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 Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or th	e 2021	calendar year, or tax year beginning	10/01/20:	21 and ending		09/	30/2022
			C Name of organization			D Employer id	lentificat	tion number
В с	heck if a	pplicable:	COALITION ON HUMAN NEE	DS				
	Addre		Doing business as			26-468	30984	
	7	change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telephone	number	
	Initia	l return	1825 K STREET, NW, SUI	TE 411		(202)	223-2	2532
		return/	City or town, state or province, country, a			, ,		
	Amer		WASHINGTON, DC 20006			G Gross recei	ots\$	815,506.
		cation	F Name and address of principal officer:	DEBORAH WEINSTEIN		H(a) Is this a g		
	_ pena	ing	1825 K STREET, NW SUITE		20006	subordinat H(b) Are all sub-		sluded? Yes No
ī .	Tax-ex	empt st	') (insert no.) 4947(a)(ist. See instructions
			WWW.CHN.ORG	, ()	., -	H(c) Group exe	emption nu	mber >
				Association Other	L Year of	f formation: 2010		
	art I	-	ımmary	Toologia.co.	-	2010	. • • • • •	5. legar delinione. DC
	1	•	describe the organization's mission or	most significant activities: THE	ORGANIZAS	MING PINOTT	PV MT	CSTOM
a	•	•	LUDES ANALYZING AND ADOP					BBION
Governance			LOCAL RESPONSIBILITIES			· · · · · · · · · · · · · · · · · · ·		
ern	2		this box if the organization di					
Š	3		er of voting members of the governing				3	24
დ			er of independent voting members of t					23
es	4							12
Activities &	5		number of individuals employed in cale				6	12
٩cti	6		number of volunteers (estimate if necess					
`	l		unrelated business revenue from Part V				7a	
	D	Net ur	nrelated business taxable income from I	-orm 990-1, Part I, line 11			7b	0
						Prior Year	120	Current Year
ne	8		ibutions and grants (Part VIII, line 1h)			1,836,4		814,222.
Revenue	9		am service revenue (Part VIII, line 2g)				NONE	NONE
Re	10		ment income (Part VIII, column (A), line				NONE	1,284.
	11		revenue (Part VIII, column (A), lines 5,				NONE	NONE
	12		revenue - add lines 8 through 11 (must			1,836,4		815,506.
	13		s and similar amounts paid (Part IX, colu				NONE	NONE
	14		its paid to or for members (Part IX, colu				NONE	NONE
ses	15		es, other compensation, employee bene			1,085,		1,351,128.
Expenses			ssional fundraising fees (Part IX, column			:	NONE	NONE
Εxp			fundraising expenses (Part IX, column (I					
			expenses (Part IX, column (A), lines 11			416,3		740,708.
	18		expenses. Add lines 13-17 (must equal			1,502,1		2,091,836.
- 10	19	Rever	nue less expenses. Subtract line 18 from	line 12		334,3		-1,276,330.
ts or	20 21 22					Beginning of Curren		End of Year
sset	20		assets (Part X, line 16)			2,046,0		792,455.
nd E	21		liabilities (Part X, line 26)			74,		97,132.
žΞ	22		ssets or fund balances. Subtract line 21	from line 20		1,971,6	553.	695,323.
	rt II		gnature Block					
Und	der pe e. corre	nalties c ect. and	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including accompanying sch officer) is based on all information of v	edules and staten vhich preparer ha	nents, and to the best s any knowledge.	of my kı	nowledge and belief, it is
				,				
Sig	n	-					/28/2	1023
Jiy Hei			Signature of officer			Date		
116		_	DEBORAH WEINSTEIN	E	XECUTIVE I	DIRECTOR		
			ype or print name and title					
Paid		Print/	Type preparer's name	Preparer's signature	Date	Check	 ' "	TIN
	ı parer	SE	MCMASTER CPA	S E MCMASTER CPA	02/15	/2023 self-empl	oyed E	200310424
-	Only	Firm's	sname ► S.E. MCMASTER & 2	ASSOCIATES, PLLC		Firm's EIN ▶	30	0-0709624
	J.11y	Firm's	address > 1825 K STREET, NW, S	TE 705 WASHINGTON, DC 20006		Phone no.	20	2-223-5001
May	/ the	IRS d	iscuss this return with the preparer	shown above? See instruction	s			X Yes No
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.				Form 990 (2021)

Form 990 (2021) Page **2**

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: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	∐ No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complete the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$630,119. including grants of \$) (Revenue \$)	
	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.	
46	(Code) \(\sum_{\text{Devenue}}^{\text{Devenue}}\)	
40	(Code:) (Expenses \$630,119. including 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.	
_	(Code) \(\sum_{\text{Constant}} \) \(\sum_{\text{Constant}} \) \(\sum_{\text{Constant}} \) \(\sum_{\text{Constant}} \)	
4C	(Code:) (Expenses \$315,062. 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.	
44	Other program services (Describe on Schedule O.)	
тu	(Expenses \$ including grants of \$) (Revenue \$)	
44	Total program service expenses 1 575 300	

4e Total program se JSA 1E1020 1.000

Form **990** (2021)

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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			37
10	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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	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	140		
. •	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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		21	
2 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		0.4-		3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		21
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		0.0		3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29		
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
27		30		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	l .		
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
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 on 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	
	-1			

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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 12			
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.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
_	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.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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			
	Enter the amount of reserves on hand	4.4		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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 the instructions and file Form 4720, Schedule N.	10		
16		16		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

COALITION ON HUMAN NEEDS 26-4680984 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
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 1a 24	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2.	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	e Code	_	
			Yes	No
	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	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	406		3.7
	rise to conflicts?	12b		_X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,			3.7
	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?			X
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?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	130	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		16a		X
L	with a taxable entity during the year?	104		21
D	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	1.00		
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.	. (555		J ((U)
	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	of 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 reco THE ORGANIZATION 1825 K STREET, NW, SUITE 411 WASHINGTON, DC 20006	rds ▶		

202-223-2532

Form **990** (2021)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Officer Officer Or director		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
						ed.				
(1) DEBORAH WEINSTEIN	40.00									
EXECUTIVE DIRECTOR	NONE	Х			Х			139,647.	NONE	27,858.
(2) LECIA IMBERY	40.00									
DEPUTY DIRECTOR	NONE					Х		121,095.	NONE	26,298.
(3) RICHELLE FRIEDMAN	40.00									
DIRECTOR OF PUBLIC POLICY	NONE					Х		109,680.	NONE	25,256.
(4) ELLEN TELLER	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(5) OLIVIA GOLDEN	1.00									
SECRETARY	NONE	Х						NONE	NONE	NONE
(6) MELISSA BOTEACH	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) REBECCA DIXON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) LAURA ESQUIVEL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) ED JAYNE	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(10) CARLOS GUEVARA	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) BRUCE LESLEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) CHRISTIN DRISCOLL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) VINCE HALL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) ELLEN NISSENBAUM	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and H	lig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(40.	4 1		sition	. 46		Reportable	Reportable	Estimated
	hours per week (list any			compensation from	compensation from related	amount of other				
	hours for	office	er and	dad		or/truste	ee)	the	organizations	compensation
	related	Indi or d	Inst	Officer	Key	Highest cc employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	irec	itutic	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		Key employee	e com				organizations
		ıste	trus		ě	pen				
		Φ	tee			compensated ee				
15) SARAH SAADIAN	1.00					-				
DIRECTOR	NONE	X						NONE	NONE	NONE
16) CORRINE YU	1.00									
VICE-CHAIR	NONE	х		Х				NONE	NONE	NONE
17) LAQUITA HONEYSUCKER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
18) TYRONE HANLEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
19) LAURA PERALTA-SCHULTE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(20) JIHAD SALEH WILLIAMS	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(21) JACKIE VIMO	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(22) CHONYA JOHNSON	1.00	٠							17017	11011
DIRECTOR	NONE	X						NONE	NONE	NONE
(23) JENNIFER FLYNN WALKER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
24) BETHANY LILLY	1.00	^						NONE	NONE	NONE
DIRECTOR	NONE	x						NONE	NONE	NONE
(25) EMMA MEHRABI	1.00	- 21						110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total		1					•	370,422.	NONE	79,412.
c Total from continuation sheets to Part VII, S	Section A						•	NONE	NONE	NONE
d Total (add lines 1b and 1c)							▶	370,422.	NONE	79,412.
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n 🕨					3				
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	sation	ı aı	nd other compens	sation from the	
organization and related organizations gr	eater than	\$15	0,0	00?) If	"Yes	,"	complete Schedu	le J for such	
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ile J	<i>tor</i>	such _i	per	son		5
Section B. Independent Contractors	nonosta d'		- ا- مر			hun c t = :		hat wasained as a	than \$100,000 -	<u>,</u>
1 Complete this table for your five highest componential from the organization. Report										

year.

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

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

Form 990 (2021)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employ	ees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos neck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d	(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
26) ANNEROSE MENACHERY	1.00										
DIRECTOR	NONE	Х						NONE		NONE	NON
		-									
		-									
		-									
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						> >				
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000	of	
Teportable compensation from the organizati	1011 >										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the organization and related organizations of	greater than	\$15	50,00	00?) If	"Yes	5,"	complete Schedu	le J for :	such	4 7
individual	or accrue co	mpen	satio	on f	fron	n any	un	related organization	on or indivi	dual	4 X
for services rendered to the organization? If 'Section B. Independent Contractors	Yes, comple	te Sci	neau	iie J	TOF	sucn	per	son			5 X
Complete this table for your five highest co- compensation from the organization. Report year.											
(A) SEE SCHEDULE O Name and business a	ddress							(B) Description of se	rvices	((C) Compensation
							-				
2 Total number of independent contractors	(including b	ut no	t lim	nite	d to	thos	ie li	isted above) who	received		
more than \$100,000 in compensation from								1			

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Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to an	y 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
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	92,795.				
٩	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיַּפּ	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
atio er (-	and similar amounts not included above . 1f	684,884.				
혈	g	Noncash contributions included in					
a d	9		\$				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		814,222.			
			Business Code				
9	20						
Ξ̈́	2a		-				
Se	b		-				
am	C	-	-				
ge S	d		_				
Program Service Revenue	e f	All other program service revenue	_				
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividend					
		other similar amounts)		1,284.			1,284.
	4	Income from investment of tax-exempt bo		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С		ONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
e	С	Gain or (loss) 7c					
<u>ہ</u> ج	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	a NONE				
	b	Less: direct expenses	b NONE				
	С	Net income or (loss) from fundraising ever	nts >	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9	a NONE				
	b	Less: direct expenses 9	b NONE				
	С	Net income or (loss) from gaming activities	es >	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10)a NONE				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory	<u> </u>	NONE			
ns			Business Code				
ne or	11a						
lan	b		_				
scellaned Revenue	С		_				
Miscellaneous Revenue	d	All other revenue					
_		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions	🕨	815,506.			1,284.

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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 resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	390,248.	275,948.	64,335.	49,965
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	170177			
_	persons described in section 4958(c)(3)(B)	NONE	440.250	104 762	01 260
	Other salaries and wages	635,477.	449,352.	104,763.	81,362
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,540.	48,466.	11,299.	8,775
9	Other employee benefits	171,762.	121,455.	28,316.	21,991
10	Payroll taxes	85,101.	60,176.	14,029.	10,896
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	2,544.	2,544.		
C	Accounting	24,230.		24,230.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
1	f Investment management fees	NONE			
9	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	422,729.	408,247.	11,142.	3,340
12	Advertising and promotion	NONE	2		
	Office expenses	13,689.	9,679.	2,257.	1,753
	5,	100,798.	71,275.	16,617.	12,906
	Royalties	NONE	B1 BB4	16 524	10.006
	Occupancy	101,504.	71,774.	16,734.	12,996
	Travel	NONE			
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE	670		
	Conferences, conventions, and meetings	670.	670.		
	Interest Payments to affiliates	NONE NONE			
		6,569.	4,645.	1,083.	841
	Depreciation, depletion, and amortization Insurance	3,623.	2,562.	597.	464
	Other expenses. Itemize expenses not covered	3,023.	2,302.	357.	101
-→	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.)				
а	DUES AND SUBSCRIPTIONS	46,055.	46,055.		
	LICENSES AND FEES	3,468.	2,452.	572.	444
	: PAYROLL PROCESSING	6,579.		6,579.	
	BAD DEBT	8,250.		8,250.	
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,091,836.	1,575,300.	310,803.	205,733
	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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	658,752.	1	68,824.
	2	Savings and temporary cash investments	565,182.	2	564,966.
	3	Pledges and grants receivable, net	765,000.	3	83,960.
	4	Accounts receivable, net		4	NONE
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	. NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	NONE
Š	7	Notes and loans receivable, net		7	NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	53,331.
	_	Land, buildings, and equipment: cost or other	25/1501		337331.
	100	basis. Complete Part VI of Schedule D 10a 62,87	4		
	h	Less: accumulated depreciation 10b 58,27		100	4,595.
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11			NONE
	13				NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11		15	16,779.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	792,455.
	17	Accounts payable and accrued expenses		17	67,736.
	18	Grants payable			NONE
	19	Deferred revenue			NONE
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia;		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties		24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	29,396.
	26	Total liabilities. Add lines 17 through 25	74,363.	26	97,132.
Seol		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	822,931.	27	678,323.
ä	28	Net assets with donor restrictions		28	17,000.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			,
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances		32	695,323.
Š	33	Total liabilities and net assets/fund balances		33	792,455.
_	100	Total national or and not appoint and parameters, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	2,040,010.		Form 990 (2021)

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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				<u>506</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	91,	<u>836</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,2	76,	<u>330</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,9	71,	<u>653</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6	95,	<u> 323</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted 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	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	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	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
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 at	udits .		3b		

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

COZ	LI	CION ON	HUMAN NEEDS					26-4	680984
Pai	tΙ	Reason	for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anization is	not a private four	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school d	lescribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital	or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical	research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's	name, city, and st	ate:					
5		An organia	zation operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 17	'0(b)(1)(A)(iv) . (C	complete Part II.)					
6		A federal,	state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organiz	zation that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described	in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)				
8			•	•	o)(1)(A)(vi). (Complete				
9		_	_	=			-	I in conjunction with a	
			-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10		receipts fr support fro acquired b	om activities relation gross investmoy the organization	ted to its exempt f nent income and ui n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete		n 331/3 % of its
11		•	•	•	usively to test for publi	•			
12		•	•	•	•				ry out the purposes of
				_					tion 509(a)(3). Check
			=					and complete lines 1	-
а	L			•	•	-		orted organization(s),	
			-				ajority of	the directors or truste	es of the
	Г		• •	•	e Part IV, Sections A				(-) bb
b	_			•				supported organization	
			-		_	tne sam	e persor	s that control or man	age the supported
_	Г			-	, Sections A and C.	م ما اممه		n with and functions	lly into aroto d with
С	_				ng organization opera is). You must comple			n with, and functional	ny integrated with,
٨	Г		-					ection with its suppor	tod organization(s)
d	_		•			•		oution requirement and	• , ,
			=	-	omplete Part IV, Sect	-		•	an attentiveness
е	Г		•	•	-			nat it is a Type I, Type I	I Type III
·			_		ionally integrated sup				i, type iii
f	En			organizations		porting	or garnzat		
g				-	orted organization(s).				
			rted 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))	,	ur governing ment?	support (see	other support (see instructions)
					above (see instructions))	Yes	No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

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

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,792,834.	715,970.	1,592,598.	1,809,485.	814,222.	6,725,109.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,792,834.	715,970.	1,592,598.	1,809,485.	814,222.	6,725,109.
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)						3,318,109.
6	Public support. Subtract line 5 from line 4						3,407,000.
	tion B. Total Support		I I				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,792,834.	715,970. 1,614.	1,592,598.	1,809,485.	1,284.	6,725,109. 4,614.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						6,729,723.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	132,907.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li					14	50.63 %
15	Public support percentage from 2020	•	•			15	34.79 %
16a	331/3% support test - 2021. If the org	•					
_	box and stop here. The organization quantum and the stop here.						
b	331/3% support test - 2020. If the org						
	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			•	•		• •
L	organization						
D		•					
	15 is 10% or more, and if the organization most					-	•
	in Part VI how the organization meets			_	· ·		
18	organization						
10							
	instructions						<u> </u>

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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.)

500	tion A Bublic Support				•		
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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,						
	and 12.)						
14	First 5 years. If the Form 990 is for	•	•		•		` ` `
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 🔃

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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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)2 If "Yos" explain in **Part VI** how the organization determined that the supported
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44-		
Section	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Occin	on b. Type reapporting engumentions		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	- The supplies of the supplies		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		V	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <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			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	1	1

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	<u> </u>			
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 organi	zations r	nust complete Sectio	ns A through E.		
Section A - Adjusted Net Income (A) Prior Year (B) Cu						
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		7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
-	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				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
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		ted Type III supporting	g organization		
-	(see instructions).			g g 		

Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2021					(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021		<u> </u>		
	(reasonable cause required - explain in Part VI) See				

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
(reasonable cause required - explain in Part VI). See instructions. 3	1	Distributable amount for 2021 from Section C, line 6			
instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	2	Underdistributions, if any, for years prior to 2021			
3 Excess distributions carryover, if any, to 2021 a From 2016		(reasonable cause required - explain in Part VI). See			
a From 2016					
b From 2017	3	• • • • • • • • • • • • • • • • • • • •			
c From 2018	a	From 2016			
d From 2019	b				
e From 2020	C				
f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020 d Excess from 2020	d				
g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020 d Excess from 2020	е	From 2020			
h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2019 c Excess from 2019 d Excess from 2020	f	Total of lines 3a through 3e			
i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	g	_ · · · · · · · · · · · · · · · · · · ·			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	h	Applied to 2021 distributable amount			
4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	i	Carryover from 2016 not applied (see instructions)			
Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020	j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	4	Distributions for 2021 from			
b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		Section D, line 7: \$			
c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	a	Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	b	· ·			
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6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		any. Subtract lines 3g and 4a from line 2. For result			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		<u>-</u>			
Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	6	Remaining underdistributions for 2021. Subtract lines 3h			
7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4b from line 1. For result greater than zero, explain in			
and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		Part VI. See instructions.			
8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	7	Excess distributions carryover to 2022. Add lines 3j			
a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4c.			
b Excess from 2018 c Excess from 2019 d Excess from 2020	8	Breakdown of line 7:			
c Excess from 2019 d Excess from 2020	а	Excess from 2017			
d Excess from 2020	b	Excess from 2018			
	С	Excess from 2019			
e Excess from 2021	d	Excess from 2020			
	е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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 A, PART II - OTHER INCOME

DESCRIPTION 2017 2018 2019 2020 2021 TOTAL

MISCELLANEOUS

TOTALS

Schedule A (Form 990 or 990-EZ) 2021

JSA

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Employer identification number Name of the organization 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

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

Schedule B (Form 990) (2021)

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

COALITION ON HUMAN NEEDS

Employer identification number 26-4680984

Part I	Contributors	(see instructions).	Use duplicate co	ppies of Part I if ac	ditional space is needed.
--------	--------------	---------------------	------------------	-----------------------	---------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	PARTNERSHIP FOR AMERICA'S CHILDREN 5335 WISCONSIN AVE NW STE 440 WASHINGTON, DC 20015	\$\$51,645.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	FIDELITY CHARITABLE GIFT FUND PO BOX 770061 CINCINNATI, OH 45277	\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COALITION ON HUMAN NEEDS

Employer identification number
26-4680984

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

	COALITION ON HUMAN NEE			26-4680984				
Part III	Exclusively religious, charitable, etc.,							
	(10) that total more than \$1,000 for the							
	the following line entry. For organizatio contributions of \$1,000 or less for the							
	Use duplicate copies of Part III if addition			Ψ				
(a) No.								
`fŕom Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
ı aıtı								
		(e) Transfer	of aift					
			_					
	Transferee's name, address, an	id ZIP + 4	Relations	hip of transferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's flame, address, an	Transferee's fiame, address, and zir + 4 Refa						
(a) No.	(b) Purpose of gift	(c) Use of	i aift	(d) Description of how gift is held				
Part I	(b) Ful pose of glit	(c) Use of	giit	(a) Description of now girt is neid				
		(e) Transfer	of gift					
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee				
				•				
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
Part I			_					
		(c) Transfer	of wift					
		(e) Transfer	or gift					
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee				
	1							

Employer identification number

Name of organization

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

► 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

Department of the Treasury Internal Revenue Service

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 under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	· ·				
	ALITION ON HUMAN NEED				580984
	•	organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa				
		xpenditures. See instructions			
		campaign activities. See instruction			
		organization is exempt under			
	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5, , , , , , > \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.		(! 504/-)		`
Pai	<u> </u>	organization is exempt under			<u>). </u>
1		expended by the filing organization			
2		ng organization's funds contributed			
		ies			
3		enditures. Add lines 1 and 2. Ent			
	line 17b			▶\$	
4 5		e Form 1120-POL for this year? s and employer identification numb			
J		ts. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	ace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •			filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(4)					
(1)			-		
(2)					
(2)					
(2)					
(3)					
(3)					
(3)					
(3)					

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

Schedule C (Form 990) 2021

Schedule C (Form 990) 2021 COALITION ON HUMAN NEEDS	26	5-4680984 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) section 501(h)).	and filed Form 5768 (ele	ection under
A Check ▶ if the filing organization belongs to an affiliated group (and list in Part address, EIN, expenses, and share of excess lobbying expenditures).	IV each affiliated group men	nber's name,
B Check ▶ if the filing organization checked box A and "limited control" provision	s apply.	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	39,252.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	78,467.	
c Total lobbying expenditures (add lines 1a and 1b)	117,719.	
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in bo	oth	

f	Lobbying nontaxable amount. Enter the		İ	
	columns.		254,178.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	63,545.		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

No Yes

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total				
2a	Lobbying nontaxable amount	176,867.	198,226.	225,106.	254,178.	854,377.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,281,566.				
С	Total lobbying expenditures	38,988.	50,901.	64,027.	117,719.	271,635.				
d	Grassroots nontaxable amount	44,217.	49,557.	56,277.	63,545.	213,596.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					320,394.				
f	Grassroots lobbying expenditures	5,632.	14,195.	21,999.	39,252.	81,078.				
	Only duly 0 (France 200) 2004									

Schedule C (Form 990) 2021

JSA

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Part II-B

rm 990) 2021	COALITION ON HUMAN NEEDS	26-4680984	Page 3
	ne organization is exempt under section 501(c)(3) and	has NOT filed Form 5768	

	(election under section 501(n)).		2)	(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a) 		(b)	
des	cription of the lobbying activity.	Yes	No	Amou	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:			4		
а	Volunteers?			-		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			-		
C	Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
e f	Grants to other organizations for lobbying purposes?					
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?					
j	Total. Add lines 1c through 1i					
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					
C	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?	(a)(E)				
Га	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(0)(5)	, or s	section		
					Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro					
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (I	၁) Pa	rt III-A, line 3	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	unts	of			
_	political expenses for which the section 527(f) tax was paid).			2a		
a	Current year			2b		
b	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 le					
	and political expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions.		<u></u>	5		
	rt IV Supplemental Information					
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up lis	t); Part II-A, lir	nes 1 and	
2 (3	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990) 2021

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	COF	LITION ON HUMAN NEEDS		26-4680984
Total number at end of year	Pa	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds o	r Accounts.
Total number at end of year 2 Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantes, 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? Partil Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. 3 Total number of conservation easements on a certified historic structure included in (a)		Complete if the organization answered	d "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 advisors in writing that the assets held in donor advised [unds 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? Part II			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (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 [unds 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? Part II	1	Total number at end of year		
Aggregate value of grants from (during year) . Aggregate value at end of year .		•		
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 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 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 on a certified historic structure included in (a) 2a				
tunds are the organization's property, subject to the organization's exclusive legal control?			r advisors in writing that the assets held	in donor advised
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? Conservation Easements Yes No	•		=	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation of education) Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . 2a Held at the End of the Tax Year Total acreage restricted by conservation easements . 2b Potal acreage restricted by conservation easements on a certified historic structure included in (a)	6		-	
conferring impermissible private benefit? Part II	Ū			
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 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. a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a). d 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 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 can do not expense incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S Does can conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 XIIII the text of the footnote to its financial statements that descr				
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) Protection of natural habitat Proservation 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 c Number of conservation easements included in (s) acquired after 7/25/06, and not on a historic structure listed in the National Register. 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 states where property subject to conservation easement is located by violations, and enforcement of the conservation easements in thods? Number of states where property subject to conservation easement is located by violations, and enforcement of the conservation, inspecting, handling of violations, and enforcement of the conservation, inspecting, handling of violations, and enforcement of the conservation easements in thods? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in the violations, and enforcement of the 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 in Part XIII, describe how the organization neports 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. Organization Maintaining Collections of Art, Historical Treasures, or Other	D۵			
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Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of our labilat 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 Total acreage restricted by 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 ▶ Nounber of states where property subject to conservation easement is located ▶ Nounber of states where property subject to conservation easements in located ▶ See 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 ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ See 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)? 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 fotonote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization easements. Complete if the organization of conservation easements. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue at	1			
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b Total acreage restricted by conservation easements	_			
c Number of conservation easements on a certified historic structure included in (a)	_			
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				
historic structure listed in the National Register				20
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A Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	_			
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ Does 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)?	^			
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and section 170(h)(4)(B)(ii)?	0	· •	2(d) shows satisfy the requirements of sect	ion 170/h)//)/(D)/i)
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b			
(i) Revenue included on Form 990, Part VIII, line 1				search 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:				
following amounts required to be reported under FASB ASC 958 relating to these items:	_			
	2			assets for financial gain, provide the
b Assets included in Form 990. Part X	_			• •
		Assets included in Form 990 Part X		\$ s

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

Schedule D (Form 990) 2021

Pa	rt Organizations Maintaini	ng Collections of	of Art, Histo	rical Tre	asures	, or Oth	er Similar A	ssets (d	continued	1)
3	Using the organization's acquisition	on, accession, and	other reco	rds, check	c any of	the follo	owing that m	ake sigr	nificant us	e of its
	collection items (check all that app	ly):		_						
а	Public exhibition		d	Loan		nge prog				
b	Scholarly research		e	Other						
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collectio	ns and expl	ain how t	hey furt	her the	organization's	s exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization	on solicit or receive	e donations o	of art, histo	orical tre	easures, d	or other simila	ar _		
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	art of the o	organiza	tion's col	lection?		Yes	No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trus	tee, custodian or	other intern	nediary fo	or contri	butions	or other asse	ets not		
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement i									
								Amount		
С	Beginning balance				[1c				
d	Additions during the year				[1d				
е	Distributions during the year				[1e				
f	Ending balance				[1f				
2a	Did the organization include an am	ount on Form 990), Part X, line	21, for e	scrow o	r custodi	al account lial	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII. Check	here if the e	xplanation	has bee	n provide	ed on Part XIII			
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "	Yes" on For	m 990, F						
		(a) Current year	(b) Prid	or year	(c) Two	years back	(d) Three ye	ears back	(e) Four ye	ars back
1 a	Beginning of year balance									
b	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			e (line 1g,	column	(a)) held	as:			
а	Board designated or quasi-endown		%							
	Permanent endowment	%								
С		.%								
_	The percentages on lines 2a, 2b, a	•								
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held	l and adr	ninistered for	the	V	- N-
	organization by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the relate	•	•						3b	
4	Describe in Part XIII the intended until Land, Buildings, and Equ		zation's endo	wment fur	nas.					
Pa	Land, Buildings, and Equ Complete if the organize	ation answered "	Yes" on Fo	rm 990, I	Part IV,	line 11a	. See Form	990, Pa	rt X, line	10.
	Description of property	(a) Cost	or other basis	(b) Cost	or other bas	sis (c)	Accumulated) Book value	
1 ~	Land	,	estment)	(0	ther)	de	epreciation			
_	Land									
b	Buildings					+				
Q C	Leasehold improvements				62 07	1	50 270		1	
d	Equipment				62,87	I.	58,279.		4	,595.
Tota	Other	(d) must equal Fo	orm 990. Pari	X. colum	n (B). line	e 10c.)	•		Λ	,595.

Schedule D (Form 990) 2021

COADITION ON II	ONAM NEEDS	۵۱	Tuge C
Part VII Investments - Other Securities. Complete if the organization answered	l "Vos" on Form 99	0 Part IV line 11h See Form 990	Part V line 12
(a) Description of security or category	(b) Book value	(c) Method of valuat	
(including name of security)	(b) Book value	Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	ion:
		Cost or end-of-year mark	et value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11d. See Form 990.	Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li	ino 15 \		
Part X Other Liabilities.	ine 15.)		
Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11e or 11f See For	m 990 Part X
line 25.			000, 1 0.174,
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes	<u> </u>		(.,
(2)DEFERRED RENTAL ABATEMENT			29,396.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			29,396.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat 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

JSA

1E1270 1.000

Schedule D (Form 990) 2021 JSA 1E1270 1.000 08/14/2023 13:10:51

36

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	
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	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T
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.)	-
_	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 990, Part VIII, line 7b. 4a	
a	The state of the s	-
b	Carol (Becombe in archain)	4c
С 5	Add lines 4a and 4b	5
	XIII Supplemental Information.	
	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	

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury

	venue Service		o to www.ns.gov/r o/n	11990 101 111511	uctions and	the latest information		Inspection
	e organization						Employer identification	
	ION ON HU		1 (16.4)			\	26-468098	
Part I		g Activities. Comp EZ filers are not re	-			Yes" on Form 99	90, Part IV, line 1	7.
1 Ind	dicate whether	the organization rais	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicita	tions	е	Solid	itation of	non-government g	grants	
b	Internet and	email solicitations	f	Solid	itation of	government grant	S	
с	Phone solic	itations	g	Spec	ial fundra	ising events		
d	In-person s	olicitations						
2a Dio	d the organiza	tion have a written o	r oral agreement v	with any inc	dividual (in	cluding officers, c	directors, trustees,	
		s listed in Form 990						Yes No
		10 highest paid indi- least \$5,000 by the		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
							(v) Amount poid to	
((i) Name and add or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No		001. (t)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
9								
10								
Total _								
		which the organization			l to solicit	contributions or	has been notified	it is exempt from
	gistration or lic		lion is registered	or licerisec	i to solicit	CONTINUATIONS OF	nas been notined	it is exempt mom
								

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 26-4680984 COALITION ON HUMAN NEEDS Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HUMAN HERO NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 36,543. 36,543. 2 Less: Contributions 36,543. 36,543. 3 Gross income (line 1 minus line 2)........... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Schedule G (Form 990) 2021

10a

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sched	dule G (Form 990 or 990-EZ) 2021 COALITION ON HUMAN NEEDS	26-4680984	Page 3					
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity.	ty	No					
13	formed to administer charitable gaming?	Yes	No					
а	The organization's facility		%					
b	7		<u>%</u>					
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	.s and						
	Name ▶							
	Address ►							
15 a	Does the organization have a contract with a third party from whom the organization receives	~ ~	¬					
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Yes L	No					
D	amount of gaming revenue retained by the third party ► \$	and the						
С	If "Yes," enter name and address of the third party:							
	Name ►							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation ▶\$							
	Description of services provided ▶							
	Director/officer Employee Independent contractor							
17	Mandatory distributions:							
а	3, 3, 5, 5, 6, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		—					
L	retain the state gaming license?		No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year > \$	anizations						
Par		(iii) and (v), and						
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition							
	(see instructions).							

Schedule G (Form 990 or 990-EZ) 2021

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

Employer identification number

COALITION ON HUMAN NEEDS 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	1b				
2	explain					
2						
	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: Receive a severance payment or change-of-control payment?	4a		X		
a b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		X		
b	Any related organization?	5b		X		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
a	The organization?	6a		X		
b	Any related organization?	6b		X		
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х		
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'				
J	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) 2021

Schedule J (Form 990) 2021 COALITION ON HUMAN NEEDS 26-4680984 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-MISC and/or 1099-NEC 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)	139,647.			11,172.	16,686.	167,505.	
1 EXECUTIVE DIRECTOR	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

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

2021

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.

Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Name of the organization

COALITION ON HUMAN NEEDS

Employer identification number
26-4680984

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 WTIH AN ASSISTING NATIONAL, STATE AND LOCAL GROUPS WITH INTERESTS SIMILAR TO THOSE OF THE COALITION.

Schedule O (Form 990 or 990-EZ) 2021 Page **2**

Name of the organization

COALITION ON HUMAN NEEDS

Employer identification number
26-4680984

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

LAKE RESEARCH PARTNERS 1101 17TH ST NW SUITE 301 WASHINGTON, DC 20036

125,276.

Schedule O (Form 990 or 990-EZ) 2021

Name of the organization	Employer identification	Employer identification number 26-4680984			
COALITION ON HUMAN NEEDS	26-4680984				
FORM 990, PART IX - OTHER FEES					
	(A)	(B)	(C)	(D)	
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES	
INFORMATION TECHNOLOGY	20,326.	14,207.	3,547.	2,572.	
RESEARCH	125,276.	125,276.	3,317.	2,3,2.	
MEDIA	14,200.	14,200.			
PROGRAM	262,927.	254,564.	7,595.	768.	
TOTALS					
	422,729.	408,247.	11,142.	3,340.	

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