# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number				
	Addre								
$\vdash$	_ chang ¬Name			86-14366	75				
$\vdash$	_]chang □Initial		Doom/quita						
$\vdash$	_]return ∏Final	Number and street (or P.O. box if mail is not delivered to street address)  1601 HOLLINDALE DR	Room/suite						
	√return termin			202-580-9941 G Gross receipts \$ 615,842					
v	ated □Ameno	City or town, state or province, country, and ZIP or foreign postal code  ALEXANDRIA, VA 22306		G Gross receipts \$					
	∐return ∏Applic			H(a) Is this a group re	s? Yes X No				
	tion pendir	SAME AS C ABOVE		H(b) Are all subordinates in					
			05 07	1					
			or 527	1	list. See instructions				
	Vebsit	organization: X Corporation Trust Association Other	I Veen	H(c) Group exemption					
	art I	Summary	L Year		M State of legal domicile: VA				
		Briefly describe the organization's mission or most significant activities: SUSTA	7 T N 7 D T .	E HIIMANI CIID					
Governance	1	SECURITY, AND THRIVABILITY.	ATMADU	E HOMAN BOK	VIVAD,				
na	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.				
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	6				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			6				
οğ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1				
/itie		Total number of volunteers (estimate if necessary)			0				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		51,473.	474,727.				
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	140,660.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	455.				
œ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,473.	615,842.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	124,127.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
<u>be</u>	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	597,588.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	721,715.				
	19	Revenue less expenses. Subtract line 18 from line 12		51,473.	-105,873.				
or			Ве	ginning of Current Year	End of Year				
t Assets or d Balances	20	Total assets (Part X, line 16)		0.	18,180.				
t As	21	Total liabilities (Part X, line 26)		0.	192,944.				
Feet		Net assets or fund balances. Subtract line 21 from line 20		0.	-174,764.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
		Circohus of officer		Dete					
Sigr		Signature of officer		Date					
Her	е	SHAWN BAKER GARCIA, CEO AND FOUNDER							
		Type or print name and title	T r	Date Check F	PTIN				
n		Print/Type preparer's name  Preparer's signature		:, L					
Paid		ADRIEL HENRIQUEZ BAIRES ADRIEL HENRIQUEZ	r RAT 0						
	arer	Firm's name RENNER AND COMPANY CPA, P.C.	10	Firm's EIN 5	4-1498950				
use	Only	Firm's address 700 NORTH FAIRFAX STREET SUITE 40	U	Di / 7	03/ 535 1300				
N 4	, +b = 'F	ALEXANDRIA, VA 22314		Phone no. ( 7	03) 535-1200 X Ves No				

Form 990 (2022) COALESCION

Part III | Statement of Program Service Accomplishments 86-1436675 Page 2

Fai	Obselvit Oshadala Osaatsiaa ayaa aasaa ayaata ta ayaalisa ia Iliis Badalla	X
	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
1	Briefly describe the organization's mission:  ADVANCING AND OPERATIONALIZING HUMAN SECURITY LITERACY,	
	REPRESENTATION, OUTCOMES, AND STAKEHOLDER INTERACTION MODELS ACC	ORDING
	TO FOUR MISSION PILLARS: I. RESEARCH AND ANALYSIS, II. ENGAGEMEN	
	III. EDUCATION AND TRAINING, AND IV. ADVOCACY.	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	· · · · · · · · · · · · · · · · · · ·	X Yes No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	1es [21] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services.	roopeoe
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	•
	revenue, if any, for each program service reported.	siises, ailu
42	(Code:) (Expenses \$ 468,909 • including grants of \$ ) (Revenue \$	140,660.)
<del>4</del> a	COALESCION IMPLEMENTED THE JORDAN-IRAQ PROJECT'S 3-DAY SENIOR	110,000.
	STAKEHOLDER MEETING EXPLOSIVES PRECURSOR TRACKING AND CONTROL,	
	IMPLEMENTED THE GOLDEN TRIANGLE PROJECT'S MEKONG REGIONAL WMD	
	INTERDICTION PROGRAM SENIOR STAKEHOLDER MEETING, PARTICIPATED IN	THE
	MAE FAH LUANG UNIVERSITY'S CONFERENCE ON BORDER STUDIES AND	
	INTERNATIONAL DEVELOPMENT, ASSISTED IN THE IMPLEMENTATION OF THE	7TH
	INTERNATIONAL CBRN SAFETY AND SECURITY CONFERENCE. IN ADDITION	
	COALESCION ENGAGED WITH 3 UNIVERSITIES, CONDUCTED WORK WITH 6 CO	UNTRY
	DELEGATIONS AND PARTICIPATED IN 4 INTERNATIONAL ENGAGEMENTS.	0111111
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
1.5	/ (Expenses #	/
4c	(Code:) (Expenses \$	)
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 468,909.	
		Form 990 (2022)

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# Form 990 (2022) COALESCION 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on affice and because of the project of the Delta Obstace			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del> `
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
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			<b> </b> ₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>V</sub>
	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,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2022) COALESCION

Part IV 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, colorine (Feys, "complete Schedule I. Part I and attill 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 6, about compensation of the organization surent and former officers, direction, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule J. Part I IVI A Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isat day of the year, that was issued after December 31, 2002? "If "Yes," answer lines 240 through 24d and complete Schedule J. "If "No." or or line are scrow account other than a refunding scrow at any time during the year to detease any tax-exempt bonds?  1 Did the organization mirest any proceeds of tax-exempt bonds outstanding at any time during the year to detease any tax-exempt bonds?  2 Did the organization mirest are an inon behalf of issuer for bonds outstanding at any time during the year to detease any tax-exempt bonds?  2 Did the organization according to the part of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or payables to any current or bringer officers, director, insteade, the part in the transaction that the transaction has not been reported on any of the organization organization and prior year. The part of the assistance to any current or former offic				Yes	No
24 Define organization answer "Yes" to Part VII, Section A, Jine S. 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "Yes," complete Schedule I, Part II Ves," to be a secure of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December \$1,2002? If "Yes," answer lines 24th chapts 24th chapts 24th and complete Schedule K. If "No," to poline 25e Schedule K. If "No," to to line 25e C DId the organization marketin an escrew account other than a returning escrew at any time during the year to defease any tax-exempt bonds? d DId the organization and as an "on behalf of" issuer for bonds cultainding at any time during the year to defease any tax-exempt bonds? d DId the organization acts as an "on behalf of" issuer for bonds cultainding at any time during the year? d DID the organization and the languaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I DID to the organization and the languaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I DID the organization person and the organizations. Did the complete Schedule I, Part I DID the organization provide any amount on Part X, line 5 or 22; for receivables from or psyables to any current or former officer, director, bustee, key employee, creator or founder, substantial contributed or employee thereof, a grant or other assistance to any current or former officer, director, bustee, key employee, creator or founder, substantial contributed or employee thereof, a grant selection committee member, or 1 or a 35% controlled entity including an employee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part II DID A many member of any individual advantage organization selection committee of the part II I I I I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directions, busileses, key employees, and highest compensated employees? If "Yes," complete Schedule L Part IV.  23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25e.  Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization marks and "on behalf of" issue for bonds outstanding at any time during the year?  Did the organization acts as an "on behalf of" issue for bonds outstanding at any time during the year?  Did the organization was that it engaged in an excess benefit transaction with a disqualitied person during the year? If "Yes," complete Schedule I, Part I  Dis the organization aware that it engaged in an excess benefit transaction has not been reported on any of the organizations prior forms 990 or 990-E72 If "Yes," complete Schedule I, Part I  Dis the organization aware that it engaged in an excess benefit transaction should be a prior of forms 970 organization and that the transaction has not been reported on any of the organizations prior forms 990 or 990-E72 If "Yes," complete Schedule I, Part II  Did the organization prior that it engaged in an excess benefit transaction should be a prior of the assistance to any current or forms officier, director, trustee, level and the state of the part of the assistance to any current or forms officier, director, trustee, level and the state of the part of the assistance to any current or forms officier, director, trustee, level and the part of the assistance to any current or forms officier, director, trustee, level prior to the following particle Schedule II, Part II   Did the organization process the part of the assis	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dd 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 "Yea," arrayer lines 2.4b through 24d and complete Schedule K. If "No.", "go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated 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 b Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax exempt bonds? d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(KS), 501(k9), and 501(k)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 b Is the organization aware that tengaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that tengaged in an excess benefit transaction with a disqualified person of provide a grant or other assistance to any outside the provide and that the transaction has not been reported on any of the organization's provide a grant or other assistance to any ourset or former officer, director, trustee, key employee, creator or		Schedule J	23		<u> X</u>
Schedule K. If "No." po to line 25a	24a				
b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax exempt bonds?  d Did the organization are as an 'on behalf of' issue for bonds outstanding at any time during the year?  d Did the organization are as an 'on behalf of' issue for bonds outstanding at any time during the year?  246  258 Section 501(c)(8), 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 I, Part I  259  150  150  150  150  150  150  150  1		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Saction 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 I., Part I 25a X  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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I 25b X  25b Id the organization provide a grant or other assistance to any current or former of on any current or former officer, director, fustee, 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) of family member of any of these persons? If "Yes," complete Schedule I., Part III 27 X  28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I., Part III 27 X  28 A Can Say Controlled entity of one or more individuals ask and exceptions):  a A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I., Part II 28a X  C A Say Controlled entity of one or more individuals and exceptions? If "Yes," complete Schedule II., Part II 28b X  28 Did the organization receive more than \$25,000 in non-east contributions? If "Yes," complete Schedule II., Part II 28a X  29 Did the organization receive more than \$25,000 in non-east contributions? If "Yes," complete Schedule II., Part II 30 X  30 Did the organization have a controlled entity with					<u> X</u>
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a 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?   "Yes," complete Schedule L, Part I    25a		•	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   "Yes," complete Schedule L, Part I   25a   X    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 950 or 990E27; #"Yes," complete Schedule L, Part I   25b   X    25b Did 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 950 or 990E27; #"Yes," complete Schedule L, Part I   25b   X    25c 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 fortuling an employee thereof) of anni member of any of these persons? If "Yes," complete Schedule L, Part II   25c   X   25c   X   25c	С				
25a 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 I, Part I   25a   X    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 prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part I   25b   X    25b 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 I, Part II   26b X   27   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV   28   Was the organization aperty to a business transaction with one of the following parties (see the Schedule I, Part IV   28   X   X   27   X   28   X   2					
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 organizations which a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior from \$90 or 990-EZ* /if "Yes," complete Schedule I., Part I			24d		
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-E27   !* "Yes," complete Schedule I, Part I   250 b   X    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?   !* "Yes," complete Schedule I, Part II   26 X    27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?   !* "Yes," complete Schedule I, Part IV   27 X    28 Was the organization and provide the streams, and exceptions.)  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?    "Yes," complete Schedule II, Part IV   28a X   X    b A family member of any individual described in line 28a?    "Yes," complete Schedule II, Part IV   28a   X    29 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule II, Part IV   28c   X    30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?    "Yes," complete Schedule II, Part IV   30   X    31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?    "Yes," complete Schedule II, Part II   II   X   X    32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701:2 and 301.7701:37    "Yes," complete Schedule R, Part I,    II, or IV, and Part V, line 1   34 X   X    35 Did the organization own for	25a				\ <b>.</b>
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    25 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 entity founding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III    29 Was former or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III    28 Was the organization receive more than \$25,000 in non-cash contributions described in line 28a or 28b? If "Yes," complete Schedule L, Part III    29 Was 10 bit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part I    30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I    31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 m III "Yes," complete Schedule R, Part II III A    31 Did the organization own 100% of an entity disregarded as separate from the orga			25a		<u> </u>
Schedule L, Part I   25b   X   2   2   2   2   2   2   2   2   2	b				
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, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			\ <b>.</b>
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rainily member of any of these persons? If "Yes," complete Schedule L, Part II   27		,	25b		<u> </u>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
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 59% controlled entity (including an employee) thereof or a farmly member of any of these persons? if "yes," complete Schedule L, Part III 27 X 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):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20 Did the organization or evice contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 20 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b V 14 "Yes," complete Schedule R, Part V, line 2 35b V 14 "Yes," complete Schedule R, Part V, line 2 35b V 14 "Yes," complete Schedule R, Part V V, line 2 37 Did the organization comblet schedule O and provide explanations on Sched				37	
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? // "Yes," complete Schedule L, Part II.  27			26	Λ	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.  instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28b X  c 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.  28b X  27c 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 X  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  32 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 II, III, or IV, and Part V, Iine 1  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, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  A bid the organization complete Schedule R, Part V, Iine 2  37 Did the organi	27				
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 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c 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 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 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 II.  33 A X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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, Iine 2  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(X) organizations. Did					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L, Part IV.  28a X  b A family member of any individual described in line 28a? #*Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #  "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? #* "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? #* "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? #* "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? #* "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301-7701-2 and 301-7701-3? #* "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization related to any tax-exempt or taxable entity? #* "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(0)(13)?  b #* "Yes," to line 35a, did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? #* "Yes," complete Schedule R, Part V, Iine 2  35 Section 501c(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? #* "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? #* "Yes," complete Schedule R, Part V, Iine 2  36 Did the organization complete Schedul		, ,	27		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV	28				
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a?    "Yes," complete Schedule L, Part IV   28b   X    c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?    28c   X    29 Did the organization receive more than \$25,000 in non-cash contributions?    "Yes," complete Schedule M   29   X    30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?    "Yes," complete Schedule M   29   X    31 Did the organization injudidate, terminate, or dissolve and cease operations?    "Yes," complete Schedule N, Part I   31   X    32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?    "Yes," complete Schedule N, Part I   32   X    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?    "Yes," complete Schedule R, Part I   33   X    34 Was the organization related to any tax-exempt or taxable entity?    "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   34   X    35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?   35a   X    b    "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)?   35a   X    56 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes?    "Yes," complete Schedule R, Part V    line 2   36b   X    57 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 and provide explanations on Schedule O for Part VI, lines 11b and 19?    Note: All Form 990 filers are required to complete Schedule					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c 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 X  29 Did the organization receive more than \$25,000 in non-cash contributions?' If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?' If "Yes," complete Schedule M  30 X  31 Did the organization (iguidate, terminate, or dissolve and cease operations?' If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I  32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  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  50 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Statements Regarding Other IRS Filings	а		00-		
c 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 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive more than \$25,000 in non-cash 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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  32 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 I  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, line 1  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Ill, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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  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 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  37 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  28 Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in t					
"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 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  31 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 II  32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b 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)(3)? If "Yes," complete Schedule R, Part V, line 2  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 Section 501(c)(3) organizations. Did the organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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  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 X  10 Did the organization ormoly with packed on line 1a. Enter			280		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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 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  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  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 for Part VI, lines 11b and 19?  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Late 11 La	20				
contributions? If "Yes," complete Schedule M 30			29		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		30		x
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  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	21	Did the organization liquidate terminate or dissolve and cease operations? If "Yes," complete Schedule M. Dert I			
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 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	<b>52</b>	, ,	32		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	33				
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Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 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  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 V Interval 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  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	34				
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If "Yes," complete Schedule R, Part V, line 2  36	36				
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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  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 No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X			37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38	, , ,			
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any lin		Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  Yes No  Yes No  1c X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a     Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     11       b     Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c     Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
(gambling) winnings to prize winners?	b	Enter the number of Forms W 2d included of line 1d. Enter of infort applicable			
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
		(gambling) winnings to prize winners?	1c	X	

	rt <b>V</b>	Statements Regarding Other IRS Filings and Tax Compliance (continued)	00 1430	0 7 3		age •
		otatemente riogaranig other internings and rax compliance (continued)			V	N.
0-		the number of ampleyage reported on Form W.C. Transmittal of Wage and Tay Ctatements			Yes	No
Za		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
L		for the calendar year ending with or within the year covered by this return		-	Х	
b		east one is reported on line 2a, did the organization file all required federal employment tax return		2b	- 72	Х
3a				3a		
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		-
4a		y time during the calendar year, did the organization have an interest in, or a signature or other a				X
		cial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		
D		s," enter the name of the foreign country				
		nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		-		Х
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		
C		s" to line 5a or 5b, did the organization file Form 8886-T?		5c		-
ьа		the organization have annual gross receipts that are normally greater than \$100,000, and did the				X
	-	ontributions that were not tax deductible as charitable contributions?		6a		
D		es," did the organization include with every solicitation an express statement that such contribution	•			
-		not tax deductible?		6b		
7		nizations that may receive deductible contributions under section 170(c).	iona providad to the pover	7-		Х
a		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
b				7b		-
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				X
		Form 8282?		7c		
d		s," indicate the number of Forms 8282 filed during the year	7d	٠,,		
e		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		-
†		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		$\vdash$
g		organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h o		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations		7h		
8	-	soring organizations maintaining donor advised funds. Did a donor advised fund maintained soring organization have excess business holdings at any time during the year?		8		
9	-	soring organization have excess business flordings at any time during the year?				
а	-			9a		
b				9b		
10		on 501(c)(7) organizations. Enter:		0.0		
а		ion fees and capital contributions included on Part VIII, line 12	10a			
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		on 501(c)(12) organizations. Enter:				
а		s income from members or shareholders	11a			
b		s income from other sources. (Do not net amounts due or paid to other sources against				
		ints due or received from them.)	11b			
12a		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a		
		s," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		on 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				
	organ	nization is licensed to issue qualified health plans	13b			
С		the amount of reserves on hand	13c			
14a				14a		X
b	If "Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	exces	ss parachute payment(s) during the year?		15		X
		s," see the instructions and file Form 4720, Schedule N.				
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Ye	s," complete Form 4720, Schedule O.				
17	Secti	on 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac-	tivities			
	that v	vould result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

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If "Yes," complete Form 6069.

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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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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		X
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		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			
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	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 finan	cial	
	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			
	SHAWN BAKER GARCIA - 202-580-9941			
	1601 HOLLINDALE DR, ALEXANDRIA, VA 22306			

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

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

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

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

Check this box if neither the organization r		orga	niza			nper	nsat		irector, or trustee.	
(A)	(B)			(e Pos	C)			(D)	(E)	(F)
Name and title	Average			heck	more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				ъ В		organization	(W-2/1099-MISC/	from the
	related	tee or	nstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	om p		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SHAWN BAKER GARCIA	40.00	=	트	P	Ā	王壶	<u>r</u>			
FOUNDER AND CEO				x				50,000.	0.	0.
(2) GEOFFREY M. ODLUM	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(3) LONNIE COPLEN	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(4) GREGORY BAKER	1.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(5) ELIZABETH SABIN	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(6) GB JONES	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) LAUREN TALERMAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
		-								
						-				
		1								
-										
					_	_				
		-								
						_				
		-								
										000

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Form 990 (2022) COALESCION

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| IRI | (C) | (D) | (E) 86-1436675 Page 8

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an				than o		(D) Reportable compensation	(E)  Reportable compensation	- 1	(F) Estimate	
	week (list any hours for related organizations below line)				irecto	Highest compensated bytrans.	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	co	tion e ion ed ons	
				)	<u>×</u>	1 0						
1b Subtotal								50,000.	0			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								50,000.	0			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
3 Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	uch individual									3		X
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5		Х
Section B. Independent Contractors  1 Complete this table for your five highest co	•	•							·	sation	from	
the organization. Report compensation for (A)					ith c	or wi	thin	(B)			(C)	
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Comp	pensatio	n
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	l to 1	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	•				_	)		•			990 //	2000,

Form **990** (2022)

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Form 990 (2022) COALESCION
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a respo	nse	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1	a	Federated campaigns		1a						
an			Membership dues		[						
2 5			Fundraising events								
ifts ar A											
nii,G			Government grants (contri				474,727.				
Š			All other contributions, gifts,				-				
ber the			similar amounts not included								
Ē		g	Noncash contributions included in I			\$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					474,727.			
							Business Code				
g.	2	а	CONFERENCE				900099	140,660.	140,660.		
Š		b									
Program Service Revenue		С									
an		d									
g E		е									
ğ.		f	All other program service	rever	nue						
								140,660.			
	3		Investment income (includ	ling o	dividends, i	ntere	est, and				
			other similar amounts)					455.			455.
	4		Income from investment o	f tax	exempt bo	nd p	roceeds				
	5		Royalties	. <u></u>							
					(i) Rea	I	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ther Revenue			and sales expenses	7b							
Ş.			Gain or (loss)	7с							
~			Net gain or (loss)								
Ę.	8		Gross income from fundraisin	ng ev	ents (not						
Ò			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses			8b					
			Net income or (loss) from t								
	9	d	Gross income from gaming			1					
		L.	Part IV, line 19			9a 9b					
			Less: direct expenses Net income or (loss) from g								
			Gross sales of inventory, le								
	10	а	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from s			_	1				
			THE MOUNTE OF GOSS/ HOLLS	Juice	, or miverito	.у	Business Code				
Sno	11	а									
nec		a b									
Miscellaneous Revenue		C									
isc			All other revenue								
Σ			<b>Total.</b> Add lines 11a-11d								
	12		Total revenue. See instruction					615,842.	140,660.	0.	455.

232009 12-13-22

Form **990** (2022)

# Form 990 (2022) COALESCION Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	120 000		120 000	
_	trustees, and key employees	120,000.		120,000.	
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)				
9	Other employee benefits	4,127.		4,127.	
10	Payroll taxes	4,14/•		4,14/•	
11	Fees for services (nonemployees):				
a	Management	5,417.		5 /17	
b	Legal	9,475.		5,417. 9,475.	
c C	<u> </u>	J, <del>1</del> 13•		J, <del>1</del> 13.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
f g					
9	column (A), amount, list line 11g expenses on Sch 0.)	448,246.	371,151.	77,095.	
12	Advertising and promotion	984.	37171310	984.	
13	Office expenses	3,333.	231.	3,102.	
14	Information technology	5,224.		5,224.	
15	Royalties	0,====		7,2220	
16	Occupancy				
17	Travel	102,191.	97,527.	4,664.	
18	Payments of travel or entertainment expenses		. , , , , , , , , , , ,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,359.		1,359.	
20	Interest	3,449.		3,449.	
21	Payments to affiliates	,		,	
22	Depreciation, depletion, and amortization	937.		937.	
23	Insurance	13,760.		13,760.	
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	BANK CHARGES	2,156.		2,156.	
b	MEALS AND ENTERTAINMENT	874.		874.	
С	DUES AND SUBSCRIPTIONS	183.		183.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	721,715.	468,909.	252,806.	0 .
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)				Form <b>990</b> (2022

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Part X | Balance Sheet

		Chapte if Cahadula O cantains a reanance or n	oto to on	v line in this Dort V			
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	10,404.
	2	Savings and temporary cash investments				2	-
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	6,839.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		· ·		5	
	6	Loans and other receivables from other disqu	-				
		under section 4958(f)(1)), and persons describ		6			
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land buildings and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	2,811.			
	b	basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10b	1,874.	0.	10c	937.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must ed			0.	16	18,180.
	17	Accounts payable and accrued expenses			17	121,262.	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Ø	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
abil		controlled entity or family member of any of th	ese perso	ons		22	71,682.
ت	23	Secured mortgages and notes payable to unre	elated thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ted third p	oarties		24	
	25	Other liabilities (including federal income tax,	payables <sup>.</sup>	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	192,944.
		Organizations that follow FASB ASC 958, c	heck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions				27	-174,764.
Ва	28	Net assets with donor restrictions		<u></u>		28	
pu		Organizations that do not follow FASB ASC	958, che	eck here			
Ę		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	.=
Net Assets or Fund Balances	32	Total net assets or fund balances			0.	32	-174,764.
	33	Total liabilities and net assets/fund balances			0.	33	18,180.

Form **990** (2022)

Form 990 (2022) COALESCION 86-1436675 Page 12

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		5,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7			
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	5,8	73.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.		
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	-6	8,8	91.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-17	4,7	64.		
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: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis 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 separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225			
			Form	990	(2022)		

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

**Employer identification number** Name of the organization COALESCION 86-1436675 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). X 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.) 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 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				19,575.	627,445.	647,020.
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				19,575.	627,445.	647,020.
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.						647,020.
	ction B. Total Support						01/70100
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4,7 = 3 : 3	(3) = 3 · 3	(5) = 5 = 5	19,575.	627,445.	647,020.
8	Gross income from interest.				- ,	,	,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				31,898.		31 898.
11	Total support. Add lines 7 through 10				31,030.		31,898. 678,918.
	Gross receipts from related activities,	etc (see instruction	ne)			12	07075201
	First 5 years. If the Form 990 is for the	<u>-</u>		fourth or fifth tax v			
10	organization, check this box and stop	•		•		. , . ,	X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					<b>-</b>	
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2021. If the o		•				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			=			
ŀ	10% -facts-and-circumstances test	· ·	•			7a and line 15 is 1	
	more, and if the organization meets the	-					10/001
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	•	• • •		
10	Trivate louridation. If the organization	n did fiot crieck a	DON OIT IIITE TO, TO	a, 100, 17a, 01 17L	, GIEGN HIIS DUX AI		(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

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Schedule A (Form 990) 2022

COALESCION

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0		
9c		
10a		
10b ile A (Forn	200	2022
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Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4_	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021 Excess from 2022				
_	LAUGGG HUIII ZUZZ				

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

COALESCION 86-1436675 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** 

or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts "N/A" in column (b) instead of the contributor name and address), II, and III.	, scientific,
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totale is checked, enter here the total contributions that were received during the year for an exclusively religious. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because religious, charitable, etc., contributions totaling \$5,000 or more during the year.	d more than \$1,000. If this box gious, charitable, etc.,

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

COALE	SCION	8	6-1436675
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# COALESCION

86-1436675

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

Name of organization **Employer identification number** COALESCION 86-1436675 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

COALESCION

**Employer identification number** 86-1436675

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

86-1436675 Page 2 COALESCION Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

#### Part VI Land, Buildings, and Equipment.

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a L	and				
b B	Buildings				
c L	easehold improvements				
	quipment		2,811.	1,874.	937.
<b>e</b> C	Other				
Total.	Add lines 1a through 1e. <i>(Column (d) must equal</i>	l Form 990. Part X. colun	nn (B). line 10c.)		937.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" or a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
Financial derivatives			•
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  art VIII Investments - Program Related.			
	5 000 B 1 11 / 11	14 O E 000 B 1 V II 10	
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	r-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line : art X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
• •		+	
(4)			
(5)			
(6)			
(7)			
(8) (9)			

232053 09-01-22

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financia	l Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	I Other (Describe in Part XIII.)	2d		
е				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5 Do	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. I. Irt XII Reconciliation of Expenses per Audited Financia	ine 12.)	nor Poturn	
Га			per neturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a				
b				
C				
d	, , , , , , , , , , , , , , , , , , , ,		0.	
e				
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a				
b C			4c	
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I.			
	irt XIII Supplemental Information.	. III.e 16. <i>j</i>		
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4: Part IV. lines 1b and 2b: Part \	/. line 4: Part X. line 2: Part X	
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	,	.,,,	,
		<b>,</b>		

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification number					
COALESCION					86-143667	5
	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part IV						
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
• • • • •						
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outsi	de the
	o following Part	I lino 3 tablo ca	n be duplicated if additional space is n	andad )		
(a) Region	(b) Number of		1	<u> </u>	vity listed in (d)	(f) Total
( , )	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	Lindependent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				GOLDEN TRIA	NGLE RIVER	
EAST ASIA AND THE				VESSEL WMD	INTERDICTION	
PACIFIC	0	0	PROGRAM SERVICES	COURSE		42,808.
				GOLDEN TRIA		
					INTERDICTION	
EUROPE (INCLUDING				COURSE AND		120.070
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PRECURSOR T	RACKING AND	132,079.
				EXPLOSIVES	DDFCIDCOD	
MIDDLE EAST AND				TRACKING AN		
NORTH AFRICA	0	0		PROGRAM	D CONTROL	97,403.
MORITI MIRICH		Ů	I ROGRAM BERVICES	ROGIUM		37,403.
3 a Subtotal	0	0				272,290.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				272,290.

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

Schedule F (Form 990) 2022

232071 10-17-22

SEE PART V FOR COLUMN (E) DESCRIPTIONS

COALESCION

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	I recognized as charities by the or counsel has provided a sect			<b>&gt;</b>		1

Part III	Grants and Other Assistanc	e to Individuals Outside	the United Sta	tes. Complete i	f the organization answered "Yes" o	on Form 990, Part	IV, line 16.	
	Part III can be duplicated if a	dditional space is needed						
(a) T	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 **COALESCION** 86-1436675 Page 4

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

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

X Yes

6

#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open To Public

Inspection

Name of the organization **Employer identification number** COALESCION 86-1436675 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No STARTUP GREGORY BAKER HUSBAND Х 60,000. 48,697. Х Х Х 26,000.GREGORY BAKER HUSBAND STARTUP Х 22,985. Х Х Х 71,682. Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

SEE PART V FOR CONTINUATIONS

	"Yes" on Form 990, Part IV, line 28a, 28		1,05	(e) Sha	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	zation's
				Yes	No
Part V Supplemental Information.  Provide additional information for response.	onses to questions on Schedule L (see i	netructions)	L	ı	<u> </u>
			n .		
SCHEDULE L, PART II, LOANS		TED PERSON	<b>5</b> :		
(A) NAME OF PERSON: GREGOR					
(B) RELATIONSHIP WITH ORGA	NIZATION: HUSBAND TO	CEO			
(C) PURPOSE OF LOAN: START	UP EXPENSES				
A) NAME OF PERSON: GREGOR	Y BAKER				
B) RELATIONSHIP WITH ORGA	NIZATION: HUSBAND TO	CEO			
(C) PURPOSE OF LOAN: START	UP EXPENSES				

## **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COALESCION

**Employer identification number** 86-1436675

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
COALESCION ENGAGED IN GREATER EDUCATION AND TRAINING PROGRA	AM SERVICES
IN 2022 THAT INCLUDED ENGAGING WITH UNIVERSITIES, WORKING O	COUNTRY
DELEGATIONS AND PARTICIPATING IN INTERNATIONAL ENGAGEMENTS.	,
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FOUNDER CEO REVIEWS THE RETURN PRIOR TO SIGNING. THE RE	TURN IS
AVAILABLE TO THE BOARD UPON REQUEST AFTER IT IS SIGNED.	
FORM 990, PART VI, SECTION B, LINE 15A:	
DIRECTORS ARE NOT RESTRICTED FROM BEING REMUNERATED FOR PRO	FESSIONAL
SERVICES PROVIDED TO THE CORPORATION. SUCH REMUNERATION SHA	ALL BE REASONABLE
AND FAIR TO THE CORPORATION AND MUST BE REVIEWED AND APPROV	/ED IN ACCORDANCE
WITH THE BOARD CONFLICT OF INTEREST POLICY AND APPLICABLE S	STATE LAW OR LAW
OF THE U.S. TERRITORY.	
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OVERHEAD EXPENSE: OVERHEAD CONTRACT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	30,392.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization  COALESCION	Employer identification number 86-1436675
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,392.
OVERHEAD EXPENSE: CONSULTANTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,535.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,535.
OVERHEAD EXPENSE: PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,525.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,525.
BID & PROPOSAL COSTS:B&P CONTRACT L:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,170.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,170.
OTHER FEES-PROGSERV-990:	
PROGRAM SERVICE EXPENSES	371,151.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	371,151.
BANK AND CREDIT CARD CHARGES:	
232212 10-28-22	Schedule O (Form 990) 2022

Name of the organization  COALESCION	Employer identification number 86-1436675
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	35,473.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,473.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	448,246.
DESCRIPTIONS OF AMENDMENTS MADE TO THE 2022 FORM 990:	
FORM 990, PART I, LINE 1: ADDED A BRIEF DESCRIPTION OF THE	1
ORGANIZATION'S MISSION.	
FORM 990, PART I, LINES 2, 3, AND 4: ADDED THE CORRECT NUM	BER OF VOTING
MEMBERS, INDEPENDENT VOTING MEMBERS, AND TOTAL NUMBER OF I	NDIVIDUALS
EMPLOYED IN CALENDAR YEAR 2022.	
FORM 990, PART I, LINE 8: ADDED TOTAL CONTRIBUTIONS AND GF	RANTS
REVENUES.	
FORM 990, PART I, LINE 9: CORRECTED TOTAL PROGRAM SERVICE	REVENUE.
FORM 990, PART I, LINE 12: CORRECTED TOTAL REVENUES	
FORM 990, PART I, LINE 14: AMOUNT REPORTED IS \$0.	
FORM 990, PART I, LINE 15: CORRECTED SALARIES EXPENSE.	
FORM 990, PART I, LINE 17: CORRECTED THE AMOUNT OF EXPENSE	ES REPORTED.
FORM 990, PART I, LINE 18: CORRECTED TOTAL EXPENSES.	

Name of the organization **Employer identification number** 86-1436675 COALESCION FORM 990, PART I, LINES 20, 21 AND 22: CORRECTED TOTAL ASSETS, LIABILITIES AND NET ASSETS. FORM 990, PART III, LINE 1: EXPANDED MISSION. FORM 990, PART III, LINE 2: CHECKED YES BECAUSE NO PROGRAM SERVICE ACCOMPLISHMENTS WERE REPORTED IN THE 2021 FORM 990. FORM 990, PART III, LINE 4A: ADDED PROGRAM SERVICE ACCOMPLISHMENTS, EXPENSES AND REVENUE. FORM 990, PART IV, LINE 2: CHECKED YES AND COMPLETED SCHEDULE B. A COMPLETE SCHEDULE B HAS BEEN ADDED TO THIS AMENDED FORM 990. FORM 990, PART IV, LINE 11A: CHECKED YES AND CORRECTED SCHEDULE D. FORM 990, PART IV, LINE 11E: CHECKED NO. FORM 990, PART IV, LINE 14B: CHECKED YES AND COMPLETED SCHEDULE F. A COMPLETE SCHEDULE F HAS BEEN ADDED TO THIS AMENDED FORM 990. FORM 990, PART IV, LINE 26: CHECKED YES AND COMPLETED SCHEDULE L. A COMPLETE SCHEDULE L HAS BEEN ADDED TO THIS AMENDED FORM 990. FORM 990, PART IV, LINE 38: CHECKED YES AND ADDED EXPLANATIONS FOR LINES 11B AND 19 IN SCHEDULE O.

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization 86-1436675 COALESCION FORM 990, PART V, LINE 1A: ADDED THE CORRECT NUMBER OF EMPLOYEES. FORM 990, PART IV, LINE 1B: CHECKED YES. FORM 990, PART VI, LINE 1A AND 1B: ENTERED THE CORRECT NUMBER OF VOTING MEMBERS AND INDEPENDENT VOTING MEMBERS. FORM 990, PART VI, LINE 8A AND 8B: CHECKED YES. FORM 990, PART VI, LINE 18: CHECKED THE "UPON REQUEST" BOX. FORM 990, PART VII, LINE 1A: ADDED THE BOARD OF DIRECTORS WHO SERVED DURING 2022. FORM 990, PART VIII, LINE 1E: RECLASSIFIED EDUCATION TRAINING REVENUE TO GOVERNMENT GRANT REVENUE. FORM 990, PART VIII, LINE 2A: CORRECTED THE CODE, DESCRIPTION AND AMOUNT OF CONFERENCE REVENUE. FORM 990, PART IX: REWORKED STATEMENT OF FUNCTIONAL EXPENSES TO SHOW PROPER ALLOCATION OF TOTAL EXPENSES BETWEEN PROGRAM SERVICE EXPENSES AND MANAGEMENT AND GENERAL EXPENSES. FORM 990, PART X: REWORKED BALANCE SHEET TO SHOW PROPER ASSET, LIABILITIES AND NET ASSET BALANCES AT THE END OF THE YEAR. ADDITIONALLY, RECLASSIFIED OTHER LIABILITIES IN LINE 25 PER ORIGINAL RETURN TO LINE 22 TO PROPERLY REFLECT THE NATURE OF THE LIABILITY.

Name of the organization  COALESCION	Employer identification number 86-1436675							
FORM 990, PART XI, LINE 8: ADDED A PRIOR PERIOD ADJUSTMENT	CAUSED BY							
THE CONVERSION FROM THE CASH BASIS TO THE ACCRUAL BASIS AN	D OTHER							
CORRECTIONS IN THE BALANCE SHEET AND INCOME STATEMENT.								
FORM 990, PART XII, LINE 1: SELECTED ACCRUAL AS THE ACCOUNT	TING METHOD							
USED TO PREPARE FORM 990.								
SCHEDULE A, PART II, SECTIONS A AND B: BOTH SECTIONS NOW S	HOW CORRECT							
WAY TO REPORT AMOUNTS IN LINE 1, 6, 7, AND 12. ADDITIONALL	Y, LINE 13							
BOX HAS BEEN CHECKED AS 2022 IS THE ORGANIZATION'S SECOND	TAX YEAR.							
SCHEDULE A, PART II, LINE 14: CALCULATED NO PUBLIC SUPPORT AS 2022 IS THE ORGANIZATION'S SECOND TAX YEAR.	PERCENTAGE							
AD 2022 ID THE ORGANIZATION D DECOND TAX TEAK.								
SCHEDULE D, PART VI, LINE 1D: ADDED PROPERTY AMOUNTS FOR E	QUIPMENT.							
SCHEDULE O: ADDED SEVERAL REQUIRED DISCLOSURES AND OTHER E	XPLANATIONS.							

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER EQUIPMENT	01/01/22	SL	5.00		16	2,811.				2,811.			562.	562.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,811.				2,811.	0.		562.	562.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,811.				2,811.	0.		562.	562.

228111 04-01-22

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

**2022**Attachment

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service Go to www
Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 17

COALESCION FORM 990 PAGE 10 86-1436675 Part | Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I. 1,080,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,700,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during **15** Property subject to section 168(f)(1) election 15 562 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L b 30-year 30 yrs MM S/L С 40-vear MM S/L d Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 562. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V

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

			e) of Section A, on and Other I			,				mits for	passeng	er auton	nobiles.	)		
242	Do you have evidence to						es	_	<b>24b</b> If "Y					Yes		No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	ot	(d) Cost or her basis	Bas	(e) sis for depressiness/invesuse only	eciation estment	(f) Recovery period	Me	( <b>g)</b> thod/ rention	Depre	(h) eciation uction	El secti	(i) ecter ion 1	d
<u></u> 25	Special depreciation all		•		•		•		•						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_	used more than 50% in									<u></u>	25					
<u> 26</u>	Property used more that	an 50% in a qi	ualified busines	ss use:								I				
		1 1	9/	Ď .		_										
_		: :	9/			_										
 27	Property used 50% or le	ess in a qualif	fied business u													
	Troporty adda do / or i	: :	%							S/L -						
_		: :	9/							S/L -						
		: :	9/							S/L -				•		
28	Add amounts in column	n (h), lines 25			and on	line 21.	page 1				28					
	Add amounts in column											1	29			
					B - Infor											
to y	o your employees, first answer the questions in Section				ee if you a)	1	n excep	tion to	completing (c)	· · ·	ection fo d)	T .	vehicles.  e)		(f)	
30	Total business/investment	al business/investment miles driven during the		Veh	nicle	Vel	hicle	V	'ehicle	Vel	nicle	Vel	nicle	l	hicle	)
	year (don't include commi	year ( <b>don't</b> include commuting miles)														
31	Total commuting miles	driven during	the year													
32	Total other personal (no	oncommuting	) miles													
	driven															
33	Total miles driven durin	g the year.														
	Add lines 30 through 32	2					1									
34	Was the vehicle availab	· · ·		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	_	No
	during off-duty hours?														+	
35	Was the vehicle used p															
	than 5% owner or relate	•			-				+				-		+	
36	Is another vehicle availause?	able for perso	nal													
_	use?	Section C	- Questions fo	or Empl	overs W	/ho Prov	vide Vel	icles f	or Use by	/ Their F	mplove	es			<u> </u>	
Ans	swer these questions to			-	-				-				ren't			
	re than 5% owners or re	•				3				,	. ,					
37	Do you maintain a writt	en policy stat	ement that pro	hibits a	II person	nal use o	of vehicle	s, inclu	uding com	muting,	by your			Yes		No
	employees?															
38	Do you maintain a writt															
	employees? See the ins	structions for	vehicles used	by corp	orate off	icers, di	rectors,	or 1%	or more o	wners						
39	Do you treat all use of v	vehicles by en	nployees as pe	rsonal u	use?											
40	Do you provide more th															
	the use of the vehicles,														_	
41	Do you meet the require															
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Yes	s," don't	t comple	te Secti	on B for	the co	vered veh	icles.						
P	art VI   Amortization			/b\		(2)			(d)		(0)			(£\		
	(a) Description o	of costs		(b) imortization degins		(C) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or pe		Ai fo	<b>(f)</b> mortization or this year	1	
42	Amortization of costs th	nat begins du	ring your 2022	tax yea	r:											
				: :												
_				: :												
43	Amortization of costs the	hat began bef	fore your 2022	tax yea	r							43				
<u>44</u>	Total. Add amounts in	column (f). Se	ee the instruction	ons for v	where to	report						44				

Form **4562** (2022)

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - COALESCION

Asset No.	Description	Date Acquired Method		Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction		
	MACHINERY & EQUIPMENT													
1	COMPUTER EQUIPMENT	01	012	22	SL	5.00	16	2,811.			2,811.			562.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME							2,811.		0.	2,811.	0.		562.
	* GRAND TOTAL 990 PAGE 10 DEPR							2,811.		0.	2,811.	0.		562.

- NEXT YEAR FEDERAL -

COALESCION

Asset No.	Description	Date Acquired		d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT										
1	1 COMPUTER EQUIPMENT			22	SL	5.00	2,811.		2,811.	562.	562.
	* 990 PAGE 10 TOTAL MACHINERY &						2 011		0 011	562.	562.
	EQUIPMENT * GRAND TOTAL 990 PAGE 10 DEPR						2,811. 2,811.		2,811. 2,811.	562.	562.
	GRAND TOTAL 990 FAGE TO DEFR						2,011.		2,011.	302.	302.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone