efile	e Pu	ıblic Visı	ual Render ObjectId: 202001559349300815 - Submission: 2020	-06-03	Т	IN: 31-1744950		
	00	20	Return of Organization Exempt From Inco	me Tax		OMB No. 1545-0047		
Form	(ana)	2010						
8			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except Do not enter social security numbers on this form as it may be made	-	ions)	2010		
		f the Treasury	► Go to <u>www.irs.gov/Form990</u> for instructions and the latest inf			Open to Public		
Internal	Rever	nue Service	······································			Inspection		
A F	or th	ne 2019 ca	alendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019					
_		applicable:	C Name of organization CORE INC	D Employe	er identi	fication number		
O Ad		950	0					
🗆 Ini	tial re	eturn	Doing business as CORE GROUP					
_		rn/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone	e numbe	r		
		ion pending	1901 PENNSYLVANIA AVE NW SUITE 902	(202) 38	30-3400)		
			City or town, state or province, country, and ZIP or foreign postal code					
			WASHINGTON, DC 20006	G Gross rec	eipts \$ 1	,916,493		
		ſ	F Name and address of principal officer: H(a) Is LISA HILMI	this a group ret	urn for	or		
			1901 PENNSYLVANIA AVE NW SUITE 902 SI	ubordinates? re all subordinate	20	∐Yes ⊻No		
T Tax	(-exe	mpt status:	ir	cluded?		□ Yes □No		
		•		"No," attach a li roup exemption	•	,		
JW	edsi	te: 🕨 🗤 🗤	/W.COREGROUP.ORG		number			
K Forr	n of o	organization:	Corporation Trust Association Other L Year of	ormation: 2000	M State	of legal domicile: DC		
Pa	art I	Sumi Briefly des	mary scribe the organization's mission or most significant activities:					
æ		SEE PART						
anc								
ŝ								
Governance	2 3		s box ▶ □ of voting members of the governing body (Part VI, line 1a)		3	15		
×	4		of independent voting members of the governing body (Part VI, line 1a)		4	15		
les	5		ber of individuals employed in calendar year 2018 (Part V, line 2a)		5	13		
Activities	6		ber of volunteers (estimate if necessary)		6	48		
AC	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0		
	b	Net unrela	7b					
				Prior Year		Current Year		
đ	8		ions and grants (Part VIII, line 1h)	1,466,3	70	1,486,754		
Revenue	9	5	service revenue (Part VIII, line 2g)	116,5		104,426		
Rey			nt income (Part VIII, column (A), lines 3, 4, and 7d)	5,8		39,457		
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,1 1,617,9		7,424 1,638,061		
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3)	1,017,5	52	71,461		
			paid to or for members (Part IX, column (A), line 4)			0		
s			other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,067,4	01	792,008		
nse	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0		
Exp enses	b	Total fundra	aising expenses (Part IX, column (D), line 25) 🕨					
ú	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	797,7	12	638,224		
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,865,1	13	1,501,693		
	19	Revenue	renue less expenses. Subtract line 18 from line 12					
Net Assets or Fund Balances			Begin	ning of Current Ye	ear	End of Year		
set	20	Total asse	ets (Part X, line 16)	1,518,4	55	1,704,473		
Nt As Nd B			lities (Part X, line 26)	177,0		167,753		
Pur	22	Net asset	s or fund balances. Subtract line 21 from line 20	1,341,3	64	1,536,720		
Pa	rt II	Signa	ature Block					

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

						2020-05-28	
Sign	Sig	gnature of officer				Date	
Here	L1.	SA HILMI EXECUTIVE DIRECTOR					
	Ту	pe or print name and title					
Type or print name Preparer Use Only Firm's name Firm's addres May the IRS discuss this return For Paperwork Reduction A For Paperwork Reduction A Part III Statement of Check if Schedul 1 Briefly describe the orgat CORE INC. (KNOWN AS CORE WORLD, ESPECIALLY WOMEN OF 154 INTERNATIONAL HEAL WHICH BRINGS TOGETHER CO VISION OF A WORLD WHERE F Core and the organization und the prior Form 990 or 99 If "Yes," describe these 3 Did the organization und the prior Form 990 or 99 If "Yes," describe these 3 Did the organization cea services? . If "Yes," describe these 4 Describe the organization Geources That ReacHE HEALTH: PERSPECTIVES FR APPROACHES FOR SOCIAL / CLAC HOSTED THE EVENT ON + DIDANCE AND TOOLKITS; COMMUNITIES FOR IMPRON HOSTED KNOWLEDGE SHAH NFEBRUARY 2019, CORE GROPS VOLL	Print/Type preparer's name	Preparer's s	ignature	Date 2020-06-03	Check if if self-employed	PTIN P00780668	
		Firm's name 🕨 TOAL MURRAY	DAY & LALOR LLC			Firm's EIN 🕨 8	32-2029500
Jse	Only	Firm's address 🕨 130 ADMIRAL	COCHRANE DR SUITE 2	200		Phone no. (410)) 224-0343
Aay the IRS For Paperve Aay the IRS For Paperve For P		ANNAPOLIS, M	ID 214017368				
1av th	he IRS disc	cuss this return with the prepa	rer shown above? (s	ee instructions)			. 🗹 Yes 🗌 No
				,	Cat. N	lo. 11282Y	Form 990 (2018
				— Page 2 ———			
	000 (0010)	,					
							Page 2
Part		atement of Program Ser	-				
		eck if Schedule O contains a re		ny line in this Part III .			🗹
-	,	5					
OF 154	4 INTERNA	ATIONAL HEALTH AND DEVELO	PMENT ORGANIZAT	ONS AND INDIVIDUAL	S, AND HOME T	O THE COMM	JNITY HEALTH NETWORK,
					SCHOLARS, ADV	OCATES AND	DONORS TO SUPPORT OUR
2	Did the or	ganization undertake any sign	ificant program serv	ices during the year wh	nich were not lis	ted on	
	the prior F	Form 990 or 990-EZ?					🗌 Yes 🛛 No
	If "Yes," d	escribe these new services on	Schedule O.				
3	Did the or	ganization cease conducting, c	or make significant o	hanges in how it condu	icts, any progra	m	
							. 🗌 Yes 🗹 No
	If "Yes," d	escribe these changes on Sche	edule O.				
	Section 50	the organization's program serv D1(c)(3) and 501(c)(4) organiz ue, if any, for each program se	ations are required				
42	(Code:) (Expenses \$	209,540	including grants of \$) (Revenue \$)
	COMMUNIT OF CORE G GUIDANCE COMMUNIT HOSTED KM IN FEBRUAN RESOURCES HEALTH: PE APPROACH CLAC HOST GROUP THR ACCOUNTAN DELIVER SI DISCUSSIO EMPOWER G EQUITY ANI AND HIGHL	AND CHILD HEALTH: CORE GROUP Y-FOCUSED MATERNAL, NEWBORN ROUP'S VOLUNTEER WORKING GRO AND TOOLKITS; SHARE EVIDENCE- IES FOR IMPROVED HEALTH. IN 20 IOWLEDGE SHARING WEBINARS AN RY 2019, CORE GROUP CO-HOSTED S" THAT REACHED OVER 680 PEOPL ERSPECTIVES FROM INSTITUTIONAL ES FOR SOCIAL ACCOUNTABILITY, A ROUGH ITS SYSTEMS FOR HEALTH I BILITY EFFORTS IN HEALTH" THAT I IDE EVENT ON "HOW WOMEN DELIN IDE EVENT ON "HOW WOMEN DELIN IDE EVENT ON CHALLENGES FAC THE HEALTH WORKFORCE. IN ADDI D PRIMARY HEALTH CARE FOR ALL" IGHTED GLOBAL AND COUNTRY PR STEMS.	AND CHILD HEALTH (M JUPS, WHICH BRING TU BASED RESOURCES; H 19, THROUGH USAID'S ND SIDE SESSIONS AT A WEBINAR WITH MC: E GLOBALLY, CORE GR L ACTORS" IN MAY 201 ND THE ROLE OF DON ERNMENT IN WELCOMI WORKING GROUP PROI WAS DISSEMINATED AT /ER HEALTH TO COMMU ED BY FEMALE HEALTH TION, CORE GROUP SU AT THE MAY 2019 COF	NCH) PROGRAM AROUND OGETHER EXPERTS AROUND IOST TRAININGS, EVENTS, FLAGSHIP MATERNAL AND GLOBAL CONFERENCES TC SP AND UNICEF ON THE "N OUP ALSO CO-HOSTED A V 9. THIS WEBINAR FEATURI ORS IN PROMOTING CIVIL NG THE VOICE OF THE PEC UVCED A NEW MCSP RESOI THE WORLD HEALTH ASS INITIES: ELEVATING VOICI WORKERS, PROGRESS IN IPPORTED THE MCSP EVEN E GROUP GLOBAL HEALTH	THE WORLD. THES D THE WORLD, TO AND WEBINARS; O CHILD SURVIVAL O ADVANCE COMMU WHO COMMUN WEBINAR WITH MC ED SOCIAL ACCOU SOCIETY ENGAGE OPLE" AT THE WOR URCE "MONITORIN EMBLY. IN JUNE 20 ES OF WOMEN AT HEALTH OUTCOME T "HARNESSING T PRACTITIONER CO	E EFFORTS ARE COLLABORATE AND LEAD GLOE PROGRAM (MCS JNITY HEALTH AV STA AND UNICEF NTABILITY APPF MENT IN HEALT HEALTH ASS IG AND EVALUAT 19, MCSP AND THE FRONTLINE ES, AND SUPPOF EN POWER OF CO DNFERENCE. MC	HIGHLIGHTED IN THE OUTPUTS AND DEVELOP TECHNICAL SAL EFFORTS TO EMPOWER SP) PROGRAM, CORE GROUP ND CIVIL SOCIETY ENGAGEMENT. DRKER GUIDELINE & ADDITIONAL ON "SOCIAL ACCOUNTABILITY IN KOACHES USED IN MALAWI, M&E H. CORE GROUP, PMNCH, IAP, AND EMBLY ON MAY 22, 2019. CORE TION OF EVOLVING SOCIAL CORE GROUP, HOSTED A WOMEN OF COMMUNITY HEALTH." RT NEEDED TO STRENGTHEN AND OMMUNITIES TO ADVANCE SP AND PARTNERS DISCUSSED
4b	(Code:) (Expenses \$	249,037	including grants of \$	71,461) (Revenue \$)
	TOPS PROG CULTIVATIN CAPACITY A CONVENED ON OCTOBE ORGANIZAT THE END O NETWORK I NOVEMBER TO PROTRA PHASE TO C MEETINGS MEDAIR FIN TECHNICAL	E MANAGEMENT: TOPS BRIDGE: C GRAM AND TO ACT AS A TRANSITIO IG COLLABORATIVE LEARNING ENV AND SKILLS BUILDING IN ORDER TI THE 2018 ASIA REGIONAL KNOWL ER 2-4 IN BANGKOK, THAILAND. OV TIONS CONVENED TO SHARE FOOD F THE PROGRAM, CORE GROUP OVI NEWS BI- WEEKLY NEWSLETTER, AI 30, 2018. INCREASE GLOBAL CAP/ ICTED CRISES AND IN TRANSITION DN-BOARD THE SUB-GRANTEES, S/ WERE HELD TO DISCUSS PROJECT VALIZED GUIDING DOCUMENTS, TI I. CONSULTATION (TC) SESSIONS W FORT TO ORGANIZE CONSULTATION	N MECHANISM FOR THI IRONMENTS THROUGH D NURTURE AN OPEN C EDGE SHARING MEETII VER 150 IMPLEMENTER: SECURITY AND NUTRI ERSAW TRANSITION PR ND FSN NETWORK'S TW CCITY FOR COORDINAT TO RECOVERY: THE CC VE THE CHILDREN ANI OBJECTIVES AND DELI MELINES AND THE BRE ERE IDENTIFIED, MECH	E TOPS FOLLOW-ON PROG FACILITATION, PLANNING OMMUNITY OF PRACTICE, (G: FOOD SECURITY RESI S, DONORS, RESEARCHERS TION INNOVATIONS, EMER OCESSES OF ROLES AND VITTER ACCOUNT. CORE GI UNG, INTEGRATING, AND T DRE GROUP LAUNCHED THI D MEDAIR, IN A COLLECTI VERABLES AND REVIEW C, AKDOWN OF ACTIVITIES F HANISMS FOR THE GROUP	RAM, IDEAL. CORE AND LEADING PA THE FOOD SECUR LIENCE AT THE IN S FROM OVER 21 C GING TOPICS, PR RESPONSIBILITIES ROUP'S ROLE ON T RANSITIONING CC E PROGRAM IN AU /E AND COLLABOR ASE STUDY PROPC OR EACH REPORT DISCUSSED AND	GROUP CONTIN RTICIPATORY EV ITY AND NUTTI TERSECTION OF COUNTRIES REP DMISING PRACT 6 FOR THE FSN I THE TOPS PROGI OMMUNITY HEAL GUST 2018 BY C ATIVE PROCESS DSALS. CORE GR ING CYCLE. ADD THE TOR DRAFT	NUED TO BRING ITS EXPERTISE IN (ENTS, AND FURTHERING TON NETWORK. CORE GROUP DEVELOPMENT AND EMERGENCY RESENTING MORE THAN 40 ICES AND LESSONS LEARNED. AT VETWORK WEBSITE, FSN RAM BRIDGE AWARD ENDED IN TH AND NUTRITION IN RESPONSE DRGANIZING AN INITIATION . DURING THIS TIME, WEEKLY OUP, SAVE THE CHILDREN AND DITIONALLY, MEMBERS FOR THE ED. CORE GROUP ALSO MADE AN

CLUSTER, PMNCH, DFID AND THE WIDER NETWORK OF CORE GROUP MEMBERS. CORE GROUP ALSO PARTICIPATED IN THE WHITE HOUSE BIO- SECURITY

CONSULTATION ON THE GLOBAL HEALTH SECURITY AGENDA AS IT BELATES TO BUILDING OPEATER COHESION IN THE HUMANITABIAN-DEVELOPMENT SPHERE https://projects.propublica.org/nonprofits/organizations/311744950/202001559349300815/full

AND SEVERAL CONFERENCES AND TECHNICAL MEETINGS ON EMERGING RESEARCH WITHIN THE NEXUS. CORE GROUP ALSO DELIVERED MULTIPLE PRESENTATIONS ON THE RESEARCH OF THE HUMANITARIAN-DEVELOPMENT TASK FORCE (HDTF) DURING THE IBP REGIONAL PARTNERS MEETING FROM APRIL 9-11 IN TURKEY. CORE GROUP ALSO CONTINUED TO ENGAGE AND SHARE HDTF RESEARCH IN GLOBAL PLATFORMS SUCH AS THE FRAGILE STATES WORKING GROUP, THE GLOBAL WASH CLUSTER AND THE GLOBAL HEALTH CLUSTER. THE OTHER HALF OF THE YEAR SAW SAVE THE CHILDREN COMPLETE THEIR CASE STUDIES ON HEALTH SYSTEMS STRENGTHENING IN PAKISTAN AND SUDAN. EACH CASE STUDY REPORT WAS REVIEWED BY THE TC MEMBERS FOR FEEDBACK AND FINALIZED BY CORE GROUP. ON THE OTHER HAND, CORE GROUP AND MEDAIR COLLABORATIVELY REVISED RESEARCH MEDAIR'S REAL-TIME TOOLS (EXIT MATRIX TOOL AND COMMUNITY HEALTH SERVICE DELIVERY ADAPTATIONS IN EMERGENCIES) AS WELL AS OUTLINED DISSEMINATION PLANS FOR THESE TOOLS TO BE SHARED AMONG FIELD PARTNERS AND THE NGO COMMUNITY. CORE GROUP CONTINUED TO FACILITATE DIALOGUE AND LEARNING AROUND THE HUMANITARIAN-DEVELOPMENT NEXUS HOSTING THREE QUARTERLY KNOWLEDGE SHARING WEBINARS IN ADDITION TO REGULAR QUARTERLY HDTF MEETINGS. ADDITIONALLY, CORE GROUP EXPONENTIALLY EXPANDED ITS HDTF COLLABORATION HUB ON ITS WEBSITE WITH REGULARLY UPDATED EVENTS AND RESOURCES, AND ALSO PRODUCED 6 THEMATIC BI- WEEKLY NEWSLETTERS TO OVER 200 INDIVIDUALS ON THE HDTF TASK FORCE. HANSHEP: IN APRIL 2019, CORE GROUP WITH GLOBAL IMPACT ASSUMED THE SECRETARIAT ROLE FOR THE HANSHEP MEMBERSHIP, WHICH INCLUDES TWO REPRESENTATIVES FROM WORLD BANK, USAID, DFID, BILL AND MELINDA GATES FOUNDATION, AND MOST RECENTLY WHO. CORE GROUP LED A SCOPING ACTIVITY FROM MAY TO JULY WITH THE HANSHEP MEMBERS TO FAMILIARIZE ITSELF WITH THE GROUP, REVIEWING ITS MISSION AND VISION AND THE EXPECTATIONS FOR THE NEXT TWO YEARS BEING SECRETARIAT. CORE GROUP FACILITATED THE FIRST VIRTUAL MEETING WHICH WAS HELD ON AUGUST 16, 2019 AND WELCOMED THE NEW SECRETARIAT AND WHO AS WELL AS DISCUSSED A LIST OF TOPICS AROUND PRIVATE SECTOR ENGAGEMENT IN HEALTH SYSTEMS THAT THE MEMBERSHIP WANTS TO TACKLE THROUGHOUT THE NEXT MEETINGS. CORE GROUP ALSO OVERSEES MANAGEMENT OF THE HANSHEP WEBSITE AND REFRESHES IT WITH UPDATES WHERE NEEDED.

4c (Code: 416,531 including grants of \$) (Revenue \$

) (Expenses \$ INFECTIOUS DISEASES: POLIO CGPP: CORE GROUP FACILITATED AND SUPPORTED COMMUNICATIONS, PROGRAM LEARNING, AND LINKAGES BETWEEN THE CORE GROUP POLIO PROJECT (CGPP) SECRETARIAT AND FIELD SECRETARIATS IN ETHIOPIA, INDIA, NIGERIA, SOUTH SUDAN, AND KENYA. CORE GROUP ATTENDED SEVERAL GLOBAL CONFERENCES AND CO- HOSTED SIDE EVENTS TO PROMOTE CGPP'S PROGRAM ACTIVITIES AND SHARE LESSONS LEARNED. THESE CONFERENCES INCLUDED THE HEALTH SYSTEMS RESEARCH 2018 CONFERENCE, GLOBAL CONFERENCE ON PRIMARY HEALTH CARE, PMNCH PARTNERS' FORUM, AND WOMEN DELIVER, CORE GROUP ALSO FACILITATED PRESENTATIONS BY SECRETARIAT LEADERS AT THE MAY 2019 CORE GROUP GLOBAL HEALTH PRACTITIONER CONFERENCE WITH OVER 330 PARTICIPANTS. IN FEBRUARY 2019, CORE GROUP ATTENDED THE CONGRESSIONAL POLIO RECEPTION IN WASHINGTON, DC TO HIGHLIGHT USAID AND CGPP'S EFFORTS IN THE GLOBAL POLIO ERADICATION INITIATIVE. IN ADDITION, CORE GROUP DISSEMINATED AND SHARED CGPP UPDATES AND HIGHLIGHTS VIA THE CGPP WEBSITE AND A VARIETY OF SOCIAL MEDIA PLATFORMS, INCLUDING TWITTER, FACEBOOK, AND YOUTUBE. THE CGPP WEBSITE WAS REDESIGNED AND THE COUNTRY MAPS WERE UPDATED. GHSA: CORE GROUP SUPPORTS A SENIOR ADVISOR FOR GLOBAL HEALTH SECURITY AGENDA. THEY PROVIDE DIRECT TECHNICAL AND PROGRAM SUPPORT TO THE SECRETARIATS IN KENYA, ETHIOPIA, AND SOUTH SUDAN TO SUPPORT COMMUNITY BASED SURVEILLANCE, OUTREACH AND HEALTH EDUCATION, PARTNER COORDINATION, AND OUTBEAK PREPAREDNESS AND RESPONSE. IN KENYA AND ETHIOPIA, THESE ACTIVITIES ARE FOCUSED ON ZOONOTIC DISEASES INCLUDED RABIES, RIFT VALLEY FEVER, BRUCELLOSIS AND ANTHRAX. IN SOUTH SUDAN THESE ACTIVITIES ARE FOCUSED ON EBOLA. ADDITIONALLY, THE GHSA ADVISOR PARTICIPATES IN CORE GROUP EVENTS BY HOSTING A WORKSHOP TO PROMOTE COMMUNITY PARTNERSHIPS IN HEALTH SECURITY PLANNING, AND FACILITATES BIMONTHLY CALLS AMONG SOCIAL SCIENCE SCHOLARS AND COMMUNITY HEALTH PRACTITIONERS TO IMPROVE LINAKGES BETWEEN THE SECTORS.

(Code:) (Expenses \$ 156,865 including grants of \$) (Revenue \$ 104.426) OTHER PROGRAM SERVICES: CORE GROUP PROVIDED MEMBERSHIP SERVICES AND SUPPORT TO 86 MEMBER ORGANIZATIONS, 52 INDIVIDUAL MEMBERS, 16 STUDENTS, 5 WORKING GROUPS AND 3 INTEREST GROUPS FOR COLLABORATING TO END PREVENTABLE MATERNAL AND CHILD DEATHS, AND TO IMPROVE COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS CORE GROUP OFFERED NEW, EASY-TO-ACCESS RESOURCES AND INFORMATION ON COMMUNITY HEALTH THROUGH DIGITAL ENGAGEMENT ON THE WEBSITE AND SOCIAL MEDIA. CORE GROUP'S RESOURCE-RICH WEBSITE HOSTED 36,780 UNIQUE VISITORS FROM SOME 200 COUNTRIES. CORE GROUP HOSTED 12 KNOWLEDGE SHARING WEBINARS REACHING OVER 1,400 INDIVIDUALS GLOBALLY. THERE WERE 6,706 SUBSCRIBERS TO CORE GROUP'S 10 LISTSERVS (5 WORKING GROUPS, 3 INTEREST GROUPS, CORE GROUP COMMUNITY, AND YOUNG PROFESSIONALS NETWORK). ON TWITTER, CORE GROUP HAD MORE THAN 5,045 FOLLOWERS WHO ENGAGED ON AVERAGE WITH 12,280 MONTHLY IMPRESSIONS. CORE GROUP ALSO GAINED TRACTION ON OTHER KEY SOCIAL MEDIA OUTLETS, WITH 1,670 LINKEDIN GROUP MEMBERS AND 242 NEW FACEBOOK LIKES FOR A TOTAL OF 1,791. TO INCREASE ENGAGEMENT AMONG THE YOUNGER GENERATION, CORE GROUP HAD 3 CAREER DEVELOPMENT EVENTS FOR OVER 60 YOUNG PROFESSIONALS AND STUDENTS 21- 35 YEARS OLD. CORE GROUP ALSO CONTINUED ITS MENTORSHIP PROGRAM FOR YOUNG PROFESSIONALS IN ITS SECOND YEAR WITH 12 MENTOR-MENTEE PAIRS. THERE WERE 9 MENTOR-MENTEE PAIRS IN THE FIRST COHORT.

4d	Other program services (Describe in Schedule O.)								
	(Expenses \$	156,865	including grants of \$) (Revenue \$	104,426)				
4e	Total program service exp	oenses 🕨	1,031,973						

Form 990 (2018)

Page 3

Form	990 (2018)			Page 3
Pa	Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
			Yes	No
1		1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3		3		No
4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?	4		No
5	assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		No
6	to provide advice on the distribution or investment of amounts in such funds or accounts?	6		No
7		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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			

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services?If "Yes." complete Schedule D. Part IV 🐒 🔒 . https://projects.propublica.org/nonprofits/organizations/311744950/202001559349300815/full No

9

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Checklist of Required Schedules (continued)

8/30/24, 2:23 PM

Form 990 (2018)

Part IV

23

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current

and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

https://projects.propublica.org/nonprofits/organizations/311744950/202001559349300815/full

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10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😒	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a		No
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?	12-	Vee	
Ь	If "Yes," complete Schedule D, Parts XI and XII 🐒	12a	Yes	
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

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Form 990 (2018)

Yes

Yes

23

24a

24h

24c

24d

25a

.

Page 4

No

No

No

No

4/39

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	······································			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
U	Part IV	28b		No
~	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			-
Ľ	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	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 1a 21			
	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 -	Vez	
	(gambling) winnings to prize winners?	1c	Yes	(0.6
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2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		

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7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
16	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No
10	If "Yes," complete Form 4720, Schedule O	16		No
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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines Image: A state of the
Se	ction 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 15			

F 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 15 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 No . Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 No of officers, directors or trustees, or key employees to a management company or other person? No 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .

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5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			L
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
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		
Se	ction C. Disclosure			
	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: COMFORT SIODLARZ DIR OF FIN ADM 1901 PENNSYLVANIA AVE NW 902 WASHINGTON, DC 20006 (202) 380-3400			
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Part	VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp and Independent Contractors	oloyee	s,	
_	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>		
Se	tion A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
	mplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	ie orga	nization	's tax
	ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amo opensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ount		
	st all of the organization's current key employees, if any. See instructions for definition of "key employee."			
who r	st the organization's five current highest compensated employees (other than an officer, director, trustee or key employ eccived reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the strain and any related encountered.			
• Li	zation and any related organizations. st all of the organization's former officers, key employees, or highest compensated employees who received more than ortable compensation from the organization and any related organizations.	\$100,0	00	

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

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organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

○ Check this box if neither the organization noise (A) Name and Title	(B) Average hours per week (list any hours	Average hours per week (list any hours for related						(D)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/10/5 (1150)	MISC)	related organizations
(1) DENNIS CHERIAN	1.00	x		х				0	0	0
CO-CHAIRPERS	1.00									
(2) MAGNUS CONTEH DIRECTOR	1.00	x						0	0	0
(3) DICK DAY DIRECTOR	1.00	x						0	0	0
(4) SARAH FORD CHAIRPERSON	1.00	x		x				0	0	0
(5) SONYA FUNNA EVELYN DIRECTOR	1.00	x						0	0	0
(6) JORDAN HATCHER DIRECTOR	1.00	х						0	0	0
(7) JOSEPH ICHTER DIRECTOR	1.00	х						0	0	0
(8) SCOTT JACKSON	1.00	x						0	0	0
(9) KONSTANTIN LOMIDZE TREASURER	1.00	x		х				0	0	0
(10) JENNIFER NIELSEN SECRETARY	1.00	x		x				0	0	0
(11) BETH OUTTERSON DIRECTOR	1.00	х						0	0	0
(12) DAVID PYLE DIRECTOR	1.00	х						0	0	0
(13) STEPHEN RAHAIM DIRECTOR	1.00	х						0	0	0
(14) JANINE SCHOOLEY DIRECTOR	1.00	х						0	0	0
(15) ERIN STIEBER	1.00									
DIRECTOR		х						0	0	0
(16) LISA HILMI EXECUTIVE DI	40.00			x				160,871	0	15,661
(17) MARC HOLLER SR DIRECTOR	40.00					x		124,854	0	20,976

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Pa	Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, an	nd Hig	Jhes	st Compensated	Employees	(cont	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o is t	one b	ox, ı ın of tor/t	ot ch unle: fficer trust		son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportabl compensati from relate organizatio (W- 2/109	ion ed ns	(F Estim amount o compen from organizat	ated of other Isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MI3C)	MISC)	5-	relat	ted
(18)	SHEILA JACKSON	40.00					х		153,510		0		19,185
	NOWLEDGE												
				•	•)	•		•				
	Fotal from continuation sheets to Part \ Fotal (add lines 1b and 1c)					, ,	-		439,235				55,822
2	Total number of individuals (including bu of reportable compensation from the org	t not limited to t			abov	/e) v	vho re	ceive	ed more than \$100	,000			
3	Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key e	empl •	loye •	e, or h	ighe	est compensated er	nployee on	3	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations gr individual									he • • •	4	Yes	
5	Did any person listed on line 1a receive or services rendered to the organization?If								ganization or indivi	dual for	5		No
	ection B. Independent Contractors			laut a				• · · • ·		100 000 - 6			
1	Complete this table for your five highest from the organization. Report compensat										mpens	sation	
	Name and	(A) business address							Descrip	(B) tion of services		(C Comper	
	Total number of independent contractors (in compensation from the organization b	ncluding but not	: limited	d to tl	nose	e list	ed abo	ove)	who received more	e than \$100,00	00 of		
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	of Revenue					_
Check if Scheo	dule O contains a resp	onse or note to any				0
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio 512 - 514
erated campaigns .	. 1a					
nbership dues	1b					
draising events	1c					
draising events	1d					
ernment grants (contribu	tions) 1e					
993,303 ther contributions, gifts, and similar amounts not inclu above	grants, uded 1f					
242,993						
cash contributions includ	ed					
nes 1a - 1f:\$ Total. Add lines 1a-1f .		• • 1,486,754				
		Business Code				
a DGRAM SERVICE REVENUE	:	900099	104,426	104,426		
> :						
•						
• All other program ser						
	vice revenue.					
9 Total. Add lines 2a-21	f	104,426				
3 Investment income (in similar amounts) .	icluding dividends, int	erest, and other	31,533			31,
4 Income from investme	ent of tax-exempt bon	d proceeds				
5 Royalties	<u>.</u>	· · •				
Concernation	(i) Real	(ii) Personal				
6a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or	(loss)	•				
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	286,356					
7a Gross amount from sales of assets other	286,356					
 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 	278,432					
 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 	278,432 7,924	•	7,924	7,924		
 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fu 	278,432 7,924 undraising events of	•	7,924	7,924		

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c Net income or (loss) from fundraising eve	ents	5 1		l	I
Gross income from gaming activities. See Part IV, line 19					
a					
b Less: direct expenses b					
c Net income or (loss) from gaming activities	es				
10a Gross sales of inventory, less returns and allowances .					
а	•				
b Less: cost of goods sold b					
c Net income or (loss) from sales of invento	ory 🕨				
Miscellaneous Revenue	Business Code				
11aOTHER REVENUE	900099	7,424	7,424		
b					
c					
d All other revenue					
e Total. Add lines 11a–11d	>	7,424			
12 Total revenue. See Instructions					
	-	1,638,061	119,774		31,533

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 	55,585	55,585		
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, line 15 and 16.	15,876	15,876		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	184,253	135,934	48,319	
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	470,830	347,357	123,473	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,655	25,567	9,088	
9 Other employee benefits	55,470	40,923	14,547	
10 Payroll taxes	46,800	34,527	12,273	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,434	19,228	6,206	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,072		8,072	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,686	67,234	30,452	
12 Advertising and promotion				
	~~ ~~		20.644	

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13 Unice expenses	97,757	08,110	29,041	
14 Information technology				
15 Royalties				
16 Occupancy	123,210	100,121	23,089	
17 Travel	150	89	61	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	275,757	113,543	162,214	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Lis miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a REPRODUCTIONS	6,134	4,439	1,695	
b SUBSCRIPTIONS & PUBS	4,024	3,434	590	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,501,693	1,031,973	469,720	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). 				
Check here 💌 🗆 If following SUP 98-2 (ASC 958-720).				

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P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			55,557	1	259,051
	2	Savings and temporary cash investments $\ .$		[1,103,267	2	183,966
	3	Pledges and grants receivable, net				3	
\$	4	Accounts receivable, net	305,036	4	161,894		
	5	Loans and other receivables from current and for trustees, key employees, and highest compension Part II of Schedule L		5			
	6	Loans and other receivables from other disqual section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	6				
ssets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use	10.000	8	10,100		
	9	Prepaid expenses and deferred charges	· · ·	· · ·	13,668	9	46,438
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	ь	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities .	<u>u</u>			11	1,029,671
	12	Investments-other securities. See Part IV, line	11 .			12	
	13	Investments-program-related. See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[40,927	15	23,453
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	1,518,455	16	1,704,473
	17	Accounts payable and accrued expenses	•		119,950	17	100,643
	18	Grants payable				18	
	19	Deferred revenue		Г		19	

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		L		
	20	Tax-exempt bond liabilities	20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
		persons. Complete Part II of Schedule L	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25	67,110
	26	Total liabilities.Add lines 17 through 25 177,091	26	167,753
Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,341,364	27	1,374,493
Bal	28	Temporarily restricted net assets	28	162,227
	29	Permanently restricted net assets	29	
Fur		Organizations that do not follow SFAS 117 (ASC 958),		
s or Fund	30	check here ► □ and complete lines 30 through 34. Capital stock or trust principal, or current funds	30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	31	
As	32	Retained earnings, endowment, accumulated income, or other funds	32	
Net	33	Total net assets or fund balances	33	1,536,720
Z	34	Total liabilities and net assets/fund balances 1,518,455	34	1,704,473

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— Page 12 —

F d	rt XI Reconcilliation of Net Assets				Page 12
	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		1	,638,061
1	Total expenses (must equal Part IX, column (A), line 25)	2			
2				1	,501,693
3	Revenue less expenses. Subtract line 2 from line 1	3			136,368
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,341,364
5	Net unrealized gains (losses) on investments	5			58,988
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,536,720
Pa	art XII Financial Statements and Reporting				
	Charle if Calendada O anataina a managana annata ta anna lina in this Dart VII				\frown
	Check if Schedule O contains a response or note to any line in this Part XII				\cup
	Check if Schedule O contains a response or note to any line in this Part All	•	· ·	Yes	No
1	Accounting method used to prepare the Form 990:	•	<u></u>	Yes	No
1		•	<u> </u>	Yes	No
	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	•	2a	Yes	No
	Accounting method used to prepare the Form 990: Cash Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	• on a	2a	Yes	
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	on a	2a	Yes	
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of	on a	2a	Yes	
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2a	Yes	
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				
2a b	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:				

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JI24, 2.25 FM Gold Inc - Full Filling- Nonprone Explorer - Fromublica Ja As a result of a reactial award, was the organization required to undergo an addit of addits as set forth in the Single

Audit Act and OMB Circular A-133?b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a	Yes	
Зb	Yes	
F	orm 99	0 (2018)

Form 990 (2018)

Additional Data

Software ID: Software Version:

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SCI	HED	ULE A		Public	Charity Statu	s and Pul	blic Supp	ort	OMB No. 1545-0047	
(Forr	n 990	or 990EZ)	Con		rganization is a sect	ion 501(c)(3)	organization o		2018	
		ne Treasury			4947(a)(1) nonexe Attach to Form 9	990 or Form 99	90-EZ.			
Internal Revenue Service Form 990 for the latest information.								Open to Public Inspection		
Nam CORE		ne organiza	tion					Employer identifi	cation number	
								31-1744950		
	r t I raaniz	Reason ation is not a	for Public (a private four	Charity Stat	us (All organization it is: (For lines 1 thro	<u>s must comple</u> ugh 12, check o	e <u>te this part.) S</u> nlv one box.)	See instructions.		
1			•		sociation of churches			(A)(i).		
2	\square	A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)			
3										
4				nization operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii).	Enter the hospital's	
5	\square		and state: _	d for the benefi	t of a college or univer	rsity owned or o	perated by a gov	ernmental unit desci	ribed in section	
6	0	170(b)(1)	(A)(iv). (Co	mplete Part II.)	_					
6 7				-	governmental unit de a substantial part of it				ral public decoribed in	
		section 17	70(b)(1)(A)	(vi). (Complete	Part II.)		-	init of from the gene		
8			,		n 170(b)(1)(A)(vi).	、	,			
9					escribed in 170(b)(1) ee instructions. Enter				llege or university or a	
10		from activit investment	ties related to income and	its exempt fur unrelated busin	(1) more than 331/3% octions—subject to cert ess taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its s		
11					exclusively to test for	r public safety. S	ee section 509	(a)(4).		
12		more public	cly supported	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(he purposes of one or (a)(3). Check the box	
а		Type I. A so organizatio	supporting or n(s) the powe	ganization oper	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	y giving the supported anization. You must	
b		Type II. A manageme	supporting on the sup	rganization sup	ervised or controlled in ation vested in the same					
с		Type III f	unctionally i	integrated. A s	supporting organization				ated with, its	
d		Type III n functionally	on-function	ally integrate	n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orga	nization(s) that is not quirement (see	
e		Check this	box if the org	anization receiv	t IV, Sections A and ved a written determin integrated supporting	ation from the I		pe I, Type II, Type II	II functionally	
f	Enter		<i>,</i> ,					<u>.</u>		
g	(1) 1				the supported organiz	<u> </u>			(all) Amount of	
	(1) 1	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
Tota										
		work Reduc or 990-EZ.	tion Act Not	ice, see the Iı	structions for	Cat. No. 1128	5F	Schedule A (Form	990 or 990-EZ) 2018	
		0. 550 22.								
					Pa	ge 2 ———				
			or 990-EZ) 20				30/1 \// \//	// \ 4===// \ / /	Page 2	
Pa	rt II	170(b) (Comple	(1)(A)(ix) ete only if y	ou checked th	ne box on line 5, 7,	8, or 9 of Part	I or if the org	anization failed to		
Se	ction			lion talls to qu	alify under the test	s listed below,		ele Fail III.)		

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υ	130	/ 24,	2.20	

	lendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	fiscal year beginning in)	(a) 2014	(0) 2013	(0) 2010	(4) 2017	(6) 2010	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,584,283	1,801,560	2,146,486	1,466,370	1,486,754	8,485,453
2	Tax revenues levied for the						
	organization'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						
	Total. Add lines 1 through 3	1,584,283	1,801,560	2,146,486	1,466,370	1,486,754	8,485,453
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						26,956
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						8,458,497
	ection B. Total Support			T			
	lendar year	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
(0) 7	fiscal year beginning in) Amounts from line 4.	1,584,283	1,801,560		1,466,370	1,486,754	8,485,453
8	Gross income from interest,	1,504,205	1,001,500	2,140,400	1,400,570	1,400,734	0,405,455
U	dividends, payments received on	5,823	7,478	9,695	5,854	31,533	60,383
	securities loans, rents, royalties and	5,025	7,470	9,095	5,054	51,555	00,505
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	10.425	16.005	20.205	20.101	7.424	101 720
	or loss from the sale of capital assets (Explain in Part VI.).	18,425	16,395	30,295	29,191	7,424	101,730
11	Total support. Add lines 7 through						0.047.500
	10 Gross receipts from related activities,	ata (sao instructi					8,647,566
12	First five years. If the Form 990 is for					12	556,416
15	-	-					
	check this box and stop here					> l	
S	ection C. Computation of Publi		-				
14	Public support percentage for 2018 (li					14	97.810 %
15	Public support percentage for 2017 Sc					15	95.340 %
16 a	33 1/3% support test-2018. If the	organization did r	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
	and stop here. The organization qual						🕨 🗹
b	33 1/3% support test-2017. If th	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{1/}$	3% or more, chec	k this
	box and stop here. The organizatior	n qualifies as a put	licly supported or	ganization			🕨 🗆
17a	10%-facts-and-circumstances tes	t-2018. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets						
	-			-		,	
	organization						► 🗆
b	15 is 10% or more, and if the organized						
	Explain in Part VI how the organization						
	supported organization						🕨 🗆
18	Private foundation. If the organization						
	instructions						► 🗆
					Schedu	le A (Form 990 c	or 990-EZ) 2018
							,

— Page 3 -

Schedule A (Form 990 or 990-EZ) 2018

Page **3**

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.)							
Section A. P	ublic Support							
	peginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
membership	 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 							
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								

Gross receipts from activities that are not an unrelated trade or business

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0,00,24,	2.20	1 1 1 1

	under eachier 512		1	I		-			
4	under section 513 Tax revenues levied for the								
-	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
-	the organization without charge						_		
6 75	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and		-		1				
7 a	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.				1		_		
	Public support. (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			1		•	-		
	endar year fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f)	Total	
9	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.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on.				-		_		
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	First five years. If the Form 990 is fo	r the organization	n's first, second, t	hird, fourth, or fif	th tax year as a se	ection 501(c)(3)	organ	ization,	,
	check this box and stop here							. 🕨	
Se	ection C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2018 (lir					15			
16	Public support percentage from 2017 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20:					17			
18	Investment income percentage from 2					18			
	331/3% support tests-2018. If the o								
	more than 33 1/3%, check this box and s 33 1/3% support tests—2017. If the								18 ic
U	not more than 33 1/3%, check this box	-						_	10 15
20		-			, ,, ,				
	Private foundation. If the organization	on ala not check a	a box on line 14, .	та, ог тар, спес		e A (Form 990			2018
					Schedul	C / (1 0111 990	5. 55	5 -2)	2010
			Page 4						
Scho	dule A (Form 990 or 990-EZ) 2018							-	
								P	age 4
Par	t IV Supporting Organization (Complete only if you checked a		of Part I. If you ch	ocked 12a of Part	I complete Sectio	ons A and B. If y		ackad 1	2h of
	Part I, complete Sections A and	l C. If you checke	d 12c of Part I, co	mplete Sections /	A, D, and E. If you	checked 12d of	Part I	, comp	lete
	Sections A and D, and complete								
Se	ection A. All Supporting Organiz	ations							
_								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic and			ica. Ii uesiyilalel		JC,	•		
~	-	-		on IDC data	tion of status		1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P								
	described in section 509(a)(1) or (2).				, , ,		2		
3-	Did the organization have a supported	organization doc	cribed in section F	$(01(c)(4) (5) c^{-1}$	(6)? If "Vec " apor	ver (h) and (c)	2		
3a	below.	organization des	cribed in section 5	יסב(כ)(4), (5), 0r	(U): II TES, answ	ver (<i>b)</i> and (<i>C</i>)	3a		<u> </u>
	Delow.								

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.*

3b

С	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.

- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you 4a checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the b organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 7 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8 complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting b organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in с which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c
- 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.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings). 10h

Schedule A (Form 990 or 990-EZ) 2018

Зc

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

10a

Page 5

Schedule A (Form 990 or 990-EZ) 2018

Ρ	а	q	e	5

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No

1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI</i> 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 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 or	ganization? If "Yes,	" explain in Part	VI how p	roviding such	benefit
carried out the purpos	ses of the support	ed organizatio	n(s) that operated,	, supervised or co	ontrolled ti	he supporting	1
organization.							

Section C. Type II Supporting Organizations

Yes No

2

1

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1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- а \square 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. \square
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С \square

2 Activities Test. Answer (a) and (b) below.

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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	
	substantially all of its activities.	2a

- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- з Parent of Supported Organizations. Answer (a) and (b) below.
 - a 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? Provide details in Part VI.
 - **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.

Schedule A (Form 990 or 990-EZ) 2018

2b

3a

3b

Yes

No

Page 6

·····

Sche	dule A (Form 990 or 990-EZ) 2018			Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section 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):	1		
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		

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C	Fair market value of other non-exempt-use assets	тс	1 1	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 $1-1/2\%$ 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 .035	6		
7	Recoveries of prior-year distributions	7		
		•		
8	Minimum Asset Amount (add line 7 to line 6)	8		
8	Section C - Distributable Amount	8		Current Year
8	× ,	8		Current Year
8 1 2	Section C - Distributable Amount			Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	1 2		Current Year
1 2 3	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3		Current Year
1 2 3 4	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	1 2 3 4		Current Year

Schedule A (Form 990 or 990-EZ) 2018

Page 7

– Page 7 –

Schedule A (Form 990 or 990-EZ) 2018

		Organizations (continue	su)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accomplish	n exempt purposes							
2 Amounts paid to perform activity that directly furthers excess of income from activity								
3 Administrative expenses paid to accomplish exempt purposes of supported organizations								
 4 Amounts paid to accomprish exempt purposes of supported organizations 								
5 Qualified set-aside amounts (prior IRS approval require	ed)							
6 Other distributions (describe in Part VI). See instruction	ons							
7 Total annual distributions. Add lines 1 through 6.								
8 Distributions to attentive supported organizations to w details in Part VI). See instructions	hich the organization is respon	sive (provide						
9 Distributable amount for 2018 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1 Distributable amount for 2018 from Section C, line 6								
,								
6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI).								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013. b From 2014. 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014 c From 2015 d From 2016 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013. b From 2014. c From 2015. d From 2016. e From 2017. 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013. b From 2014. c From 2015. d From 2016. e From 2017. f Total of lines 3a through e 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013. b From 2014. c From 2015. d From 2016. e From 2017. f Total of lines 3a through e g Applied to underdistributions of prior years 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013. b From 2014. c From 2015. d From 2016. e From 2017. f Total of lines 3a through e 								
 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018: a From 2013 b From 2014								

	\$		
а	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
С	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2014		
b	Excess from 2015		
С	Excess from 2016		
d	Excess from 2017		
е	Excess from 2018		
		Schedule A (I	Form 990 or 990-EZ) (2018)

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Schedule A (Form 990 or 990-EZ) 2018

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

Facts And Circumstances Test					
Return Reference	Explanation				
PART II, LINE 10	OTHER INCOME 101,730				

Schedule A (Form 990 or 990-EZ) 2018

Additional Data

Return to Form

Page 8

Software ID: **Software Version:**

efile Public Visual Rer	nder Objectld: 202001559349300815 - Submission: 2020-06-03	TIN: 31-1744950				
Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service	2018					
Name of the organizat CORE INC	Employer identification number					
		31-1744950				
Organization type (che	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	□ 501(c)() (enter number) organization					
	 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 					
Form 990-PF	□ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on				
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**.Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
	Page 2	
Schedule B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of organization CORE INC		Employer identification number 31-1744950
Part I Contributors (See instructions). Use duolic	ate copies of Part I if additional space is	needed.

		r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED		_	Payroll
		\$ RESTRICTED	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
		1	(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Nó.	Name, address, and ZIP + 4	Total contributions	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
-		4	Payroll
		\$_	Noncash
		7	
			(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

– Page 3 –

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

Name of organization		Employer identification number			
CORE INC		31-1744950			
Part II	Noncash Property (See instructions). Use duplicate copies of Part 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)	(d) Date received		
https://projects.propu	ublica.org/nonprofits/organizations/311744950/202001559349300815/full		23/3		

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Page 3

(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	of how gift is held
(a) from Part I		(c) Use of gift	(d) Description	
(a) from Part I			(d) Description	
-	Transferee's name, address, an	(e) Transfer of gift d ZIP 4 Relati	ionship of transferor to trar	sferee
than \$1 organiz year. (E	,000 for the year from any one contribu- ations completing Part III, enter the tota inter this information once. See instruct plicate copies of Part III if additional space (b) Purpose of gift	tor. Complete columns (a) through (e al of <i>exclusively</i> religious, charitable tions.) ► \$	e) and the following line er , etc., contributions of \$1,	ntry. For
e of organiza	tion ive/y religious, charitable, etc., contribu	tions to organizations described in s	Employer identification 31-1744950 Section 501(c)(7) (8) or (10	
	990, 990-EZ, or 990-PF) (2018)	Page 4	· · ·	190, 990-EZ, or 990-PF) Page 4
			\$_	
(a) from Part I	(b) Description of noncas	h property given	(C) FMV (or estimate) (See instructions)	(d) Date received
(a) (b) lo. from Part I Description of noncash prop		h property given	(c) FMV (or estimate) (See instructions)	(d) Date received
from Part I	Description of noncas	h property given	FMV (or estimate) (See instructions)	Date received
(a)	(b)		(c)	(d)
fròm Part I	(b) Description of noncas	h property given	(C) FMV (or estimate) (See instructions)	(d) Date received
(a)		-	\$	

https://projects.propublica.org/nonprofits/organizations/311744950/202001559349300815/full

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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-					
	 Transferee's name, address, and		(e) Transfer of gift Relationship of transferor to transferee		
			Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)	

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render ObjectId: 2020015				59349300815 -	Submis	sion: 2020	-06-0	3	TIN: 31-	1744950
SCHEDULE D Supplement				tal Financia	al Stat	omonte			OMB No. 1	545-0047
(For	m 990)								20	12
				ganization answered "Yes," on Form 990, L0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					20	10
	tment of the Treasury al Revenue Service			Attach to Form	Attach to Form 990. ov/Form990 for the latest information.					o Public
	me of the organ	ization	Go to <u>www.ns.g</u>	<u>00///0////990</u> /0/ 1	ne latest	intormation.		lover ident	ification nu	ection mber
	RE INC							744950		
Pa	rt I Organi	zations Mai	ntaining Donor Advi	sed Funds or Ot	her Sim	ilar Funds o	-			
10	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account Complete if the organization answered "Yes" on Form 990, Part IV, line 6.									
				(a) Dono	r advised f	funds		(b)Funds a	and other acc	counts
1										
2			ns to (during year)							
3 4	Aggregate value									
5		•	· · · · · · · · · · · · · · · · · · ·	re in writing that the	o accoto h	old in donor or	luicod f	junda ara th		
	organization's p	roperty, subje	ct to the organization's exe	clusive legal control	?		• •			es 🗌 No
6	charitable purpo	oses and not fo	l grantees, donors, and do or the benefit of the donor 	or donor advisor, o	r for any c	ther purpose o				es 🗆 No
Ра	rt II Conser	vation Ease	ements. Complete if th	e organization ar	swered '	'Yes" on Forr	n 990,	Part IV, lii	ne 7.	
1	Purpose(s) of co	onservation ea	sements held by the orgar	nization (check all th	nat apply)					
	Preservation	on of land for p	oublic use (e.g., recreation	n or education)	Pres	servation of an	histori	cally import	ant land area	a
	Protection	of natural hab	itat		Pres	servation of a o	certified	d historic str	ucture	
	Preservation	on of open spa	ce							
2	Complete lines 2 easement on the		if the organization held a ne tax year.	qualified conservati	on contrib	ution in the for	rm of a		n he End of t l	he Year
а	Total number of	conservation e	easements				2a			
b	Total acreage res	stricted by cor	servation easements				2b			
С			nents on a certified histori		• •		2c			
d	Number of conse structure listed i		nents included in (c) acqui Register	red after 7/25/06, a	and not on	a historic	2d			
3	Number of const tax year 🕨	ervation easer	nents modified, transferre	d, released, extingu	iished, or	terminated by	the org	janization du	uring the	
4	Number of state	es where prope	erty subject to conservatio	n easement is locat	ed 🕨					
5			written policy regarding the rvation easements it holds the rvation easements it holds the react of the react			tion, handling	of viola	itions,	Yes) No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of vio	olations, a	nd enforcing co	onserva	ation easeme	ents during t	he year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violatio	ns, and er	forcing conser	vation	easements o	luring the ye	ar
8			nent reported on line 2(d)				70(h)(4		Yes) No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easement	footnote to the org						
Par	t III Organi	zations Mai	ntaining Collections anization answered "Ye	of Art, Historica			er Sir	milar Asse	ets.	
1a	art, historical tre	easures, or oth	permitted under SFAS 11 her similar assets held for of the footnote to its finan	public exhibition, ed	ducation, d	or research in f				<s of<="" th=""></s>
b	historical treasu following amour	res, or other s		lic exhibition, educa	tion, or re	search in furth	erance	of public se	rvice, provid	e the
((i) Revenue includ	ed on Form 99	90, Part VIII, line 1					▶\$		
			Part X							
2			held works of art, historic be reported under SFAS 1				ncial g	ain, provide	the	
а	Revenue include	ed on Form 99	0, Part VIII, line 1					. ►\$		
b			Part X · · · · · · · · ·							
For	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.		Cat. No.	52283	D Sched	ule D (Form	990) 2018

Sche	dule D	(Form 990) 2018										Pa	ge 2
Par	t III	Organizations Ma	aintaining Col	llections of Art	, Histor	ical T	reas	sures, o	r Othe	er Similar	Assets (continued)	
3		the organization's acq (check all that apply):		n, and other recor	ds, check	any of	the f	following t	that are	e a significan	it use of its	s collection	
а		Public exhibition			d		Loa	n or exch	ange pr	ograms			
b		Scholarly research			е		Oth	er					
с		Preservation for future	e generations										
4	Provi Part >	de a description of the	2	llections and expla	in how the	ey furtl	her th	he organiz	zation's	exempt pur	pose in		
5	Durin	ig the year, did the orga s to be sold to raise fur									□ Ye	es 🗌 No	
Pai	t IV	Escrow and Cust Complete if the or line 21.			Form 990), Part	IV, I	line 9, or	r repor	ted an amo			х,
1a	Is the inclue	e organization an agent led on Form 990, Part X	, trustee, custodi X?	an or other interm	nediary for	r contri 	butio 	ons or othe	er assei · · ·	ts not 	□ Ye	es 🗌 No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following	table:					Amount		
с	Begir	ning balance							1c				
d	Addit	ions during the year .							1d				
е	Distri	butions during the year	r						1e				
f	Endir	ig balance							1f				
2a	Did tl	he organization include	an amount on Fo	orm 990. Part X. lii	ne 21. for	escrow	vorc	rustodial a	account	liability?	. 🗆 V4	es 🗌 No	
b		s," explain the arrange									_		
	rt V	Endowment Fun											
			· · · ·	(a)Current year		Prior yea		(c) Two y			years back	(e)Four years bad	ck
1a	Beginn	ing of year balance .											
b	Contril	outions											
с	Net inv	vestment earnings, gair	ns, and losses										
d	Grants	or scholarships											
e		expenditures for facilition	es										
f	Admin	istrative expenses .											
g	End of	year balance											
2	Provi	de the estimated perce	ntage of the curr	ent year end balar	nce (line 1	g, colu	mn (a)) held a	as:				
а	Board	d designated or quasi-e	ndowment 🕨										
b	Perm	anent endowment 🕨											
с	Temp	orarily restricted endow	vment 🕨										
		percentages on lines 2a		•									
3a		here endowment funds nization by:	not in the posses	ssion of the organi	zation tha	it are h	eld a	nd admin	istered	for the		Yes No	_
	(i) u	nrelated organizations									3	a(i)	-
	(ii) r	elated organizations									3	a(ii)	_
b		s" on 3a(ii), are the re	-				?.	• •	• •		•	3b	
4		ribe in Part XIII the inte		5	dowment	funds.							
Pa	t VI	Land, Buildings, Complete if the or			orm aan) Part	TV I	ine 112	See F	orm 990 E	Part X lin	e 10	
	Descri	ption of property	(a) Cost or otl (investme	her basis (b) C	ost or other					d depreciation		(d) Book value	
1a	Land												
b	Buildin	gs											
		old improvements											
		nent											
		lines 1a through 1e.(Co	olumn (d) must e	aual Form 990. Pa	art X, colu	mn (B)	, line	10(c).)		•			

Schedule D (Form 990) 2018

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See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	•		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	۲		-
Part VIII Investments Program Related.	000 D-	wet TV/ line	no 110 Coo Form 000 Part V line 12
Complete if the organization answered 'Yes' on Form 9 (a) Description of investment		ok value	
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Other Assets. Complete if the organization answered 'Yes'	on Form	n 990, Par	
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answer	red 'Ve	s' on Fou	rm 990 Part IV line 11e or 11f
See Form 990, Part X, line 25.			
1. (a) Description of liability		(b) Bo	Book value
(1) Federal income taxes			24.208
DEFERRED RENT REFUNDABLE ADVANCES			<u> </u>
(3)			

8/30/24,	2.23	РM
0/30/24,	2.20	1 111

(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	67,110
2. Liability for uncertain tax positions. In Part XIII, provide the tex	t of the footnote to the	organization's fina

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D	(Form 990)	2018

art	XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered 'Yes' on Form 990, P		•	eturn	
	Total revenue, gains, and other support per audited financial statements	,		1	1,688,977
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,,.
	Net unrealized gains (losses) on investments	2a	58,98	8	
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	58,988
	Subtract line 2e from line 1			3	1,629,989
	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$:				
	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	8,07	2	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,072
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.) .		5	1,638,061
rt	XII Reconciliation of Expenses per Audited Financial State		• •	Return.	
	Complete if the organization answered 'Yes' on Form 990, P Total expenses and losses per audited financial statements			1	1,493,621
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	27.507023
	Donated services and use of facilities	2a			
	Prior vear adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	
	Subtract line 2e from line 1			3	1,493,621
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,07	2	
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	8,072
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	l8.) .		5	1,501,693
art	XIII Supplemental Information	-			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			: V, line 4; Part	X, line 2; Part XI,
es	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide Return Reference	any addi			
			Explanation		
ILL	INTERNAL REVENUE CO THE ACCOMPANYING FI FOUNDATION. FOR THE DOCUMENTED ITS CONS	DE. ACCO NANCIAL YEAR EN SIDERATI	ROM FEDERAL INCOME RDINGLY, NO PROVISIO STATEMENTS. THE ORG/ DED SEPTEMBER 30, 201 ON OF FASB ASC 740-10 ERTAINTY IN INCOME TA	N FOR INCOME NIZATION IS I 9, THE ORGAN , INCOME TAXI	TAXES HAS BEEN NOT A PRIVATE IIZATION HAS ES, THAT PROVIDE

THE FINANCIAL STATEMENTS.

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual	Render	ObjectId: 202	00155934930	0815 - Submission:	2020-06-03	TIN: 31-1744950
CHEDULE F	Stat	ement of A	Activities	Outside the Uni	ited States	OMB No. 1545-0047
Form 990)				Yes" to Form 990, Part IV, I		2018
				to Form 990.		
partment of the Treasury ernal Revenue Service		Go to www.irs.g	ov/Form990 for i	nstructions and the latest in	nformation.	Open to Public Inspection
ame of the organizatior ORE INC	1				Employer ider	tification number
					31-1744950	
	Information , Part IV, line		Outside the l	Jnited States. Comple	te if the organization a	nswered "Yes" to
For grantmaker	s. Does the o	rganization maii	ntain records to	substantiate the amount	t of its grants and	
	-		-	stance, and the selection	criteria used	
to award the gran	nts or assistar	ice?				🗹 Yes 🗌 N
2 For grantmaker outside the Unite		Part V the orga	inization's proce	dures for monitoring the	use of its grants and ot	ner assistance
Activites per Regio	n. (The followi	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE		1	1	PROGRAM SERVICE	SEE PART V	15,8
 Sub-total . Total from continua Part I . 		1	1			15,8
c Totals (add lines 3	a and 3b)	1	1			15,8

– Page 2 –

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section and EIN (if (i) Method of valuation (book, FMV, appraisal, other) (a) Name of organization (f) Manner of cash disbursement (g) Amount of non-cash assistance 1 (c) Region (d) Purpose of grant (e) Amount of cash grant (h) Description of non-cash assistance applicable) EUROPE USAID/OFDA AWARD 15,876EFT

			nized as charities by t ection 501(c)(3) equi		,	1
3 Enter total number	er of other org	anizations or entities	 	 🕨	,	
					Schedule	F (Form 990) 2018

— Page 3 —

 Scheduler (from 990) 2018
 Page 3

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Region
 (c) Number of (cash grant or cash grant if cash grant if cash grant or cash grant or assistance
 (a) Diagon (b) Region
 (c) Number of (cash grant or cash grant if cash grant if cash grant or cash grant or assistance
 (a) Diagon (b) Region
 (c) Number of (cash grant or cash grant if cash gr

Page 4

Schedule F (Form 990) 2018

arl	IV Foreign Forms		
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	C Yes	🗹 No
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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	See Yes	🗹 No
	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)	□ Yes	🗹 No
	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 Fund. (see Instructions for Form 8621).	🗌 Yes	🗹 No
	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 Foreign Partnerships (see Instructions for Form 8865)	C Yes	🗹 No
	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).	□ Yes	🗹 No

— Page 5 –

Page 5

Schedule F (Form 990) 2018 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide

any additional information (see instructions).

ReturnReference	Explanation
CHEDULE F, PAGE 1, PART I, LINE 2	CORE GROUP USED MILESTONES AND OTHER REPORTING TOOLS TO MONITOR THE USE OF GRANT FUNDS. THERE WERE SITE VISITS AND REGULAR MEETINGS TO MONITOR PROCESS AND TO FOLLOV UP ON PROGRAM IMPLEMENTATION.
CHEDULE F, PAGE 1, PART I, LINE 3	EUROPE 15.876 0
SCHEDULE F, PAGE 5, PART V	CORE GROUP CONDUCTS A TRANSFORMATIVE QUALITATIVE GLOBAL SURVEY OF THE GLOBAL NUTRITION COMMUNITY. THE SURVEY FOCUSES ON THE RESEARCH NEEDS IN GLOBAL NUTRITION INTERVENTIONS AND OPINIONS ON RESEARCH AND PROGRAM LEARNING NEEDS AS WELL AS OTHE TOPICS TO BE DEFINED TOGETHER.
	Schedule F (Form 990) 201

Additional Data

Software ID: Software Version:

efile Public Visual Ren	der ObjectId:	20200155934	930081	5 - Submission: 2	020-06-03						TIN: 31-1	744950
Note: To capture the fu	ll content of this	document, ple	ease sele	ect landscape mod	le (11" x 8.	5") whe	n printin	g.	I	~	MB No. 1545-00	147
Schedule I (Form 990)		Grants a	and Of	ther Assistan	ce to Or	ganiza	ations,		-	0		J47
(10111 550)		Governm	ents a	nd Individua	ls in the	Unite	d State	s			2018	
Department of the	•	Complete if the o	organizati	on answered "Yes," Attach to Fori		, Part IV	, line 21 o	r 22.			Open to Publi Inspection	С
Treasury Internal Revenue Service		► Go	o to <u>www</u>	<u>.irs.gov/Form990</u> fo		formatio	on.				21100000001	
Name of the organization CORE INC											ation number	
Part I General Info	rmation on Gran	ts and Assista	nce						31-1744	950		
1 Does the organization the selection criteria us	maintain records to su	ubstantiate the am	nount of th						e, and		🗹 Yes	
2 Describe in Part IV the			-									
				d Domestic Governm ional space is needed.	ents. Complet	e if the or	ganization	answered "Yes"	on Form 990, Par	t IV, line	21, for any recip	pient
(a) Name and address of organization or government	(b) EIN	(c) IRC sec (if applical		(d) Amount of cash grant	(e) Amoun casi assista	n	(book, FI	od of valuation MV, appraisal, other)	(g) Descripti noncash assis		(h) Purpose or assistance	
(1) SAVE THE CHILDREN 501 KINGS HIGHWAY E SU 400 FAIRFIELD, CT 06825	06-0726487 ITE		501C3	55,58	:5						USAID/OFDA	AWARD
2 Enter total number of s	ection 501(c)(3) and	government orga	nizations li	sted in the line 1 table						•		1
3 Enter total number of o	other organizations lis	ted in the line 1 ta	able									
For Paperwork Reduction Act N	lotice, see the Instruct	tions for Form 990.			Cat.	No. 50055	P			Sch	edule I (Form 99	0) 2018
			– Page 2	. <u> </u>								
Schedule I (Form 990) 2018												Page 2
Part III Grants and Oth	er Assistance to Do uplicated if additiona		als. Comp	lete if the organization	answered "Ye	s" on Forn	n 990, Part	IV, line 22.				rage Z
(a) Type of grant or		(b) Number of	(c) A	mount of (d	Amount of	(e) Me	thod of val	uation (book,	(f) Descrip	otion of n	oncash assistan	ce
		recipients	cas	n grant nonc	ash assistance	FN	1V, appraisa	al, other)				
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
Part IV Suppleme	ntal Information	Provide the inf	ormation	required in Part I,	ine 2; Part II	I, colum	n (b); and	d any other ad	ditional informa	ition.		
Return Reference	Explanation	1										

Additional Data

Return to Form

Software ID: Software Version:

efil	le Public Visua	l Render	ObjectId: 202001	559349	300815 - Submission: 2020-06-03	TIN: 31	-1744	4950
	nedule J		Comp	ensat	ion Information	OMB No.	1545-	0047
(For1	m 990)		C	compensation answ	Trustees, Key Employees, and Highest ated Employees vered "Yes" on Form 990, Part IV, line 23.	20)18	3
	tment of the Treasury	► G	o to <u>www.irs.gov/For</u>		n to Form 990. r instructions and the latest information.	Open	to Pu	blic
	al Revenue Service						ectio	
	me of the organiza RE INC	ation			Employer identifi	cation n	umber	
					31-1744950			
Pa	rt I Questi	ons Regard	ing Compensation					
							Yes	No
1a	990, Part VII, S	ection A, line 1	If the organization provid 1a. Complete Part III to p	orovide an	f the following to or for a person listed on Form y relevant information regarding these items.			
		s or charter tra	avel		Housing allowance or residence for personal use			
		companions			Payments for business use of personal residence			1
		-	gross-up payments		Health or social club dues or initiation fees			1
		ary spending	account		Personal services (e.g., maid, chauffeur, chef)			
b	If any of the bo	xes in line 1a a	are checked, did the orga	nization f	ollow a written policy regarding payment or reimbursemenplete Part III to explain	nt 1b		
2					or allowing expenses incurred by all	2		
_					r, regarding the items checked in line 1a? .			
3	organization's C	EO/Executive	Director. Check all that a	pply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in Part III.			
	Compensa	ation committe	ee	<	Written employment contract			
	Independent	ent compensat	tion consultant	<	Compensation survey or study			
	🗹 🛛 Form 990	of other organ	nizations	<	Approval by the board or compensation committee			
4	During the year, related organiza		on listed on Form 990, Pa	rt VII, Se	ction A, line 1a, with respect to the filing organization or	a		
а	Receive a sever	ance pavment	or change-of-control pay	ment? .		4a		No
b					lified retirement plan?	4b		No
c					nsation arrangement? . Ilicable amounts for each item in Part III.	4c		No
	Only 501(c)(3	501(c)(4)	and 501(c)(29) organ	izations	must complete lines 5-9.			
5					the organization pay or accrue any			1
-	compensation c			.,	- ··· · · · · · · · · · · · · · · · · ·			
а	The organization	1?				5a		No
b						5b	1	No
	If "Yes," on line							
6			0, Part VII, Section A, lin he net earnings of:	e 1a, did	the organization pay or accrue any			
а	The organization	1?				6a		No
b						6b	1	No
-	If "Yes," on line							Ĺ
7	For persons liste	ed on Form 99	0, Part VII, Section A, lin	e 1a, did ribe in Pa	the organization provide any nonfixed rt III	7		No
8	Were any amou subject to the ir	nts reported o nitial contract e	n Form 990, Part VII, pai exception described in Re	d or accu gulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			
						8		No
9					presumption procedure described in Regulations section	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2018

— Page 2 —

Schedule J (Form 990) 2018 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement and other (D) Nontaxable benefits (E) Total of columns (B)(i)-(D) (F) Compensation in column (B) (A) Name and Title compensation (i) Base (ii) Bonus & (iii) Other deferred reported as deferred on prior Form 990 compensation compensation reportable incentive compensation compensation 1LISA HILMI EXECUTIVE DIRECTOR 160,871 2,861 176,532 (i) 12,800 ----- - - -. - - - - - - -- - - - -- - - -(ii) - - - -- - - -- - - -2SHEILA JACKSON (i) 153,510 12,430 6,755 172,695 SR KNOWLEDGE MGMT SP ------ - - - - - - -- - - - - - - -- - - - - - - - -----(ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -

	1	1	1	1		1	1	1
						:	Schedule J (F	orm 990) 201
			Page 3					
dule J (Form 990) 2018								Page
t III Supplemental Information								
	for Part I, lines 1a,	1b, 3, 4a, 4b, 4c,			II. Also complete	this part for any	additional info	rmation.
			F	xplanation				
ride the information, explanation, or descriptions required f Return Reference				-				
				-			Schedule J (F	orm 990) 201
				-		:	Schedule J (F	orm 990) 201
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vide the information, explanation, or descriptions required f Return Reference				-			Schedule J (F	orm 990) 201

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efile Public	Visual	Render	ObjectId: 202001559349300815 - Submission: 2020-0	06-03	TIN: 31-1744950	
SCHEDULE O		Sı	upplemental Information to Form 990 or 9	90-EZ	OMB No. 1545-0047	
(Form 990 or 990-EZ) Department of the Treasury		Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.		ons on	2018 Open to Public	
Internal Revenue Service			Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection	
Name of the organization CORE INC		n		Employer identi	fication number	
				31-1744950		
Return Reference			Explanation			
FORM 990 - ORGANIZATIO MISSION	NISDE COLLA HEALT WHICH	ORE INC. (KNOWN AS CORE GROUP) IMPROVES AND EXPANDS COMMUNITY HEALTH PRACTICES FOR DERSERVED POPULATIONS AROUND THE WORLD, ESPECIALLY WOMEN AND CHILDREN, THROUGH DLLABORATIVE ACTION AND LEARNING. CORE GROUP IS A MEMBERSHIP ASSOCIATION OF 154 INTERNATIONAL EALTH AND DEVELOPMENT ORGANIZATIONS AND INDIVIDUALS, AND HOME TO THE COMMUNITY HEALTH NETWORK, HICH BRINGS TOGETHER CORE GROUP MEMBERS AND ASSOCIATE ORGANIZATIONS, SCHOLARS, ADVOCATES AND DNORS TO SUPPORT OUR VISION OF A WORLD WHERE EVERYONE CAN ATTAIN HEALTH AND WELL-BEING.				
FORM 990, PAGE 2, PART III, LINE 4A	ORGA (MNCł VOLUI DEVEI AND V THRO KNOW AND C UNICE OVER ACCO SOCIA ROLE HOST HEALI PROD EFFOI GROU VOICE BY FE EMPO POWE GLOB. COUN	ATERNAL AND CHILD HEALTH: CORE GROUP ACCELERATED HEALTH IMPACT BY UNIFYING MEMBER AND PARTNER RGANIZATIONS TO IMPLEMENT HIGH QUALITY, COMMUNITY-FOCUSED MATERNAL, NEWBORN AND CHILD HEALTH MICH) PROGRAM AROUND THE WORLD. THESE EFFORTS ARE HIGHLIGHTED IN THE OUTPUTS OF CORE GROUP'S DLUNTEER WORKING GROUPS, WHICH BRING TOGETHER EXPERTS AROUND THE WORLD, TO COLLABORATE AND EVELOP TECHNICAL GUIDANCE AND TOOLKITS; SHARE EVIDENCE-BASED RESOURCES; HOST TRAININGS, EVENTS, ND WEBINARS; AND LEAD GLOBAL EFFORTS TO EMPOWER COMMUNITIES FOR IMPROVED HEALTH. IN 2019, HOUGH USAID'S FLAGSHIP MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP) PROGRAM, CORE GROUP HOSTED NOWLEDGE SHARING WEBINARS AND SIDE SESSIONS AT GLOBAL CONFERENCES TO ADVANCE COMMUNITY HEALTH ND CIVIL SOCIETY ENGAGEMENT. IN FEBRUARY 2019, CORE GROUP CO-HOSTED A WEBINAR WITH MCSP AND NICEF ON THE "NEW WHO COMMUNITY HEALTH WORKER GUIDELINE & ADDITIONAL RESOURCES" THAT REACHED VER 680 PEOPLE GLOBALLY. CORE GROUP ALSO CO-HOSTED A WEBINAR WITH MCSP AND DICEF ON THE "NEW WHO COMMUNITY HEALTH WORKER GUIDELINE & ADDITIONAL RESOURCES" THAT REACHED VER 680 PEOPLE GLOBALLY. CORE GROUP ALSO CO-HOSTED A WEBINAR WITH MCSP AND UNICEF ON "SOCIAL CCOUNTABILITY IN HEALTH: PERSPECTIVES FROM INSTITUTIONAL ACTORS" IN MAY 2019. THIS WEBINAR FEATURED DCIAL ACCOUNTABILITY APPROACHES USED IN MALAWI, M& APPROACHES FOR SOCIAL ACCOUNTABILITY, AND THE OLE OF DONORS IN PROMOTING CIVIL SOCIETY ENGAGEMENT IN HEALTH. CORE GROUP, PMNCH, IAP, AND CLAC OSTED THE EVENT "THE ROLE OF GOVERNMENT IN WELCOMING THE VOICE OF THE PEOPLE" AT THE WORLD EALTH ASSEMBLY ON MAY 22, 2019. CORE GROUP THROUGH ITS SYSTEMS FOR HEALTH WORKING GROUP ROUDCED A NEW MCSP RESOURCE "MONITORING AND EVALUATION OF EVOLVING SOCIAL ACCOUNTABILITY FFORTS IN HEALTH" THAT WAS DISSEMINATED AT THE WORLD MEALTH ASSEMBLY. IN JUNE 2019, MCSP AND CORE ROUP HOSTED A WOMEN DELIVER SIDE EVENT ON "HOW WOMEN DELIVER HEALTH TO COMMUNITIES: ELEVATING DICES OF WOMEN AT THE FRONTLINE OF COMMUNITY HEALTH OUTCOMES, AND SUPPORT NEEDED T				
FORM 990, PAGE 2, PART III, LINE 4B	SERVI TOPS COLL/ EVEN PRAC KNOW EMER OVER NUTR PROG NETW CORE CAPAC RESP(PROG CHILD WERE GROU ACTIV SESSI ALSO CONS CORE THE G DEVEI THE N DEVEI CORE	ED TO CON FOLLOW-O ABORATIVE TS, AND FU TICE, THE F /LEDGE SH, GENCY ON 21 COUNT ITION INNO RAM, CORE ORK WEBS GROUP'S F CITY FOR C ORSE TO PI RAM IN AUG REN AND M HELD TO D PREN AND M HELD TO D IP, SAVE TH ITIES FOR I ONS WERE MADE AN A ORTIUM, BF GROUP ME COPMENT S IEXUS. COF LOPMENT T GROUP AL	NAGEMENT: TOPS BRIDGE: CORE GROUP WAS PART OF THE TOP TINUE ACTIVITY FROM THE TOPS PROGRAM AND TO ACT AS A TR N PROGRAM, IDEAL. CORE GROUP CONTINUED TO BRING ITS EX LEARNING ENVIRONMENTS THROUGH FACILITATION, PLANNING RTHERING CAPACITY AND SKILLS BUILDING IN ORDER TO NURTU OOD SECURITY AND NUTRITION NETWORK. CORE GROUP CONV ARING MEETING: FOOD SECURITY RESILIENCE AT THE INTERSEC OCTOBER 2-4 IN BANGKOK, THAILAND. OVER 150 IMPLEMENTER RIES REPRESENTING MORE THAN 40 ORGANIZATIONS CONVENE VATIONS, EMERGING TOPICS, PROMISING PRACTICES AND LESS GROUP OVERSAW TRANSITION PROCESSES OF ROLES AND LESS GROUP OVERSAW TRANSITION PROCESSES OF ROLES AND LESS OCTOBINATING, INTEGRATING, AND TRANSITIONING COMMUNITY ROTRACTED CRISES AND IN TRANSITION TO RECOVERY: THE CO GUST 2018 BY ORGANIZING AN INITIATION PHASE TO ON-BOARD MEDAIR, IN A COLLECTIVE AND COLLABORATIVE PROCESS. DURI DISCUSS PROJECT OBJECTIVES AND DELIVERABLES AND REVIEW E CHILDREN AND MEDAIR FINALIZED GUIDING DOCUMENTS, TIM EACH REPORTING CYCLE. ADDITIONALLY, MEMBERS FOR THE TE IDENTIFIED, MECHANISMS FOR THE GROUP DISCUSSED AND TH CTIVE EFFORT TO ORGANIZE CONSULTATIONS AMONG KEY PAR RANCH CONSORTIUM, WHO GLOBAL HEALTH CLUSTER, PMNCH, EMBERS. CORE GROUP ALSO PARTICIPATED IN THE WHITE HOUS ALTH SECURITY AGENDA AS IT RELATES TO BUILDING GREATER (SPHERE AND SEVERAL CONFERENCES AND TECHNICAL MEETING SO CONTINUED TO ENGAGE AND SHARE HDTF RESEARCH IN GLOBAL WASH CLUSTER AND THE GLOBAL WORKING GROUP, THE GLOBAL WASH CLUSTER AND THE GLOBAL WORKING GROUP, THE GLOBAL WASH CLUSTER AND THE GLOBAL WORKING GROUP, THE GLOBAL WASH CLUSTER AND THE GLOBAL	ANSITION MECH. (PERTISE IN CUL AND LEADING P/ JRE AN OPEN CO /ENED THE 2018 / CTION OF DEVELO S, DONORS, RES ED TO SHARE FOO GONS LEARNED. A SEPONSIBILITIES NETWORK'S TWIT MBER 30, 2018. IN THEALTH AND NU ORE GROUP LAUM THE SUB-GRANT NG THIS TIME, WE W CASE STUDY P IELINES AND THE SCHNICAL CONSU HE TOR DRAFTED THES SUCH AS DFID AND THE W SE BIO- SECURITY COHESION IN THE SS ON EMERGING RESEARCH OF T TING FROM APRII .0BAL PLATFORM	ANISM FOR THE TIVATING ARTICIPATORY MMUNITY OF ASIA REGIONAL OPMENT AND SEARCHERS FROM OD SECURITY AND AT THE END OF THE FOR THE FSN TER ACCOUNT. CREASE GLOBAL TRITION IN NCHED THE EES, SAVE THE EEKLY MEETINGS 'ROPOSALS. CORE BREAKDOWN OF JLTATION (TC) D. CORE GROUP THE REBUILD 'IDER NETWORK OF Y CONSULTATION ON E HUMANITARIAN- G RESEARCH WITHIN 'HE HUMANITARIAN- L 9-11 IN TURKEY. IS SUCH AS THE	

	••••••••••••••••••••••••••••••••••••••
	HALF OF THE YEAR SAW SAVE THE CHILDREN COMPLETE THEIR CASE STUDIES ON HEALTH SYSTEMS STRENGTHENING IN PAKISTAN AND SUDAN. EACH CASE STUDY REPORT WAS REVIEWED BY THE TC MEMBERS FOR FEEDBACK AND FINALIZED BY CORE GROUP. ON THE OTHER HAND, CORE GROUP AND MEDAIR COLLABORATIVELY REVISED RESEARCH MEDAIR'S REAL-TIME TOOLS (EXIT MATRIX TOOL AND COMMUNITY HEALTH SERVICE DELIVERY ADAPTATIONS IN EMERGENCIES) AS WELL AS OUTLINED DISSEMINATION PLANS FOR THESE TOOLS TO BE SHARED AMONG FIELD PARTNERS AND THE NGO COMMUNITY. CORE GROUP CONTINUED TO FACILITATE DIALOGUE AND LEARNING AROUND THE HUMANITARIAN-DEVELOPMENT NEXUS HOSTING THREE QUARTERLY KNOWLEDGE SHARING WEBINARS IN ADDITION TO REGULAR QUARTERLY HDTF MEETINGS. ADDITIONALLY, CORE GROUP EXPONENTIALLY EXPANDED ITS HDTF COLLABORATION HUB ON ITS WEBSITE WITH REGULARLY UPDATED EVENTS AND RESOURCES, AND ALSO PRODUCED 6 THEMATIC BI- WEEKLY NEWSLETTERS TO OVER 200 INDIVIDUALS ON THE HDTF TASK FORCE. HANSHEP: IN APRIL 2019, CORE GROUP WITH GLOBAL IMPACT ASSUMED THE SECRETARIAT ROLE FOR THE HANSHEP MEMBERSHIP, WHICH INCLUDES TWO REPRESENTATIVES FROM WORLD BANK, USAID, DFID, BILL AND MELINDA GATES FOUNDATION, AND MOST RECENTLY WHO. CORE GROUP LED A SCOPING ACTIVITY FROM MAY TO JULY WITH THE HANSHEP MEMBERS TO FAMILIARIZE ITSELF WITH THE GROUP, REVIEWING ITS MISSION AND VISION AND THE EXPECTATIONS FOR THE NEXT TWO YEARS BEING SECRETARIAT. CORE GROUP FACILITATED THE FIRST VIRTUAL MEETING WHICH WAS HELD ON AUGUST 16, 2019 AND WELCOMED THE NEW SECRETARIAT AND WHO AS WELL AS DISCUSSED A LIST OF TOPICS AROUND PRIVATE SECTOR ENGAGEMENT IN HEALTH SYSTEMS THAT THE MEMBERSHIP WANTS TO TACKLE THROUGHOUT THE NEXT MEETINGS. CORE GROUP ALSO OVERSEES MANAGEMENT OF THE HANSHEP WEBSITE AND REFRESHES IT WITH UPDATES WHERE NEEDED.
FORM 990, PAGE 2, PART III, LINE 4C	INFECTIOUS DISEASES: POLIO CGPP: CORE GROUP FACILITATED AND SUPPORTED COMMUNICATIONS, PROGRAM LEARNING, AND LINKAGES BETWEEN THE CORE GROUP POLIO PROJECT (CGPP) SECRETARIAT AND FIELD SECRETARIATS IN ETHIOPIA, INDIA, NIGERIA, SOUTH SUDAN, AND KENYA. CORE GROUP ATTENDED SEVERAL GLOBAL CONFERENCES AND CO- HOSTED SIDE EVENTS TO PROMOTE CGPP'S PROGRAM ACTIVITIES AND SHARE LESSONS LEARNED. THESE CONFERENCES INCLUDED THE HEALTH SYSTEMS RESEARCH 2018 CONFERENCE, GLOBAL CONFERENCE ON PRIMARY HEALTH CARE, PMNCH PARTNERS' FORUM, AND WOMEN DELIVER. CORE GROUP ALSO FACILITATED PRESENTATIONS BY SECRETARIAT LEADERS AT THE MAY 2019 CORE GROUP GLOBAL HEALTH PRACTITIONER CONFERENCE WITH OVER 330 PARTICIPANTS. IN FEBRUARY 2019, CORE GROUP ATTENDED THE CONGRESSIONAL POLIO RECEPTION IN WASHINGTON, DC TO HIGHLIGHT USAID AND CGPP'S EFFORTS IN THE GLOBAL POLIO ERADICATION INITIATIVE. IN ADDITION, CORE GROUP DISSEMINATED AND SHARED CGPP UPDATES AND HIGHLIGHTS VIA THE CGPP WEBSITE AND A VARIETY OF SOCIAL MEDIA PLATFORMS, INCLUDING TWITTER, FACEBOOK, AND YOUTUBE. THE CGPP WEBSITE WAS REDESIGNED AND THE COUNTRY MAPS WERE UPDATED. GHSA: CORE GROUP SUPPORTS A SENIOR ADVISOR FOR GLOBAL HEALTH SECURITY AGENDA. THEY PROVIDE DIRECT TECHNICAL AND PROGRAM SUPPORT TO THE SECRETARIATS IN KENYA, ETHIOPIA, AND SOUTH SUDAN TO SUPPORT COMMUNITY BASED SURVEILLANCE, OUTREACH AND HEALTH EDUCATION, PARTNER COORDINATION, AND OUTBREAK PREPAREDNESS AND RESPONSE. IN KENYA AND ETHIOPIA, THESE ACTIVITIES ARE FOCUSED ON ZOONOTIC DISEASES INCLUDED RABIES, RIFT VALLEY FEVER, BRUCELLOSIS AND ANTHRAX. IN SOUTH SUDAN THESE ACTIVITIES ARE FOCUSED ON EBOLA. ADDITIONALLY, THE GHSA ADVISOR PARTICIPATES IN CORE GROUP EVENTS BY HOSTING A WORKSHOP TO PROMOTE COMMUNITY PARTNERSHIPS IN HEALTH SECURITY PLANNING, AND FACILITATES BIMONTHLY CALLS AMONG SOCIAL SCIENCE SCHOLARS AND COMMUNITY HEALTH PRACTITIONERS TO IMPROVE LINAKGES BETWEEN THE SECTORS.
FORM 990, PAGE 2, PART III, LINE 4D	OTHER PROGRAM SERVICES: CORE GROUP PROVIDED MEMBERSHIP SERVICES AND SUPPORT TO 86 MEMBER ORGANIZATIONS, 52 INDIVIDUAL MEMBERS, 16 STUDENTS, 5 WORKING GROUPS AND 3 INTEREST GROUPS FOR COLLABORATING TO END PREVENTABLE MATERNAL AND CHILD DEATHS, AND TO IMPROVE COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS CORE GROUP OFFERED NEW, EASY-TO-ACCESS RESOURCES AND INFORMATION ON COMMUNITY HEALTH THROUGH DIGITAL ENGAGEMENT ON THE WEBSITE AND SOCIAL MEDIA. CORE GROUP'S RESOURCE-RICH WEBSITE HOSTED 36,780 UNIQUE VISITORS FROM SOME 200 COUNTRIES. CORE GROUP HOSTED 12 KNOWLEDGE SHARING WEBINARS REACHING OVER 1,400 INDIVIDUALS GLOBALLY. THERE WERE 6,706 SUBSCRIBERS TO CORE GROUP'S 10 LISTSERVS (5 WORKING GROUPS, 3 INTEREST GROUPS, CORE GROUP COMMUNITY, AND YOUNG PROFESSIONALS NETWORK). ON TWITTER, CORE GROUP HAD MORE THAN 5,045 FOLLOWERS WHO ENGAGED ON AVERAGE WITH 12,280 MONTHLY IMPRESSIONS. CORE GROUP ALSO GAINED TRACTION ON OTHER KEY SOCIAL MEDIA OUTLETS, WITH 1,670 LINKEDIN GROUP MEMBERS AND 242 NEW FACEBOOK LIKES FOR A TOTAL OF 1,791. TO INCREASE ENGAGEMENT AMONG THE YOUNGER GENERATION, CORE GROUP HAD 3 CAREER DEVELOPMENT EVENTS FOR OVER 60 YOUNG PROFESSIONALS AND STUDENTS 21- 35 YEARS OLD. CORE GROUP ALSO CONTINUED ITS MENTORSHIP PROGRAM FOR YOUNG PROFESSIONALS IN ITS SECOND YEAR WITH 12 MENTOR-MENTEE PAIRS. THERE WERE 9 MENTOR-MENTEE PAIRS IN THE FIRST COHORT.
FORM 990, PAGE 6, PART VI, LINE 6	CORE, INC HAS THREE CLASSES OF MEMBERSHIP; MEMBER ORGANIZATIONS CONSISTING OF 501 (C)(3) HEALTH AND DEVELOPMENT INTERNATIONAL ORGANIZATIONS, ASSOCIATE ORGANIZATIONS CONSISTING OF HEALTH AND DEVELOPMENT INTERNATIONAL ORGANIZATIONS, AND INDIVIDUAL ASSOCIATES CONSISTING OF HEALTH AND DEVELOPMENT INTERNATIONAL PROFESSIONALS.
FORM 990, PAGE 6, PART VI, LINE 7A	PER CORE INC'S BYLAWS, MEMBER ORGANIZATIONS HAVE ONE VOTE EACH TO ELECT OFFICERS OF THE BOARD.
FORM 990, PAGE 6, PART VI, LINE 11B	THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS; TWO BOARD MEMBERS REVIEWED THE 990 IN DETAIL AND MADE RECOMMENDATIONS TO THE FULL BOARD WHICH DISCUSSED THE DRAFT. THE FULL BOARD RECEIVED A FINAL COPY OF THE 990 PRIOR TO THE SUBMISSION WITH THE IRS.
FORM 990, PAGE 6, PART VI, LINE 12C	ANNUALLY THE BOARD OF DIRECTORS DISCLOSES ANY POTENTIAL CONFLICTS. IF A CONFLICT OF INTEREST OCCURS, THE MEMBER IS ASKED TO RECUSE HIM/HERSELF FROM PARTICIPATING IN THE DISCUSSION AND DECISION. IT IS IMPORTANT FOR THE EMPLOYEES OF CORE, INC. TO AVOID ANY SITUATION THAT IS AN OBVIOUS CONFLICT OF INTEREST. IF THE EMPLOYEE IS NOT SURE WHETHER AN EXISTING RELATIONSHIP OR BUSINESS VENTURE MAY BE VIEWED AS A CONFLICT OF INTEREST, HE/SHE IS ASKED TO CONTACT THE DIRECTOR OF FINANCE AND ADMINISTRATION.

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THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE NGO COMPARATIVE SALARY LIST FOR THE GREATER FURIM 990. WASHINGTON, DC AREA. THE EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS PAGE 6, PART VÍ. AND THE DECISION IS RECORDED IN THE ORGANIZATION'S BOARD MINUTES. THE LAST SALARY REVIEW FOR THE LINE 15A EXECUTIVE DIRECTOR WAS SEPTEMBER 2019. FORM 990. THE STAFF SALARY IS DETERMINED BY THE EXECUTIVE DIRECTOR. AFTER REVIEWING THE NGO COMPARATIVE SALARY LIST FOR THE GREATER WASHINGTON, DC AREA AND VERIFYING INFORMALLY WITH CORE, INC MEMBERS, PAGE 6, PART VÍ. THE BOARD APPROVED AN OVERALL POOL FOR SALARY INCREASES FOR THE STAFF AND ALL NEW EMPLOYEES. LINE 15B USING COMPLETE USG BIODATA FORMS TO SUBSTANTIATE SALARY HISTORY EACH EMPLOYEES, THE SALARIES ARE COMPARED AGAINST THE INSIDE NGO US HQ SALARIES, BENEFITS AND POLICIES SURVEY REPORT. FORM 990, CORE, INC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE PAGE 6, UPON REQUEST. PART VI, LINE 19 Cat. No. 51056K

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Additional Data

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