Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public 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	For t	he 2022 calen	dar year, or tax year beginning $4/01$, 2022, and ending $3/31$, 2	0 2023									
		if applicable:		yer identific	ation number									
	ПА	ddress change	one Warm Coat 74-304524											
	\vdash	ame change	one name occ	none number										
	\vdash	itial return	Con Empres CA 0411E	(877) 663-9276										
	H			7) 00.	3 32 10									
	\vdash	nal return/terminated	G 0	receipts \$	7,108,894.									
	\vdash	mended return												
	L A	pplication pending	1. Hame and address of principal officers. Beth W. Amodio		□.03 □.00									
-	Т		Same As C Above H(b) Are all subordinate I S S H(c) Are all subordinate I S S H(b) Are all subordinate I S S H(b) Are all subordinate I S	st. See instru	ictions.									
<u> </u>		exempt status:	in sortex(e) context () (mean may be mean may											
J	15,15,15		w.onewarmcoat.org H(c) Group exemption		-1.1									
K		n of organization:		State of lega	al domicile: CA									
Pa	rt I	Summar			hd l dwan and									
	1	Briefly descri	be the organization's mission or most significant activities: To provide free coats	to Ci	niidren and									
ce		adults 1	n need while promoting volunteerism and environmental sus	railiar	71117A									
Governance														
/eri	2	Check this bo	ox if the organization discontinued its operations or disposed of more than 25% of its	net asse										
g	3		oting members of the governing body (Part VI, line 1a)		11									
৽४	4		dependent voting members of the governing body (Part VI, line 1b)		11									
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)		6									
Activities &	6	Total number	of volunteers (estimate if necessary)		2,687									
Aci			ed business revenue from Part VIII, column (C), line 12		0.									
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.									
			Prior Yea		Current Year									
a)	8		and grants (Part VIII, line 1h)		7,074,568.									
Ĭ	9			300.										
Revenue	10			700.	4,920.									
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1.40	3,966.									
	12		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,768,		7,083,454.									
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	128.	5,934,920.									
	14		to or for members (Part IX, column (A), line 4).	000	F10 140									
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	202.	519,149.									
nse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)											
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 177, 346.											
Ш	17	Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	390.	176,058.									
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	720.	6,630,127.									
	19	Revenue less	s expenses. Subtract line 18 from line 12	526,420.										
50			Beginning of Curre	ent Year	End of Year									
eta	20	Total assets	(Part X, line 16)	265.	1,688,669.									
Ass I Ba	21	Total liabilitie	ss (Part X, line 26)	734.	27,570.									
Net Assets of Fund Balance	22	Net assets or	fund balances. Subtract line 21 from line 20	531.	1,661,099.									
	rt II	Signatur												
			eclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled arer (other than officer) is based on all information of which preparer has any knowledge.	ge and belie	f, it is true, correct, and									
com	plete. D	eclaration of prepa	arer (other than officer) is based on all information of which preparer has any knowledge.											
Sig	ın	Signature of												
He	re	Beth W	V. Amodio Beth W Amodio President &	CEO										
		Type or prin	t name and title											
		Print/Type p	preparer's name Preparer's signature Date Check	if P	ΓIN									
Pa	id	Will S	Stevens, CPA Will Stevens, CPA 8/10/23 self-emplo	yed P	01208094									
	epar													
Us	e Or	ily Firm's addre	5: 1 51	57-1	0957419									
			Columbia, SC 29201 Phone no.		799-0555									
May	v the	IRS discuss th	is return with the preparer shown above? See instructions		X Yes No									

-10	TEEA0102L 09/01/22			Form 990	(2022)
	(Expenses \$ including grants of \$) (Revenue Total program service expenses 6, 306, 109.	>)	
	Other program services (Describe on Schedule O.)	÷			
2					
2					
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue	\$)
,					
,					
,					
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue	\$)
;					
	landfilis last year.				
	Coat's combined programs kept more than 1.3 million pounds of c landfills last year.				
	manufacturers and retailers through One Warm Coat's Zero Waste	Initiat:	<u>ive.</u> 0	ne War	cm
	distributed gently worn coats that were collected through 5,551 the country, as well as new coats and other outerwear items tha	t were	donate	d_by	2 – – –
	1,500 partner nonprofit agencies throughout the United States.	The part	ner a	gencie	es
	One Warm Coat provided free coats to 550,264 children and adult	s_throug	gh mor	e_thar	
4 a ((Code:) (Expenses \$ 6,306,109. including grants of \$)	(Revenue	\$)
3	Section 50 (C)(3) and 50 (C)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	0113 10 UIIEI	J, 1110 101	ai experi	JUJ,
	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rvices, as m	neasured	by exper	nses.
	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	services?	📙 1	es X	No
	If "Yes," describe these new services on Schedule O.	on doos?	_ 、	/aa 🔽	Na
	Form 990 or 990-EZ?		🔲 Y	es X	No
2 [Did the organization undertake any significant program services during the year which were not listed on the p	prior			
	To provide free coats to children and adults in need while prome environmental sustainability.				_and_
	Briefly describe the organization's mission:		1+ 0	~ w d ~ m	224
	Check if Schedule O contains a response or note to any line in this Part III.				
Part	III Statement of Program Service Accomplishments	74 30	143243		age Z

74-3045243 Page 3 Form 990 (2022) One Warm Coat Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete X 1 Schedule A..... X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I..... X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II..... X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III...... X 5 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, X 6 Pärt I..... Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II.*.................. X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV.* X X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule X 11a D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII..... 11b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. X 11c X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X... X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII...... Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional........ X 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... Χ b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b X

Par	Checklist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
	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		X
С	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part l	31		X
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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. X No
15	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	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		17	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) One Warm Coat

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

			res	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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	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?	7 h		
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.	_	8.6	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	JU		
10	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			
11	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.)			
	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			
	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.			
	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	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		_
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		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
BAA	TEEA0105L 09/01/22	Form	990	(2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year.....
If there are material differences in voting rights among members 1a 11 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.... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 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 X members of the governing body?..... 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... X 8b **b** Each committee with authority to act on behalf of the governing body?..... 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..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates?..... 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?...... X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See . Schedule .0. X 12c 13 Did the organization have a written whistleblower policy?..... X X 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official .. See. . Schedule . 0...... 15a b Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's éxempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Schedule O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Another's website Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records. Beth W. Amodio 2443 Filmore Street, Suite 380-5363 San Francisco CA 94115 (877) 663-92

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

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

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

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

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

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.											
				(C))						
(A) Name and title	(B) Average hours	thar is	one both dir	box.	unles		on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations	
(1) Beth W. Amodio President & CEO	$-\frac{40}{0}$			Х				138,565.	0.	0.	
(2) Juan Lopez	2										
Treasurer	0	Х		X				0.	0.	0.	
(3) Amrita Dutta-Gupta Director	$-\frac{1}{0}$	Х						0.	0.	0.	
	1	Λ.						0.	0.	<u></u>	
	0	Х						0.	0.	0.	
(5) Ryan Frederiksen	1										
Director	0	X						0.	0.	0.	
(6) Julian Young	1										
Director	0	X						0.	0.	0.	
(7) Susan Kim	1									0000	
Director	0	X						0.	0.	0.	
_(8)_Cathy_Novy	1								0		
Director	0	X			_			0.	0.	0.	
_(9) Deborah Chambers	1				ľ						
Director	0	X			<u>.</u>			0.	0.	0.	
(10) Susan P. Sturm	2	١									
Chair Elect	0	X		X				0.	0.	0.	
(11) Patrick Sullivan	-1	X						0.	0.	0.	
Director	0	X						0.	0.	0.	
(12) Jeff Zon	-2			v				0.	0.	0.	
Chair	0	X		X	-			0.	0.	0.	
(13)				o .							
(14)											
		1	1		1	1	1				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and								Highest Com	ipensated Emp	loyees (continued)
(B)				((100					
(A) Name and title	Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours	or d	Insti	Officer	Key	emp	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related
	for related	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest co	ner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related organizations
	organiza - tions below	or trus	nal tri		loyee	ompe				
	dotted line)	stee	ustee			Highest compensated employee				
(15)										
(16)										
(17)								_		
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)								,		
(25)										
1b Subtotal							• • •	138,565.	0.	0.
c Total from continuation sheets to Part VII, Sect	ion A							0.	0.	0.
d Total (add lines 1b and 1c)								138,565.	0.	0.
Total number of individuals (including but not limited from the organization	to those	listed	abo	ve) '	who	recei	ved	more than \$100,00	of reportable com	pensation
1									-	Yes No
3 Did the organization list any former officer, direct	ctor, truste	ee, ke	еу е	mpl	oye	e, or	higl	hest compensated	d employee	3 X
on line 1a? If "Yes,"complete Schedule J for suc										3 A
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	f reportab er than \$1	le co 150,0	mpe 00?	ensa If "	ation Yes, 	and," <i>col</i>	mple	ete Schedule J fo	rom r	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ie comper es," compl	nsatio	on fr Sche	rom edule	any e <i>J f</i>	unre	elate	ed organization or person	individual	5 X
Section B. Independent Contractors									#100 000 · f	
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind nsation for	the c	den aler	it co idar	ntra year	ctors endi	tha ing v	with or within the oi	rganization's tax yea	
(A) Name and business add	lress							(B Description) of services	(C) Compensation
2 Total number of independent contractors (including	but not lim	nited t	o th	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization		A 100 A								

Form	990	(2022) One wa	ırm	Coat					74 3043243	r age s
Part	: VII	I Statement of								
		Check if Schedul	e O	contains	a resp	oonse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
א נא	1a	Federated campaig	ns		1a			3. 350		
E E		Membership dues .			1b					
Contributions, Gifts, Grants, and Other Similar Amounts		Fundraising events			1c		at a later			
IT A		Related organizatio			1d	11111				
ni G		Government grants (cont			1e			6.00 100.00	The second of the	
Sir		All other contributions, g								
the tri		similar amounts not incl			1f	7,074,568.		4.2		
草豆	g	Noncash contributions in lines 1a-1f			1g	5,817,220.	1 62353	4000		
Cor	h	Total. Add lines 1a					7,074,568.			
	- 10					Business Code	1,7072,0001			
Program Service Revenue	2a									
3eV	b									
e e	С									
eri	d									
٦.	е									
grar	f	All other program s	ervi	ce revenu	ле					
P.	g	Total. Add lines 2a	-2f						T 48 72	100
		Investment income (other similar amou	nts).				5,190.	5,190.		
	4									
	5	Royalties								
				(i) R	teal	(ii) Personal				
		Gross rents	6a				_	Sec. 450.00		
		Less: rental expenses	6b							
		Rental income or (loss)								
	d	Net rental income	or (IC	(i) Sec		(ii) Other			22.2	
	7a	Gross amount from		(i) Sec	unites	(ii) Outer				
		sales of assets other than inventory	7a	25	,170			T. A. 200	EL Been St	M. A. Marie
	b	other than inventory Less: cost or other basis and sales expenses	7b	٥٢	440		4.14			1000
		CANADA CALL COMPANIAN STRUCTURE CONTRACTOR AND CONTRACTOR	7c		,440		-	44 7	44.	
		Gain or (loss) Net gain or (loss)	10		-270		-270.	-270.		
an	_	Gross income from fund (not including \$	Iraisin	g events	 [-270.	-270.		
/en		of contributions reported	d on I	ine 1c).						
Ze.		See Part IV, line 18			8	a				
Other Revenue	h	Less: direct expens			-	ib .		796		
ţ		Net income or (los				28				
Q					alolling [
	9a	Gross income from gam See Part IV, line 19	ing ac	ctivities.	9	a				
	b)b			Section 1	建造		
		Net income or (los			ng acti	vities				
					ĬГ			100	100	100
	Iua	Gross sales of inventory, less returns and allowances			10)a	2.00			
	b	Less: cost of good	s sol	ld	10	Ob	11			
		Net income or (los			of inv	entory				
S		,	80			Business Code				
scellaneous Revenue	11a	Miscellaneo	us	Rev			3,966.	3,966.		
scellaneo Revenue	b					15	9			
₩ K	С									
Ď Ž	d	All other revenue.								

e Total. Add lines 11a-11d.....

3,966.

7,083,454.

8,886.

0.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do n	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,934,920.	5,934,920.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	138,565.	79,848.	15,773.	42,944.					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages	302,824.	174,504.	34,471.	93,849.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	301,011								
9	Other employee benefits	43,329.	23,593.	7,916.	11,820.					
10	Payroll taxes	34,431.	19,310.	4,316.	10,805.					
11	Fees for services (nonemployees):									
	Management									
	Legal									
	Accounting									
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
g	Investment management fees			1 - 10	0.100					
12	Advertising and promotion	36,019.	32,083.	1,743.	2,193.					
13	Office expenses	33,703.	19,695.	9,706.	4,302.					
14	Information technology		5,592.							
15	Royalties									
16	Occupancy		2.046	8,677.						
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	11,723.	3,046.	8,611.						
	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Insurance									
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).									
a	Contractors & Consultants	30,144.	3,550.	26,594.						
Ŀ	Anniversary Celebration	25,726.	8,856.	13,495.	3,375.					
	Miscellaneous	14,872.	200.	14,206.	466.					
	<u>Dues_and_Subscriptions</u>	11,889.	912.	3,385. 6,390.	7,592.					
	All other expenses	6,390. 6,630,127.	6,306,109.	146,672.	177,346.					
-	Total functional expenses. Add lines 1 through 24e	0,030,127.	0,300,109.	140,012.	1777010.					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									
BAA	The state of the s	TEEA0110L 0	9/01/22		Form 990 (2022)					

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 1,513,476. 1,099,875 Cash — non-interest-bearing..... 2 123,490. 112,516. Savings and temporary cash investments..... 2 3 Pledges and grants receivable, net..... 3 Accounts receivable, net..... 4 60,320 28,640 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net..... 8 9 2,357 5,260 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a 10c 11 Investments — publicly traded securities..... 11 12 12 Investments – other securities. See Part IV, line 11..... Investments – program-related. See Part IV, line 11..... 13 13 14 Intangible assets..... 14 Other assets. See Part IV, line 11..... 15 15 1,257,265. 16 1,688,669. Total assets. Add lines 1 through 15 (must equal line 33).... 16 33,734. 17 27,570 Accounts payable and accrued expenses 17 18 Grants payable. 18 Deferred revenue..... 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... Liabilities Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 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 Total liabilities. Add lines 17 through 25..... 33,734 26 27,570 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 1,223,531. 27 1,661,099. Net assets without donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 9 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund.....

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

1,661,099.

31 32

33

1,223,531.

1,257,265

	(===) One warm oods				_			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					<u>. L</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		7,0	83,4	54.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	(5,6	30,1	27.		
3	Revenue less expenses. Subtract line 2 from line 1	3		4.	53,3	27.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,2	23,5	31.		
5	Net unrealized gains (losses) on investments	5		-	15,7	59.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)).	10		1,6	61,0	99.		
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis				v			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate						
	X Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Unifo	rm ·····	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
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