Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print CORE FOUNDATION INC 20-5997764 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 3631 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 20195 RESTON, VA Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 DOUGLAS BUSHEE The books are in the care of ► 1357 TUNWELL STABLE COURT - RESTON, VA 20194 Telephone No. ► 703-282-6211 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

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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

▶ 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.

Open to Public

and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CORE FOUNDATION INC Name change 20-5997764 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. BOX 3631 703-282-6211 termin-ated 453,991**.** City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return RESTON, VA 20195 H(a) Is this a group return Applica-F Name and address of principal officer: DOUGLAS BUSHEE Yes X No for subordinates? 1357 TUNWELL STABLE COURT, RESTON, VA 20194 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L __ 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► WWW.COREFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2007 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: HELPING OTHERS TO "BE THE CHANGE Activities & Governance THEY WANT TO SEE IN THE WORLD" BY PROVIDING COUNSELING AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 300 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 183,161. 331,593.Contributions and grants (Part VIII, line 1h) Revenue 139,107. 122,368. Program service revenue (Part VIII, line 2g) 114. <u>30.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 322,382. 453,991. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 80,505. 96,101. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 71,900. 160,023. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 110,508. 176,891. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 262,913. 433,015. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 59,469. 20,976. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 255,356. 351,621. Total assets (Part X, line 16) 154,669. 229,958. 21 Total liabilities (Part X, line 26) Net / 100,687. 121,663. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DOUGLAS BUSHEE, CHAIR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature G F MUSMAR, CPA 11/09/22 **₽**00176506 Paid self-employed Firm's name MILLERMUSMAR CPAS Firm's EIN 52-2010201 Preparer Firm's address $\rightarrow 2\overline{100}$ RESTON PARKWAY, SUITE 400 Use Only Phone no. 703 - 437 - 8877RESTON, VA 20191 May the IRS discuss this return with the preparer shown above? See instructions X

| Form | 1990 (2021) CORE FOUNDATION INC 20-5997764 Page 2 |
|------|--|
| | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| • | WE HELP OTHERS BE THE CHANGE THEY WANT TO SEE IN THE WORLD. WE WORK |
| | WITH SOCIAL ENTREPRENEURS AND SMALL ORGANIZATIONS TO HELP THEM ACHIEVE |
| | THEIR GOALS AND OBJECTIVES. WE PROVIDE COUNSEL & RESOURCES TO HELP |
| | INDIVIDUALS AND ORGANIZATIONS PLAN, BUILD AND EXECUTE ON THEIR VISION. |
| _ | · |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | 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? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 76,976 • including grants of \$) (Revenue \$ 93,560 •) |
| | SUPPORT TO CORNERSTONES A 501(C)(3) EXEMPT ORGANIZATION TO RAISE MONEY, |
| | SETUP INFRASTRUCTURE AND PROVIDE LOGISTICAL SUPPORT FOR RESTON SPRINT |
| | TRIATHLON. |
| | TRIAITIDON: |
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| | |
| 4b | (Code:) (Expenses \$ 29,158. including grants of \$) (Revenue \$ 38,095.) |
| | FRIENDS OF LAKE ANNE - RESTON'S LAKE ANNE IS A TREASURE IN OUR |
| | COMMUNITY. LAKE ANNE VILLAGE CENTER IS THE ORIGINAL VILLAGE CENTER OF |
| | RESTON AND IS LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES. THE |
| | FRIENDS OF LAKE ANNE PURPOSE IS TO PROMOTE EDUCATION ABOUT AND, A |
| | CONTEXTUAL UNDERSTANDING OF, THE HISTORICAL AND ARCHITECTURAL |
| | SIGNIFICANCE OF THE LAKE ANNE HISTORIC DISTRICT'S PUBLIC AREAS. WE ALSO |
| | PROVIDE FINANCIAL SUPPORT FOR THE RESTORATION AND MAINTENANCE OF THE |
| | |
| | SCULPTURAL, FOUNTAIN, LANDSCAPE AND ARCHITECTURAL ELEMENTS IN THE |
| | PUBLIC PLAZA. |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$26,413. including grants of \$) (Revenue \$46,284.) |
| | HELPING HUNGRY KIDS - CONNIE LAURENT ROY AND SANDY AMATO HAD A VISION |
| | THAT BEGAN IN A BASEMENT IN RESTON, VIRGINIA IN 2009. THEY KNEW NOT |
| | EVERY CHILD IN FAIRFAX COUNTY HAD ENOUGH FOOD ON WEEKENDS AND DURING |
| | SCHOOL BREAKS. SO THEY CREATED HELPING HUNGRY KIDS (HHK) OF NORTHERN |
| | VIRGINIA TO SERVE THE COMMUNITY. FOR MORE THAN 10 YEARS, HHK HAS |
| | PROVIDED PACKS TO LOCAL ELEMENTARY SCHOOL CHILDREN WHO LACK ENOUGH |
| | FOOD. EACH PACK COSTS ABOUT \$6 AND CONTAINS ENOUGH FOOD FOR 2 |
| | |
| | BREAKFASTS, 2 LUNCHES, 2 DINNERS, AND 2]3 SNACKS. PANTRY ITEMS INCLUDE |
| | FRUIT CUPS, APPLESAUCE, PUDDING, CEREAL, SOUP, MAC N' CHEESE, AND MILK. |
| | HHK PACKS 450 BAGS PER WEEK FOR SEVEN LOCAL ELEMENTARY SCHOOLS. |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 162,473 • including grants of \$) (Revenue \$ |
| 4e | 205 020 |
| | Form 990 (2021) |

Part IV | 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 | х | |
| 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 | | Х |
| 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 | | х |
| 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 | | Х |
| 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 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | Х |
| _ | Schedule D, Part III | 8 | | Λ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, | | 77 | |
| _ | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 445 | | x |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11b | | |
| | 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 |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | х |
| 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 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | ,, |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | ,, |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | Х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Δ | |

| | | | Yes | No |
|------|--|-----------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | Х |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22 | | <u> </u> |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 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 "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 | 24c | | |
| Ч | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | 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? 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 | | | 3,7 |
| | 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 |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// | 200 | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 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 | | | l |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 3,7 |
| | 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 | | | X |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 33a | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | l | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | |
| ra | 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 | | | |
| b | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | <u> </u> |

132004 12-09-21

Form 990 (2021) CORE FOUNDATION INC

Part V 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 2 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | | |
| 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). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | | | | | | |
| 6a | 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 | | | | | |
| b | 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). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | 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 | | | 37 | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | | | | | | |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | | | | | | |
| н 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | | | | | | | |
| Ü | | | | | | | | | |
| 9 | | | | | | | | | |
| а | Park 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| | 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 13b | | | | | | | | |
| | Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | | | | | |
| | | | | 21 | | | | | |
| 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 14b | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | Х | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х | | | | | |
| If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |
| 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. | | | | | | | | |

6

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 | | | X |
|------------|---|---------|---------|------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 9 | | | |
| 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 | | Х |
| 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 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 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 | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| b | Other officers or key employees of the organization | 15b | | Х |
| | 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 | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| <u>Sec</u> | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► VA | | | |
| 18 | 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 |) avail | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finaı | ncial | |
| | 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 records | | | |
| | DOUGLAS BUSHEE - 703-282-6211 | | | |
| | 1357 TUNWELL STABLE COURT, RESTON, VA 20194 | | | |

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | than is bot | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of | |
|---------------------------|--|--|-----------------------|------------------|----------------|------------------------------|------------------------------------|---|---|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer p | Key employee | Highest compensated employee | Ĺ | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) DOUGLAS BUSHEE | 10.00 | X | | \ . . | 4 | | | 0. | 0. | 0 |
| CHAIR (2) GINA HEALY | 2.00 | <u> </u> | | X | | | | 0. | 0. | 0 |
| VICE CHAIR | 2.00 | $ \mathbf{x} $ | | Х | | | | 0. | 0. | 0 |
| (3) TED CRAIG | 0.25 | 125 | | 123 | | | | | • | |
| TREASURER | U.23 | $ \mathbf{x} $ | | х | | | | 0. | 0. | 0 |
| (4) BRIAN FYOCK | 0.25 | Ī | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0 |
| (5) CHERYL FYOCK | 0.25 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0 |
| (6) LEE BERGSTROM | 0.25 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0 |
| (7) PHIL VERA | 0.25 | | | | | | | | _ | |
| MEMBER | | Х | | | | | | 0. | 0. | 0 |
| (8) DAVID HURLEY | 0.25 | ↓ | | | | | | | _ | _ |
| MEMBER | F 00 | Х | | | | | | 0. | 0. | 0 |
| (9) JENNIFER HARPER | 5.00 | ┨┰, | | | | | | 0. | 0. | 0 |
| MEMBER (10) GINA HEALY | 0.25 | Х | <u> </u> | | | - | | 0. | 0. | U |
| MEMBER | 0.23 | $ \mathbf{x} $ | | | | | | 0. | 0. | 0 |
| (11) BRETT FOX | 5.00 | 127 | | | | 1 | | • | • | 0 |
| MEMBER | 3,00 | \mathbf{x} | | | | | | 0. | 0. | 0 |
| (12) JAMES HOTTLE | 0.25 | | | | | | | | | |
| MEMBER | | X | | | | | | 0. | 0. | 0 |
| (13) TARALYN KOHLER | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 77,499. | 0. | 2,505 |
| (14) MARY CACKLING | 40.00 | | | | | | | | | |
| OPERATIONS DIRECTOR | | | | Х | | | | 48,576. | 0. | 7,224 |
| | | _ | | | | | | | | |
| | | 1_ | | | | | | | | |
| | | + | | | | | | | | |
| | | _ | _ | _ | _ | _ | • | • | | F 000 (00 |

| Part VII Section A. Officers, Directors, Tr | ustees, Key Em | ploy | ees | , and | d Hi | ighe | st C | compensated Employe | es (continued) | | | | |
|--|---------------------|---|-----------------------|----------------|--------------|------------------------------|--------------|---------------------------------------|------------------------------|-------|---------|-----------------|--|
| (A) | (B) | | | _ (0 | • | | | (D) | (E) | | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | one | Reportable | Reportable | | Es | timate | :d |
| | hours per | | | ss pe d a d | | | | compensation | compensation | | | ount o | of |
| | week (list any | \vdash | | | | T | T | from | from related | | | other | 4: |
| | hours for | Individual trustee or director | | | | L | | the organization | organizatior (W-2/1099-MI | | | pensa om the | |
| | related | e or c | etee | | | satec | | (W-2/1099-MISC/ | 1099-NEC | | | anizati | |
| | organizations | truste | al trus | | ee/ | mper | | 1099-NEC) | 10001120 | ' | | d relate | |
| | below | idual | Institutional trustee | J. | oldm | est co oyee | - La | , | | | orga | ınizatio | ons |
| | line) | Indiv | Instif | Offlicer | Key employee | Highest compensated employee | Form | | | | | | |
| | | - | | | | | | | | | | | |
| | | \prod | | | | | | | | | | | |
| | | $\vdash \vdash$ | | | | | | | | | | | — |
| | | Ш | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | H | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | Ш | | | | | | | | | | | |
| | | | | 4 | 9 | | | | | | | | |
| | | \prod | | | | | |) | | | | | |
| 1b Subtotal | | <u></u> | | | | | > | 126,075. | | 0. | | 9,7 | |
| c Total from continuation sheets to Part | VII, Section A | | | | | 47 | ightharpoons | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 126,075. | | 0. | | 9,7 | <u> 29 </u> |
| 2 Total number of individuals (including bu | | nose | liste | ed al | bove | e) wl | ho r | eceived more than \$100 | 0,000 of reportab | ole | | | , |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | er, director, trust | ee, k | cey e | empl | loye | e, o | r hig | hest compensated emp | oloyee on | Ī | | | |
| line 1a? If "Yes," complete Schedule J fo | r such individual | | • | · | • | | · | · · · · · · · · · · · · · · · · · · · | · | | 3 | | Х |
| 4 For any individual listed on line 1a, is the | sum of reportab | | | | | | | | | | | | |
| and related organizations greater than \$ | | | | | | | | | | | 4 | | Х |
| 5 Did any person listed on line 1a receive of | or accrue compe | nsati | ion f | rom | any | / uni | relat | ed organization or indiv | idual for services | 3 | | | |
| rendered to the organization? If "Yes," co | omplete Schedul | e J fo | or su | ıch j | pers | son | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest the organization. Report compensation f | • | | | | | | | | | npens | ation f | rom | |
| (A) | - | | | | | | | (B) | | | (C | | |
| Name and busine | ss address | NC | INC | <u> </u> | | | | Description of s | ervices | С | ompe | nsatio | า <u></u> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | · - | not lir | mite | d to | | se li: | stec | above) who received n | nore than | | | | |
| \$ 100,000 of compensation from the orga | a nzacioti 🚩 | | | | | | | | | | Form ! | aan / | 2021) |

| . a. | | Check if Schedule O contains a response | or note to any lin | a in this Part VIII | | | |
|---|-----------|---|--------------------|---------------------|------------------------------------|-------------------------------|-------------------------|
| | | Officer if deficable of contains a response | or note to any in | (A) | (B) | (C) | (D) Revenue excluded |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ints | 1 a | Federated campaigns 1a | | | | | |
| P G | | Membership dues 1b | 10 (50 | | | | |
| , Fits | | Fundraising events 1c | 10,659. | | | | |
| <u> </u> | | Related organizations 1d | 20,767. | | | | |
| Sir | | Government grants (contributions) 1e | 40,767 | | | | |
| je ti | Т | All other contributions, gifts, grants, and similar amounts not included above | 300,167. | | | | |
| [등류 | ~ | similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ | 300,107. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Total. Add lines 1a-1f | — | 331,593. | | | |
| | | Total / Idd III los Ta Ti | Business Code | | | | |
| g | 2 a | REGISTRATION | 900099 | 85,837. | 85,837. | | |
| Program Service Revenue | | SPONSORS | 900099 | 35,285. | 35,285. | | |
| S i | С | SALE OF T-SHIRTS | 448000 | 1,246. | | | 1,246. |
| eve | d | | | | | | |
| <u>6</u> | е | | | | | | |
| - ∣ | f | All other program service revenue | | | | | |
| \blacksquare | g | Total. Add lines 2a-2f | | 122,368. | | | |
| | 3 | Investment income (including dividends, interest | _ | 20 | | | 20 |
| | _ | other similar amounts) | | 30. | | | 30. |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties(i) Real | (ii) Personal | | | | |
| | 6 a | 0 | (ii) i diddiidi | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| her Revenue | | and sales expenses 7b | | | | | |
| eve | | Gain or (loss) 7c | | | | | |
| μ Ω | | Net gain or (loss) | > | | | | |
| Othe | 8 a | Gross income from fundraising events (not | | | | | |
| ١ | | including \$ of contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | , | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | | Less: cost of goods sold 10b | <u> </u> | | | | |
| \dashv | С | Net income or (loss) from sales of inventory | Business Code | | | | |
| snc | 11 a | | Business Code | | | | |
| nue | ii a b | | | | | | |
| Miscellaneous Revenue | c | | | | | | |
| Aisc P. | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | > | | | | |
| | 12 | Total revenue. See instructions | • | 453,991. | 121,122. | 0. | 1,276. |

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 respon | | | | (B) |
|----------|--|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 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 | 06.101 | 0.5.4.04 | | |
| | and domestic governments. See Part IV, line 21 | 96,101. | 96,101. | | |
| 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, | 125 004 | 67 002 | 67 002 | |
| | trustees, and key employees | 135,804. | 67,902. | 67,902. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 1/ 250 | | 1/ 250 | |
| 9 | Other employee benefits | 14,359. 9,860. | | 14,359. | |
| 10 | Payroll taxes | ۶,000. | | 9,800. | |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 1,815. | | 1,815. | |
| b | Legal | 12,044. | | 12,044. | |
| С. | Accounting | 12,044. | | 12,044. | |
| d | , 0 | | | | |
| e | , , , , , , , , , , , , , , , , , , , | | | | |
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A), amount, list line 11g expenses on Sch 0.) | 8 674 | 6 764 | 1 910. | |
| 10 | Advertising and promotion | 8,674. 3,576. | 6,764. 1,000. | 1,910. 2,576. | |
| 12 13 | F | 9,507. | 584. | 8,923. | |
| 14 | Office expenses Information technology | 9,584. | 5,678. | 3,906. | |
| 15 | | 3,3010 | 3,0,0 | 3,300. | |
| 16 | Royalties Occupancy | 4,665. | | 4,665. | |
| 17 | Travel | 2,960. | 2,642. | 318. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,673. | 490. | 4,183. | |
| 20 | Interest | 216. | | 216. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 4,718. | | 4,718. | |
| 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 0.) | | | | |
| а | EVENT EXPENSES | 99,188. | 99,188. | | |
| b | POLICE SUPPORT | 9,662. | 9,662. | | |
| С | MERCHANDISE | 5,009. | 5,009. | | |
| d | FUNDRAISING | 600. | | | 600 |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 433,015. | 295,020. | 137,395. | 600 |
| 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) | | | | |

| Pa | rt 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 | 153,792. | 1 | 248,543. | |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 500. | 4 | 2,000. |
| | 5 | Loans and other receivables from any current or form | | | | |
| | | trustee, key employee, creator or founder, substantia | al contributor, or 35% | | | |
| | | controlled entity or family member of any of these pe | rsons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in s | ection 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D10 | $\begin{array}{c c} 3,272. \\ 3,272. \\ \end{array}$ | | | _ |
| | b | Less: accumulated depreciation 10 | 3,272. | 0. | 10c | 0. |
| | 11 | Investments - publicly traded securities | | 100,032. | 11 | 100,042. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | |
| | 14 | Intangible assets | 1 000 | 14 | 1 006 | |
| | 15 | Other assets. See Part IV, line 11 | | 1,032. | 15 | 1,036. 351,621. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | | 255,356. | 16 | 351,621. |
| | 17 | Accounts payable and accrued expenses | | 49. | 17 | 258. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former o | | | | |
| Ħ | | trustee, key employee, creator or founder, substantia | | | | |
| Lia | | controlled entity or family member of any of these pe | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated thin | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable | | | | |
| | | parties, and other liabilities not included on lines 17-2 | | 154,620. | OF | 229,700. |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | 154,669. | 25 26 | 229,958. |
| | 20 | Organizations that follow FASB ASC 958, check h | oro X | 131,003. | 20 | 225,550: |
| es | | and complete lines 27, 28, 32, and 33. | ere ZI | | | |
| anc | 27 | Net assets without donor restrictions | | 100,687. | 27 | 121,663. |
| Bal | 28 | Net assets without donor restrictions Net assets with donor restrictions | | 20070070 | 28 | 121,0001 |
| 힏 | 20 | Organizations that do not follow FASB ASC 958, or | | | 20 | |
| Ē | | and complete lines 29 through 33. | neck nere | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipn | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated incom | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 100,687. | 32 | 121,663. |
| ~ | 33 | Total liabilities and net assets/fund balances | | 255,356. | 33 | 351,621. |
| | , 55 | . Sta. Habilitios and flot abouts/faria balanoos | | | | Form 990 (2021) |

| Pa | rt XI Reconciliation of Net Assets | | | | | | |
|------------|--|------------|------|-----|------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 91. | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 15. 76. | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10 | 0,6 | 87. | | |
| 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 | | | 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 | 12 | 1,6 | 63. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | | | | |
| 2 a | 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 reviewe | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te 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 oversight of the | ie audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | hedule O. | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ngle Audit | | | | | |
| | Act and OMB Circular A-133? | | 3a | | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |
| | | | Form | 990 | (2021) | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization CORE FOUNDATION INC 20-5997764 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

| Part II Support Schedule for 6 | - | | | | | |
|--|-------------------|--------------------|----------------------|------------------------|-----------------------|----------------|
| (Complete only if you checked | | | | on failed to qualify | under Part III. If th | e organization |
| fails to qualify under the tests | listed below, pie | ase complete Part | 111.) | | | |
| Section A. Public Support | | 1,1,0040 | () 0040 | (1) 0000 | () 0004 | (O.T.) |
| Calendar 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.") | | | | | | |
| 2 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 3 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions | | | | | | |
| by each person (other than a | | | | | | |
| governmental unit or publicly | | | | | | |
| supported organization) included | | | | | | |
| on line 1 that exceeds 2% of the | | | | | | |
| amount shown on line 11, | | | | | | |
| column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| 9 Net income from unrelated business | | | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, | | | | | | |
| 13 First 5 years. If the Form 990 is for th | | | | | . , . , | . — |
| organization, check this box and stop Section C. Computation of Publi | | | | | | P |
| | | | (6) | | 144 | 0/ |
| 14 Public support percentage for 2021 (li | | | | | 15 | <u>%</u> % |
| 15 Public support percentage from 202016a 33 1/3% support test - 2021. If the o | ragnization did n | ot check the box o | in line 13, and line | 1/ ic 33 1/20/ or i | | |
| stop here. The organization qualifies a | | | | | | |
| b 33 1/3% support test - 2020. If the o | | | | | % or more check t | |
| and stop here. The organization quali | - | | | , iii le 10 la 00 1/07 | o or more, oneon t | NII DOX |

Schedule A (Form 990) 2021

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

| C - | qualify under the tests listed b | elow, please comp | olete Part II.) | | | | |
|------------------------------------|--|--|--|---|--|--|---------------------------------|
| | ction A. Public Support | | - | - | | | |
| | endar 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 | 100 044 | 60 156 | 104 510 | 102 161 | 224 500 | 700 400 |
| | include any "unusual grants.") | 100,044. | 60,176. | 124,519. | 183,161. | 331,593. | 799,493. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 149,044. | 155,596. | 203,625. | 139,107. | 122,368. | 769,740. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 249,088. | 215,772. | 328,144. | 322,268. | 453,961. | 1,569,233. |
| 7 <i>a</i> | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. |
| k | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | _ |
| | amount on line 13 for the year | | | | | | 0. |
| c | Add lines 7a and 7b | | | | | | 0. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 1,569,233. |
| | ction B. Total Support | 1 | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 453,961. | (f) Total |
| | Amounts from line 6 | 249,088. | 215,772. | 328,144. | 322,268. | 453,961. | 1,569,233. |
| | Gross income from interest, dividends, payments received on securities loans, royalties, and income from similar sources | 114. | 102. | 234. | 114. | 30. | 594. |
| r | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | , | | | | | | |
| | acquired after June 30, 1975 | 114. | 102. | 234. | 114. | 30. | 594. |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | 114. | 102. | 234. | 114. | 30. | 394. |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0.4.0 | 015 054 | 200 200 | 200 200 | 452.001 | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 249,202. | 215,874. | | • | 453,991. | 1,569,827. |
| 14 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizat | ion, |
| <u> </u> | check this box and stop here | :- O : : D | | | | | <u></u> ▶□ |
| ~~ | | | | | | | |
| | ction C. Computation of Publ | | | | | | 00 00 |
| 15 | Public support percentage for 2021 (| line 8, column (f), c | livided by line 13, | column (f)) | | 15 | 99.96 % |
| 15 16 | Public support percentage for 2021 (I Public support percentage from 2020 | line 8, column (f), c Schedule A, Part | livided by line 13, | column (f)) | | 15 16 | 99.96 % 99.94 % |
| 15 16 Se c | Public support percentage for 2021 (I Public support percentage from 2020 ction D. Computation of Investigation | line 8, column (f), c) Schedule A, Part stment Incom | livided by line 13, III, line 15 e Percentage | | | 16 | 99.94 % |
| 15 16 Se c | Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investigation percentage for 2020 ction D. Computation of Investigation of | line 8, column (f), c O Schedule A, Part stment Incom 121 (line 10c, colur | livided by line 13, III, line 15 e Percentage nn (f), divided by li | ne 13, column (f)) | | 16 | 99.94 % |
| 15 16 Se 17 18 | Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage for 2021 Investment income percentage from 2021 | line 8, column (f), c 0 Schedule A, Part stment Incom 021 (line 10c, colur 2020 Schedule A, | livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 | ne 13, column (f)) | | 16 17 18 | 99.94 % .04 % .06 % |
| 15 16 Se 17 18 | Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage from 2021 Investment income percentage from 2021 and 33 1/3% support tests - 2021. If the | line 8, column (f), co 0 Schedule A, Part stment Incom 021 (line 10c, colur 2020 Schedule A, organization did n | livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box | ne 13, column (f)) on line 14, and line | 15 is more than 3 | 17 18 3 1/3%, and line | 99.94 % .04 % .06 % 7 is not |
| 15 16 Sec 17 18 19a | Public support percentage for 2021 (In Public support percentage from 2020 ction D. Computation of Investment income percentage for 2021 Investment income percentage from 2021 | line 8, column (f), control of the column (f), control of the column (f), colu | livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quali | ne 13, column (f)) on line 14, and line fies as a publicly s | e 15 is more than 3 upported organiza | 17 18 3 1/3%, and line 1 | 99.94 % .04 % .06 % |
| 15 Se 17 18 19 | Public support percentage for 2021 (Public support percentage from 2020 Cotion D. Computation of Investment income percentage for 2021 Investment income percentage from 2021 and 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a | line 8, column (f), control of the structure of the struc | livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 lot check the box organization qualiliot check a box on | ne 13, column (f)) on line 14, and line fies as a publicly s l line 14 or line 19a | e 15 is more than 3 upported organiza ı, and line 16 is mo | 17 18 3 1/3%, and line tion ore than 33 1/3%, | 99.94 % .04 % .06 % 7 is not |