	0.	18	0.		
		Grants payable			0.	19	0.
	19	Deferred revenue.			0.	20	0.
	20 21	Tax-exempt bond liabilities			0.	21	0.
		Escrow or custodial account liability. Complete Part			· · ·	21	0.
Liabilities	22	Loans and other payables to any current or f					
Ξ		trustee, key employee, creator or founder, substar			0.		0.
<u>Lia</u>		controlled entity or family member of any of these p			0.	22	0.
	23	Secured mortgages and notes payable to unrelated		· · · -	0.	23	0.
	24	Unsecured notes and loans payable to unrelated th			0.	24	0.
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines 1			49,535.		40,779.
	20	of Schedule D			74,783.		74,363.
_	26	Total liabilities. Add lines 17 through 25			74,703.	26	74,303.
Ses		Organizations that follow FASB ASC 958, check hand complete lines 27, 28, 32, and 33.	nere				
anc	27	Net assets without donor restrictions			1,006,843.	0.7	822,931.
Bal	27 28			⊢	630,500.	27	1,148,722.
<u>_</u>	20	Net assets with donor restrictions			030,300.	28	1,140,722.
Fund Balances		Organizations that do not follow FASB ASC 958, and complete lines 29 through 33.	cnec	ck nere ►			
o or	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip		-		30	
Assets	31	Retained earnings, endowment, accumulated incor		-		31	
Net /	32	Total net assets or fund balances		_	1,637,343.	32	1,971,653.
ž	33	Total liabilities and net assets/fund balances		_	1,712,126.	33	2,046,016.
							Form 990 (2020)

Form 990 (2020) Page **12**

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			36,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			02,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			34,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,6	37,3	343.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,9	71,6	553.
Part	· · · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplair	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					3.7
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_			х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			v
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits		3b	000	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 26-4680984

COF	LI'	TION ON HUMAN NEEDS					26-46809	84	
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instruction	S.	
The	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in	
_		section 170(b)(1)(A)(iv). (C	. ,						
6	7.7	A federal, state, or local go	•						
7	Х	An organization that norma	-	•	pport tr	om a go	vernmental unit or tr	om the general public	
•		described in section 170(b)			D 11 \				
8	_	A community trust describe					l in conjunction with o	land arout callege	
9		An agricultural research org	=			-			
		or university or a non-land-	grant college of ag	filculture (see instruct	ions). E	nier ine	name, city, and state of	if the college of	
10		university: An organization that norma	Ily receives (1) me	oro than 331/2% of its	cupport	from cou	atributions mambareh	nin fooe, and gross	
10		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its	
11		An organization organized	•	•	-		, , , ,		
12		An organization organized	-	-	-				
		of one or more publicly su					, , , ,		
	_	Check the box in lines 12a t	=				•	_	
а	L	Type I. A supporting orga	•	•	•		. , ,		
		the supported organization				ajority of	f the directors or truste	ees of the	
_		supporting organization. `							
b	L	Type II. A supporting org	•						
		control or management of			the sam	ie persor	ns that control or mar	nage the supported	
	Г	organization(s). You must							
С	L	Type III functionally integ						ily integrated with,	
	Г	its supported organization		-				.td	
d	L							= ::	
		that is not functionally inte	-	-	_		<u>=</u>	d an allenliveness	
е	Г	requirement (see instruct Check this box if the orga	•	•				II. Typo III	
-	_	functionally integrated, or						п, туре пі	
f	Fn	ter the number of supported				organizai			
g		ovide the following information							
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		our governing	support (see	other support (see	
				above (see instructions))	Yes	No	instructions)	instructions)	
(A)									
(<u>^)</u>									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

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

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	884,665.	1,792,834.	715,970.	1,592,598.	1,809,485.	6,795,552.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	884,665.	1,792,834.	715,970.	1,592,598.	1,809,485.	6,795,552.	
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)						4,430,315.	
6	Public support. Subtract line 5 from line 4						2,365,237.	
	tion B. Total Support		# \ 004=	() 2242	4.0.04.0	() 0000		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7 8	Amounts from line 4	884,665.	1,792,834.	715,970.	1,592,598.	1,809,485.	3,330.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						6,798,882.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	138,127.	
13	First 5 years. If the Form 990 is for organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	•						
14	Public support percentage for 2020 (li			, ,		14	34.79 %	
15	Public support percentage from 2019	·	•			15	40.33%	
16a	331/3% support test - 2020. If the org	0		•		•		
_	box and stop here. The organization q							
b	331/3% support test - 2019. If the org							
47-	this box and stop here. The organization	•		_				
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization							
	Part VI how the organization meets						•	
	organization			•	•	•	• •	
h	10%-facts-and-circumstances test - 2							
b	15 is 10% or more, and if the organization	•						
	in Part VI how the organization meets					-		
	organization			_	-			
18	Private foundation. If the organization							
. •								
	instructions							

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.)

Sec	tion A. Public Support			· ·	•	,	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0							
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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,						
4.4	and 12.)	the error in the	onle first	المستحاة المستملة الم	au 6:64h +		F04(a)(0)
14	First 5 years. If the Form 990 is for	ŭ	· ·		•		````
Sec	organization, check this box and stop here . tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Sche					16	/ 0
	tion D. Computation of Investment					1	70
17	Investment income percentage for 2020 (lin			13, column (f))		17	%
18	Investment income percentage from 2019 S					18	%
	331/3% support tests - 2020. If the org						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d	id not check a	a box on line 14	1, 19a, or 19b,	check this box	and see instruc	ctions >

Vas No

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on 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 ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			-1
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e msu	Yes	
2	Activities Test. Answer lines 2a and 2b below.		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	·	u		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
2	-			
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	-				
1	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 organia	zations r	nust complete Sectio	ns A through E.				
Se	ection 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						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e						
2		2						
	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						
Se	ection 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-functional		ated Type III supporting	organization				
	(see instructions).	,		, - g				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020	
_1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2016					
b	Excess from 2017					
C	Excess from 2018					
d	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2020

Excess from 2020

COALITION ON HUMAN NEEDS

Schedule A (Folili 990 ol 990-EZ) 2

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2020

Employer identification number

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

COALITION ON HUMAN NEEDS 26-4680984 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** 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** [X] 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 or 990-EZ), 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,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization COALITION ON HUMAN NEEDS

Employer identification number 26-4680984

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ANNIE E CASEY FOUNDATION 701 ST PAUL STREET BALTIMORE, MD 21202	\$175,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	THE GEORGE GUND FOUNDATION 45 W PROSPECT AVE STE 1845 CLEVELAND, OH 44115	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROCKEFELLER FOUNDATION 420 5TH AVENUE NEW YORK, NY 10018	\$1,030,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

\$

Person **Payroll**

Noncash (Complete Part II for noncash contributions.) Name of organization COALITION ON HUMAN NEEDS

Employer identification number 26-4680984

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

PAGE 25

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization COALITION ON HUMAN NEEDS **Employer identification number** 26-4680984 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part I

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h))): Complete Part II-B. Do no	ot complete Part II-A.
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
•	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
COA	ALITION ON HUMAN NEED	DS .		26-4680	0984
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (See instructions)		▶ \$	
3		campaign activities (See instructio			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5, , , , , , ▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 . ▶ \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
2	Enter the amount of the filin	ng organization's funds contributed	to other organization	ons for section	
	527 exempt function activities	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	rm 1120-POL,	
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
		s. For each organization listed, en			
		tributions received that were prom nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				·	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Sch	ledule C (Form 990 or 990-EZ) 2020	COALITION ON I	TOWAIN INEEDS		20-4	DOUGO4 Page Z
Pa	Complete if the org section 501(h)).	anization is exer	npt under section	501(c)(3) and	filed Form 5768 (elec	ction under
Α			affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation checked box	A and "limited contro	l" provisions app	ly.	
	Limits ((The term "expenditu	on Lobbying Expen ures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to ir	nfluence public opin	ion (grassroots lobb	ying)	21,999.	
k	Total lobbying expenditures to ir	nfluence a legislativ	e body (direct lobbyi	ng) [42,028.	
c	: Total lobbying expenditures (add	d lines 1a and 1b).			64,027.	
c	d Other exempt purpose expendite	ures			1,438,093.	
6	Total exempt purpose expenditu	ires (add lines 1c ar	nd 1d)		1,502,120.	
f	Lobbying nontaxable amount. columns.	Enter the amount	from the following	table in both	225,106.	
	If the amount on line 1e, column (a)	or (b) is: The lobbyi	ng nontaxable amount	s:		
	Not over \$500,000	20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000 \$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 p	lus 5% of the excess of			
	Over \$17,000,000	\$1,000,000				
ç	g Grassroots nontaxable amount	(enter 25% of line 1f)		56,277.	
ŀ	Subtract line 1g from line 1a. If a	zero or less, enter -0)		0.	0.
i	Subtract line 1f from line 1c. If z	ero or less, enter -0-			0.	0.
j	If there is an amount other that	an zero on either	line 1h or line 1i, o	lid the organiza	tion file Form 4720	
	reporting section 4911 tax for th					Yes No
			raging Period Unde	٠,		
	(Some organizations that					ns below.
		See the separa	te instructions for I	ines 2a through	2f.)	
		Lobbying Expe	nditures During 4-Ye	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
28	Lobbying nontaxable amount	151 220	176 967	100 22	6 225 106	751 420

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total					
2a	Lobbying nontaxable amount	151,230.	176,867.	198,226.	225,106.	751,429.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,127,144.					
С	Total lobbying expenditures	42,076.	38,988.	50,901.	64,027.	195,992.					
d	Grassroots nontaxable amount	37,808.	44,217.	49,557.	56,277.	187,859.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					281,789.					
f	Grassroots lobbying expenditures	12,623.	5,632.	14,195.	21,999.	54,449.					

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	d For	m 57	68		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
des	ription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
a b	Volunteers?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?			<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i :	Other activities? Total. Add lines 1c through 1i						
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	till-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5)	, or s	ectio	n		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					<u> </u>	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
ıaı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (3. is	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts o	of				
	political expenses for which the section 527(f) tax was paid).			2a			
a h	Current year			2b			
b c	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyin	ng				
_	and political expenditure next year?			4			
5 Par	Taxable amount of lobbying and political expenditures (See instructions)			5			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated	droi	ın list). Par	II-Δ li	nes 1	and
	be instructions); and Part II-B, line 1. Also, complete this part for any additional information.	gioc	лр пос), i ait		1100 1	ana
•							

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Complete if the organization answered "Yes" on Form 1900, Part IV, line 6. 1 Total number at end of year	COZ	ALITION ON HUMAN NEEDS	26-4680984
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Aggregate value value Aggregate value Aggr	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Other Funds or	Accounts.
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Portion Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use for example, recreation or education) Preservation of land for public use for example, recreation or education in the form of a conservation easement in the last day of the tax year. 2 Complete ines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 4 Total number of conservation easements. 5 Total screage restricted by conservation easements. 6 Number of conservation easements on a certified historic structure included in (a) 2. 2 Description of conservation easements and activities of the tax year. 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year by a conservation easement of the conservation easements in its revenue and expense statement and balance sheet and include,		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor and viscors in writing that the assets held in donor advised funds are the organization inform all donors and donor and viscors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of load for public use for example, recreation or education) Preservation of a conservation Preservation of and for public use for example, recreation or education Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 4 Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure linetic din the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P 4 Number of states where property subject to conservation easement is located P P S 3 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements holds? 4 Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing cons		(a) Donor advised funds	(b) Funds and other accounts
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A Aggregate value at end of year			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	4		
tunds are the organization's property, subject to the organization's exclusive legal control?	5		n donor advised
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education). Preservation of a historically important land area Protection of natural habitat Preservation of pen space Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year. Number of conservation easements in conservation easements in conservation easements or conservation easements in conservation easement			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recrention or education) Preservation of a historically important land area Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure instructure listed in the National Register, Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ➤ Number of states where property subject to conservation easements is located ➤ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements that the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements advantage the periodic monitoring conservation easements during the year ➤ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements that balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements in its revenue and expenses statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements. Complete if the organization elected, as permitted under FASB ASC 958,	6		
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . b Total acreage restricted by conservation easements . 2a			
Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Proservation of a certified historic structure Preservation of open space 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 7 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 8 Number of states where property subject to conservation easement is located tax year to states where property subject to conservation easements located tax year to states where property subject to conservation easements is located to violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year to states where property subject to conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, no to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s			
Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education). Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. In total number of conservation easements Total number of conservation easements Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in	Pa		
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Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . 2a Held at the End of the Tax Year 2b Total acreage restricted by conservation easements . 2b Total number of conservation easements on a certified historic structure included in (a) . 2b Ze	1	Purpose(s) of conservation easements held by the organization (check all that apply).	
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Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a)		Protection of natural habitat Preservation o	f a certified historic structure
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b Total acreage restricted by conservation easements . 2b 2c		easement on the last day of the tax year.	Held at the End of the Tax Year
b Total acreage restricted by conservation easements . 2b 2c	а	Total number of conservation easements	2a
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b		2b
historic structure listed in the National Register	С	Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
tax year ► Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► No Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► No Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii)		historic structure listed in the National Register	2d
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. It the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part V		tax year >	
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Shall be a conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part VIII, line 1. (ii) Assets included on Form 990, Part VIII, line 1. (ii) Assets included on Form 990, Part VIII, line 1.	4	Number of states where property subject to conservation easement is located ▶	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of
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and section 170(h)(4)(B)(ii)?		· +	
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(i) Revenue included on Form 990, Part VIII, line 1			arch in furtherance of public service,
 (ii) Assets included in Form 990, Part X		· ·	> •
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1			
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a Revenue included on Form 990, Part VIII, line 1	2		ssets for financial gain, provide the
			> ¢

Schedule D (Form 990) 2020 Page **2**

Pai	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures,	or Other	Similar Asse	ts (continu	ed)	
3	Using the organization's acquisition								•		of its
	collection items (check all that app	ly):									
а	Public exhibition			d	Loan	or exchar	nge progra	m			
b	Scholarly research			e	Other						
С	Preservation for future gene	rations			_						
4	Provide a description of the organ		collections	and expla	ain how t	thev furth	ner the or	ganization's ex	empt purpo	se in	Part
	XIII.					,		3			
5	During the year, did the organization	n solicit o	or receive o	donations o	f art, hist	orical tre	asures, or	other similar			
	assets to be sold to raise funds rath								. Yes		No
Pai	rt IV Escrow and Custodial A			aniou uo po		organizat					
·u	Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV, li	ine 9, or r	eported an ar	nount on F	orm	
1a	Is the organization an agent, trus	tee, cust	odian or o	ther interm	nediary fo	or contrib	outions or	other assets r	not		
	included on Form 990, Part X?				-						No
b	If "Yes," explain the arrangement i	n Part XII	I and com	olete the fo	llowing tal	ole:					_
	31, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				3	Г		Am	ount		
С	Beginning balance						1c				
	Additions during the year						1d				
۰ م	Distributions during the year						1e				
f	Ending balance					_	1f				
	Did the organization include an am							account liability	? Yes		No
	If "Yes," explain the arrangement i							-			- ''
	t V Endowment Funds.	iii ait Xii	II. CHECK II	ere ii tile e.	Apiariation	Tilas bee	ii piovided	OIII ait XIII			
Га	Complete if the organiza	ation and	wered "Ve	es" on For	m 990 F	Part I\/ I	ine 10				
	Complete ii the organiza		rrent year	(b) Prio			years back	(d) Three years b	pack (e) Fou	r voore	hack
			-	(6) F110	i yeai	(C) 1WO	yours back	(u) Three years b	Jack (e) Foo	i years	Dack
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	column (a)) held as	:			
а	Board designated or quasi-endown	nent ▶_		_%							
b	Permanent endowment ▶	%									
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.							
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and admir	nistered for the			
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										
4	Describe in Part XIII the intended u										
Pai	Land, Buildings, and Equ Complete if the organization										
	Complete if the organize	ation ans)
	Description of property		(a) Cost or	other basis tment)		or other bas ther)		cumulated eciation	(d) Book v	alue	
1a	Land		(111463		,		цорі	33.41011			
b	Buildings										
	<u> </u>										
C C	Leasehold improvements	ľ				62,874	1	51,709.		11	165.
d	Equipment					04,075		51,709.			
_	Other	I									

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Page S
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financia	I derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
			Cost of end-or-year marks	ot value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
(7)				
(8) (9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Tarre (b) and a small Farms 2000 Part V and (D) II	(no. 45.)		
	mn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		tion of liability		(b) Book value
	al income taxes	· · · · · · · · · · · · · · · · · · ·		(1)
	RED RENTAL ABATEMENT			40,779
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> </u>	40,779
	uncertain tax positions. In Part XIII, provide the		-	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	.	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	investment expenses not included on Form 550, Fart Vin, inc 751. I.I.	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2020

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SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COALITION ON HUMAN NEEDS

Employer identification number

26-4680984

Part	Questions Regarding Compensation			
	-		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
a b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
•	The organization?	6a		Х
a b	Any related organization?	6b		X
D	If "Yes" on line 6a or 6b, describe in Part III.	OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

COALITION ON HUMAN NEEDS 26-4680984

Schedule J (Form 990) 2020 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DEBORAH WEINSTEIN	(i)	134,729.	0.	0.	10,915.	14,958.	160,602.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

COALITION ON HUMAN NEEDS 26-4680984

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

0E1505 1.000

JSA

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

26-4680984

COALITION ON HUMAN NEEDS

MEETING MINUTES

THE BOARD OF DIRECTORS DOCUMENT THE MINUTES OF EACH MEETING. MEETING
MINUTES ARE REVIEWED AND APPROVED AT THE NEXT BOARD OF DIRECTORS MEETING.

990 REVIEW

A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE EXECUTIVE COMMITTEE VIA EMAIL BEFORE BEING FILED.

KEY EMPLOYEE COMPENSATION POLICY

THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION

BASED ON THEIR KNOWLEDGE OF SALARIES IN THE NONPROFIT ARENA. THE

EXECUTIVE DIRECTOR SETS STAFF SALARIES WITHIN THE BUDGET APPROVED BY THE

BOARD OF DIRECTORS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S PRIMARY MISSION INCLUDES BUT NOT LIMITED TO: A)

ANALYZING AND ADOPTING POSITIONS RELATING TO FEDERAL, STATE AND LOCAL
RESPONSIBILITIES FOR MEETING THE NEEDS OF LOW-INCOME PEOPLE; B)

ADVOCATING FOR THOSE POSITIONS AT THE FEDERAL LEVEL; C) ENCOURAGING,
WORKING WITH AN ASSISTING NATIONAL, STATE AND LOCAL GROUPS WITH
INTERESTS SIMILAR TO THOSE OF THE COALITION.