

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: CORE INC
Doing business as: CORE GROUP
Number and street: 1901 PENNSYLVANIA AVE NW SUITE 902
Room/suite:
City or town: WASHINGTON, DC 20006
D Employer identification number: 31-1744950
E Telephone number: (202) 380-3400
F Name and address of principal officer: LISA HILMI, 1901 PENNSYLVANIA AVE NW SUITE 902, WASHINGTON, DC 20006
G Gross receipts: \$ 1,916,493
H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.COREGROUP.ORG
K Form of organization: Corporation
L Year of formation: 2000
M State of legal domicile: DC

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown (8-12), expense breakdown (13-19), and net assets (20-22).

Part II Signature Block

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

Sign Here

Signature of officer

2020-05-28

Date

LISA HILMI EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-06-03

Check if self-employed

PTIN P00780668

Firm's name TOAL MURRAY DAY & LALOR LLC

Firm's EIN 82-2029500

Firm's address 130 ADMIRAL COCHRANE DR SUITE 200 ANNAPOLIS, MD 214017368

Phone no. (410) 224-0343

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CORE INC. (KNOWN AS CORE GROUP) IMPROVES AND EXPANDS COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS AROUND THE WORLD, ESPECIALLY WOMEN AND CHILDREN, THROUGH COLLABORATIVE ACTION AND LEARNING. CORE GROUP IS A MEMBERSHIP ASSOCIATION OF 154 INTERNATIONAL HEALTH AND DEVELOPMENT ORGANIZATIONS AND INDIVIDUALS, AND HOME TO THE COMMUNITY HEALTH NETWORK, WHICH BRINGS TOGETHER CORE GROUP MEMBERS AND ASSOCIATE ORGANIZATIONS, SCHOLARS, ADVOCATES AND DONORS TO SUPPORT OUR VISION OF A WORLD WHERE EVERYONE CAN ATTAIN HEALTH AND WELL-BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 209,540 including grants of \$) (Revenue \$)

MATERNAL AND CHILD HEALTH: CORE GROUP ACCELERATED HEALTH IMPACT BY UNIFYING MEMBER AND PARTNER ORGANIZATIONS TO IMPLEMENT HIGH QUALITY, COMMUNITY-FOCUSED MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) PROGRAM AROUND THE WORLD. THESE EFFORTS ARE HIGHLIGHTED IN THE OUTPUTS OF CORE GROUP'S VOLUNTEER WORKING GROUPS, WHICH BRING TOGETHER EXPERTS AROUND THE WORLD, TO COLLABORATE AND DEVELOP TECHNICAL GUIDANCE AND TOOLKITS; SHARE EVIDENCE-BASED RESOURCES; HOST TRAININGS, EVENTS, AND WEBINARS; AND LEAD GLOBAL EFFORTS TO EMPOWER COMMUNITIES FOR IMPROVED HEALTH. IN 2019, THROUGH USAID'S FLAGSHIP MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP) PROGRAM, CORE GROUP HOSTED KNOWLEDGE SHARING WEBINARS AND SIDE SESSIONS AT GLOBAL CONFERENCES TO ADVANCE COMMUNITY HEALTH AND CIVIL SOCIETY ENGAGEMENT. IN FEBRUARY 2019, CORE GROUP CO-HOSTED A WEBINAR WITH MCSP AND UNICEF ON THE "NEW WHO COMMUNITY HEALTH WORKER GUIDELINE & ADDITIONAL RESOURCES" THAT REACHED OVER 680 PEOPLE GLOBALLY. CORE GROUP ALSO CO-HOSTED A WEBINAR WITH MCSP AND UNICEF ON "SOCIAL ACCOUNTABILITY IN HEALTH: PERSPECTIVES FROM INSTITUTIONAL ACTORS" IN MAY 2019. THIS WEBINAR FEATURED SOCIAL ACCOUNTABILITY APPROACHES USED IN MALAWI, M&E APPROACHES FOR SOCIAL ACCOUNTABILITY, AND THE ROLE OF DONORS IN PROMOTING CIVIL SOCIETY ENGAGEMENT IN HEALTH. CORE GROUP, PMNCH, IAP, AND CLAC HOSTED THE EVENT "THE ROLE OF GOVERNMENT IN WELCOMING THE VOICE OF THE PEOPLE" AT THE WORLD HEALTH ASSEMBLY ON MAY 22, 2019. CORE GROUP THROUGH ITS SYSTEMS FOR HEALTH WORKING GROUP PRODUCED A NEW MCSP RESOURCE "MONITORING AND EVALUATION OF EVOLVING SOCIAL ACCOUNTABILITY EFFORTS IN HEALTH" THAT WAS DISSEMINATED AT THE WORLD HEALTH ASSEMBLY. IN JUNE 2019, MCSP AND CORE GROUP HOSTED A WOMEN DELIVER SIDE EVENT ON "HOW WOMEN DELIVER HEALTH TO COMMUNITIES: ELEVATING VOICES OF WOMEN AT THE FRONTLINE OF COMMUNITY HEALTH." DISCUSSION CENTERED ON CHALLENGES FACED BY FEMALE HEALTH WORKERS, PROGRESS IN HEALTH OUTCOMES, AND SUPPORT NEEDED TO STRENGTHEN AND EMPOWER THE HEALTH WORKFORCE. IN ADDITION, CORE GROUP SUPPORTED THE MCSP EVENT "HARNESSING THE POWER OF COMMUNITIES TO ADVANCE EQUITY AND PRIMARY HEALTH CARE FOR ALL" AT THE MAY 2019 CORE GROUP GLOBAL HEALTH PRACTITIONER CONFERENCE. MCSP AND PARTNERS DISCUSSED AND HIGHLIGHTED GLOBAL AND COUNTRY PROGRESS AS WELL AS THE UNFINISHED AGENDA FOR INSTITUTIONALIZING COMMUNITY HEALTH WITHIN NATIONAL HEALTH SYSTEMS.

4b (Code:) (Expenses \$ 249,037 including grants of \$ 71,461) (Revenue \$)

KNOWLEDGE MANAGEMENT: TOPS BRIDGE: CORE GROUP WAS PART OF THE TOPS PROGRAM BRIDGE AWARD, WHICH SERVED TO CONTINUE ACTIVITY FROM THE TOPS PROGRAM AND TO ACT AS A TRANSITION MECHANISM FOR THE TOPS FOLLOW-ON PROGRAM, IDEAL. CORE GROUP CONTINUED TO BRING ITS EXPERTISE IN CULTIVATING COLLABORATIVE LEARNING ENVIRONMENTS THROUGH FACILITATION, PLANNING AND LEADING PARTICIPATORY EVENTS, AND FURTHERING CAPACITY AND SKILLS BUILDING IN ORDER TO NURTURE AN OPEN COMMUNITY OF PRACTICE, THE FOOD SECURITY AND NUTRITION NETWORK. CORE GROUP CONVENED THE 2018 ASIA REGIONAL KNOWLEDGE SHARING MEETING: FOOD SECURITY RESILIENCE AT THE INTERSECTION OF DEVELOPMENT AND EMERGENCY ON OCTOBER 2-4 IN BANGKOK, THAILAND. OVER 150 IMPLEMENTERS, DONORS, RESEARCHERS FROM OVER 21 COUNTRIES REPRESENTING MORE THAN 40 ORGANIZATIONS CONVENED TO SHARE FOOD SECURITY AND NUTRITION INNOVATIONS, EMERGING TOPICS, PROMISING PRACTICES AND LESSONS LEARNED. AT THE END OF THE PROGRAM, CORE GROUP OVERSAW TRANSITION PROCESSES OF ROLES AND RESPONSIBILITIES FOR THE FSN NETWORK WEBSITE, FSN NETWORK NEWS BI-WEEKLY NEWSLETTER, AND FSN NETWORK'S TWITTER ACCOUNT. CORE GROUP'S ROLE ON THE TOPS PROGRAM BRIDGE AWARD ENDED IN NOVEMBER 30, 2018. INCREASE GLOBAL CAPACITY FOR COORDINATING, INTEGRATING, AND TRANSITIONING COMMUNITY HEALTH AND NUTRITION IN RESPONSE TO PROTRACTED CRISES AND IN TRANSITION TO RECOVERY: THE CORE GROUP LAUNCHED THE PROGRAM IN AUGUST 2018 BY ORGANIZING AN INITIATION PHASE TO ON-BOARD THE SUB-GRANTEES, SAVE THE CHILDREN AND MEDAIR, IN A COLLECTIVE AND COLLABORATIVE PROCESS. DURING THIS TIME, WEEKLY MEETINGS WERE HELD TO DISCUSS PROJECT OBJECTIVES AND DELIVERABLES AND REVIEW CASE STUDY PROPOSALS. CORE GROUP, SAVE THE CHILDREN AND MEDAIR FINALIZED GUIDING DOCUMENTS, TIMELINES AND THE BREAKDOWN OF ACTIVITIES FOR EACH REPORTING CYCLE. ADDITIONALLY, MEMBERS FOR THE TECHNICAL CONSULTATION (TC) SESSIONS WERE IDENTIFIED, MECHANISMS FOR THE GROUP DISCUSSED AND THE TOR DRAFTED. CORE GROUP ALSO MADE AN ACTIVE EFFORT TO ORGANIZE CONSULTATIONS AMONG KEY PARTNERS SUCH AS THE REBUILD CONSORTIUM, BRANCH CONSORTIUM, WHO GLOBAL HEALTH 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 RELATES TO BUILDING GREATER COHESION IN THE HUMANITARIAN-DEVELOPMENT SPHERE

CONSTITUTION ON THE SECRETARIAT SECRETARIATS AT MEETINGS TO SUPPORT SECRETARIAT CONSTITUTION AT THE HUMANITARIAN DEVELOPMENT CENTER 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:) (Expenses \$ **416,531** including grants of \$) (Revenue \$)
 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 ZOO NOTIC 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 LINKAGES 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 expenses **1,031,973**

Part IV **Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		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 services? If "Yes," complete Schedule D, Part IV 		No

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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No

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Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No

7 Organizations that may receive deductible contributions under section 170(c).			
a	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?	7b	
c	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:			
a	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:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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	
c	Enter the amount of reserves on hand	13c	
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? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No

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Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No

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:			
a	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes
13	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	<i>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</i>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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	

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed ▶ _____
- 18** Section 6104 requires an organization to make its 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

Form **990** (2018)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS CHERIAN CO-CHAIRPERS	1.00	X		X				0	0	0
(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	X						0	0	0
(7) JOSEPH ICHTER DIRECTOR	1.00	X						0	0	0
(8) SCOTT JACKSON DIRECTOR	1.00	X						0	0	0
(9) KONSTANTIN LOMIDZE TREASURER	1.00	X		X				0	0	0
(10) JENNIFER NIELSEN SECRETARY	1.00	X		X				0	0	0
(11) BETH OUTTERSON DIRECTOR	1.00	X						0	0	0
(12) DAVID PYLE DIRECTOR	1.00	X						0	0	0
(13) STEPHEN RAHAIM DIRECTOR	1.00	X						0	0	0
(14) JANINE SCHOOLEY DIRECTOR	1.00	X						0	0	0
(15) ERIN STIEBER DIRECTOR	1.00	X						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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHEILA JACKSON SR KNOWLEDGE	40.00					X	153,510	0	19,185	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							439,235		55,822	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 Contributions, gifts, grants, and other similar amounts				
1a Fundraising campaigns				
1b Membership dues				
250,458				
1c Fundraising events				
1d Fundraising organizations				
1e Government grants (contributions)				
993,303				
1f Other contributions, gifts, grants, and similar amounts not included above				
242,993				
g Noncash contributions included in lines 1a - 1f: \$				
h Total. Add lines 1a-1f	1,486,754			

Program Service Revenue	Business Code				
	2a PROGRAM SERVICE REVENUE	900099	104,426	104,426	
2b					
2c					
2d					
2e					
2f All other program service revenue.					
g Total. Add lines 2a-2f		104,426			

3 Investment income (including dividends, interest, and other similar amounts)		31,533			31,533
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	286,356				
b Less: cost or other basis and sales expenses					
	278,432				
c Gain or (loss)					
	7,924				
d Net gain or (loss)			7,924	7,924	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				

Other	c Net income or (loss) from fundraising events . . . ▶				
	a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses				
	c Net income or (loss) from gaming activities . . . ▶				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold				
	c Net income or (loss) from sales of inventory . . . ▶				
	Miscellaneous Revenue	Business Code			
	11a OTHER 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) Fundraising expenses
1 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				

13 Office expenses	91,737	88,119	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 (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	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		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities		11	1,029,671
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 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 equal 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		19		

Liabilities	20	Tax-exempt bond liabilities		20	
	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	57,141	25	67,110
	26	Total liabilities. Add lines 17 through 25	177,091	26	167,753
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,341,364	27	1,374,493
	28	Temporarily restricted net assets		28	162,227
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,341,364	33	1,536,720	
34	Total liabilities and net assets/fund balances	1,518,455	34	1,704,473	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,638,061
2	Total expenses (must equal Part IX, column (A), line 25)	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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b 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 basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
2c As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single		

a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a	Yes	
3b	Yes	

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.

Form **990** (2018)

Form 990 (2018)

Additional Data

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Software ID:

Software Version:

Form 990 Special Condition Description:

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Table with 2 columns: Name of the organization (CORE INC) and Employer identification number (31-1744950)

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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..						
4 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 line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						26,956
6 Public support. Subtract line 5 from line 4.						8,458,497

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. . .	1,584,283	1,801,560	2,146,486	1,466,370	1,486,754	8,485,453
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	5,823	7,478	9,695	5,854	31,533	60,383
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	18,425	16,395	30,295	29,191	7,424	101,730
11 Total support. Add lines 7 through 10						8,647,566
12 Gross receipts from related activities, etc. (see instructions)					12	556,416
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.810 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	95.340 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

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. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business						

4	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b. . .					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or 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.					
c	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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
b		
3b		

c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (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).</i>		
5a			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
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? <i>If "Yes," provide detail in Part VI.</i>		
6			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8			
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b			
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a			
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations (continued)

	Yes	No
11		
a		
11a		
b		
11b		
c		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1		
1		
2		
2		

Section C. Type II Supporting Organizations

	Yes	No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1		
---	----------	--	--

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a** 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.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

	Yes	No
2a		
2b		

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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.*

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

3a		
3b		

- 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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
b Average monthly cash balances	1b		

c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
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	
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions			
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
1 Distributable amount for 2018 from Section C, line 6			(iii) Distributable Amount for 2018
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			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			

\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Schedule A (Form 990 or 990-EZ) (2018)

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

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](#)

Software ID:
Software Version:

efile Public Visual Render	Objectid: 202001559349300815 - Submission: 2020-06-03	TIN: 31-1744950
Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	<small>OMB No. 1545-0047</small> 2018

Name of the organization CORE INC	Employer identification number 31-1744950
---	---

Organization type (check 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
- 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.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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).

Name of organization CORE INC	Employer identification number 31-1744950
---	---

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
<small>(Complete Part II for noncash contributions.)</small>			

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

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

Name of organization CORE INC	Employer identification number 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
------------------------	--	--------------------------	----------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

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

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Table with 2 columns: Name of the organization (CORE INC), Employer identification number (31-1744950)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount fields. Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.

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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments **Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(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 answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED RENT	34,308
REFUNDABLE ADVANCES	32,802
(3)	

(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 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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,688,977
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	58,988
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	58,988
3	Subtract line 2e from line 1	3	1,629,989
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,072
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,072
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,638,061

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,493,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,493,621
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,072
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,072
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,501,693

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION. FOR THE YEAR ENDED SEPTEMBER 30, 2019, THE ORGANIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018

Additional Data

[Return to Form](#)

Software ID:
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CORE INC

Employer identification number

31-1744950

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (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) 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. Includes sub-totals and totals for Europe.

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

Cat. No. 50082W

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.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of non-cash assistance, (h) Description of non-cash assistance, (i) Method of valuation (book, FMV, appraisal, other). Includes one row for EUROPE with USAID/OFDA AWARD.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CORE INC

Employer identification number 31-1744950

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

Cat. No. 50055P

Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation, (f) Description of noncash assistance.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation

Schedule I (Form 990) 2018

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CORE INC	Employer identification number 31-1744950
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1LISA HILMI EXECUTIVE DIRECTOR	(i)	160,871			12,800	2,861	176,532	
	(ii)							
2SHEILA JACKSON SR KNOWLEDGE MGMT SP	(i)	153,510			12,430	6,755	172,695	
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
CORE INC

Employer identification number

31-1744950

Return Reference	Explanation
FORM 990 - ORGANIZATION MISSION	CORE INC. (KNOWN AS CORE GROUP) IMPROVES AND EXPANDS COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS AROUND THE WORLD, ESPECIALLY WOMEN AND CHILDREN, THROUGH COLLABORATIVE ACTION AND LEARNING. CORE GROUP IS A MEMBERSHIP ASSOCIATION OF 154 INTERNATIONAL HEALTH AND DEVELOPMENT ORGANIZATIONS AND INDIVIDUALS, AND HOME TO THE COMMUNITY HEALTH NETWORK, WHICH BRINGS TOGETHER CORE GROUP MEMBERS AND ASSOCIATE ORGANIZATIONS, SCHOLARS, ADVOCATES AND DONORS TO SUPPORT OUR VISION OF A WORLD WHERE EVERYONE CAN ATTAIN HEALTH AND WELL-BEING.
FORM 990, PAGE 2, PART III, LINE 4A	MATERNAL AND CHILD HEALTH: CORE GROUP ACCELERATED HEALTH IMPACT BY UNIFYING MEMBER AND PARTNER ORGANIZATIONS TO IMPLEMENT HIGH QUALITY, COMMUNITY-FOCUSED MATERNAL, NEWBORN AND CHILD HEALTH (MNCH) PROGRAM AROUND THE WORLD. THESE EFFORTS ARE HIGHLIGHTED IN THE OUTPUTS OF CORE GROUP'S VOLUNTEER WORKING GROUPS, WHICH BRING TOGETHER EXPERTS AROUND THE WORLD, TO COLLABORATE AND DEVELOP TECHNICAL GUIDANCE AND TOOLKITS; SHARE EVIDENCE-BASED RESOURCES; HOST TRAININGS, EVENTS, AND WEBINARS; AND LEAD GLOBAL EFFORTS TO EMPOWER COMMUNITIES FOR IMPROVED HEALTH. IN 2019, THROUGH USAID'S FLAGSHIP MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP) PROGRAM, CORE GROUP HOSTED KNOWLEDGE SHARING WEBINARS AND SIDE SESSIONS AT GLOBAL CONFERENCES TO ADVANCE COMMUNITY HEALTH AND CIVIL SOCIETY ENGAGEMENT. IN FEBRUARY 2019, CORE GROUP CO-HOSTED A WEBINAR WITH MCSP AND UNICEF ON THE "NEW WHO COMMUNITY HEALTH WORKER GUIDELINE & ADDITIONAL RESOURCES" THAT REACHED OVER 680 PEOPLE GLOBALLY. CORE GROUP ALSO CO-HOSTED A WEBINAR WITH MCSP AND UNICEF ON "SOCIAL ACCOUNTABILITY IN HEALTH: PERSPECTIVES FROM INSTITUTIONAL ACTORS" IN MAY 2019. THIS WEBINAR FEATURED SOCIAL ACCOUNTABILITY APPROACHES USED IN MALAWI, M&E APPROACHES FOR SOCIAL ACCOUNTABILITY, AND THE ROLE OF DONORS IN PROMOTING CIVIL SOCIETY ENGAGEMENT IN HEALTH. CORE GROUP, PMNCH, IAP, AND CLAC HOSTED THE EVENT "THE ROLE OF GOVERNMENT IN WELCOMING THE VOICE OF THE PEOPLE" AT THE WORLD HEALTH ASSEMBLY ON MAY 22, 2019. CORE GROUP THROUGH ITS SYSTEMS FOR HEALTH WORKING GROUP PRODUCED A NEW MCSP RESOURCE "MONITORING AND EVALUATION OF EVOLVING SOCIAL ACCOUNTABILITY EFFORTS IN HEALTH" THAT WAS DISSEMINATED AT THE WORLD HEALTH ASSEMBLY. IN JUNE 2019, MCSP AND CORE GROUP HOSTED A WOMEN DELIVER SIDE EVENT ON "HOW WOMEN DELIVER HEALTH TO COMMUNITIES: ELEVATING VOICES OF WOMEN AT THE FRONTLINE OF COMMUNITY HEALTH." DISCUSSION CENTERED ON CHALLENGES FACED BY FEMALE HEALTH WORKERS, PROGRESS IN HEALTH OUTCOMES, AND SUPPORT NEEDED TO STRENGTHEN AND EMPOWER THE HEALTH WORKFORCE. IN ADDITION, CORE GROUP SUPPORTED THE MCSP EVENT "HARNESSING THE POWER OF COMMUNITIES TO ADVANCE EQUITY AND PRIMARY HEALTH CARE FOR ALL" AT THE MAY 2019 CORE GROUP GLOBAL HEALTH PRACTITIONER CONFERENCE. MCSP AND PARTNERS DISCUSSED AND HIGHLIGHTED GLOBAL AND COUNTRY PROGRESS AS WELL AS THE UNFINISHED AGENDA FOR INSTITUTIONALIZING COMMUNITY HEALTH WITHIN NATIONAL HEALTH SYSTEMS.
FORM 990, PAGE 2, PART III, LINE 4B	KNOWLEDGE MANAGEMENT: TOPS BRIDGE: CORE GROUP WAS PART OF THE TOPS PROGRAM BRIDGE AWARD, WHICH SERVED TO CONTINUE ACTIVITY FROM THE TOPS PROGRAM AND TO ACT AS A TRANSITION MECHANISM FOR THE TOPS FOLLOW-ON PROGRAM, IDEAL. CORE GROUP CONTINUED TO BRING ITS EXPERTISE IN CULTIVATING COLLABORATIVE LEARNING ENVIRONMENTS THROUGH FACILITATION, PLANNING AND LEADING PARTICIPATORY EVENTS, AND FURTHERING CAPACITY AND SKILLS BUILDING IN ORDER TO NURTURE AN OPEN COMMUNITY OF PRACTICE, THE FOOD SECURITY AND NUTRITION NETWORK. CORE GROUP CONVENED THE 2018 ASIA REGIONAL KNOWLEDGE SHARING MEETING: FOOD SECURITY RESILIENCE AT THE INTERSECTION OF DEVELOPMENT AND EMERGENCY ON OCTOBER 2-4 IN BANGKOK, THAILAND. OVER 150 IMPLEMENTERS, DONORS, RESEARCHERS FROM OVER 21 COUNTRIES REPRESENTING MORE THAN 40 ORGANIZATIONS CONVENED TO SHARE FOOD SECURITY AND NUTRITION INNOVATIONS, EMERGING TOPICS, PROMISING PRACTICES AND LESSONS LEARNED. AT THE END OF THE PROGRAM, CORE GROUP OVERSAW TRANSITION PROCESSES OF ROLES AND RESPONSIBILITIES FOR THE FSN NETWORK WEBSITE, FSN NETWORK NEWS BI-WEEKLY NEWSLETTER, AND FSN NETWORK'S TWITTER ACCOUNT. CORE GROUP'S ROLE ON THE TOPS PROGRAM BRIDGE AWARD ENDED IN NOVEMBER 30, 2018. INCREASE GLOBAL CAPACITY FOR COORDINATING, INTEGRATING, AND TRANSITIONING COMMUNITY HEALTH AND NUTRITION IN RESPONSE TO PROTRACTED CRISES AND IN TRANSITION TO RECOVERY: THE CORE GROUP LAUNCHED THE PROGRAM IN AUGUST 2018 BY ORGANIZING AN INITIATION PHASE TO ON-BOARD THE SUB-GRANTEES, SAVE THE CHILDREN AND MEDAIR, IN A COLLECTIVE AND COLLABORATIVE PROCESS. DURING THIS TIME, WEEKLY MEETINGS WERE HELD TO DISCUSS PROJECT OBJECTIVES AND DELIVERABLES AND REVIEW CASE STUDY PROPOSALS. CORE GROUP, SAVE THE CHILDREN AND MEDAIR FINALIZED GUIDING DOCUMENTS, TIMELINES AND THE BREAKDOWN OF ACTIVITIES FOR EACH REPORTING CYCLE. ADDITIONALLY, MEMBERS FOR THE TECHNICAL CONSULTATION (TC) SESSIONS WERE IDENTIFIED, MECHANISMS FOR THE GROUP DISCUSSED AND THE TOR DRAFTED. CORE GROUP ALSO MADE AN ACTIVE EFFORT TO ORGANIZE CONSULTATIONS AMONG KEY PARTNERS SUCH AS THE REBUILD CONSORTIUM, BRANCH CONSORTIUM, WHO GLOBAL HEALTH 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 RELATES TO BUILDING GREATER COHESION IN THE HUMANITARIAN-DEVELOPMENT SPHERE 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

	<p>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.</p>
<p>FORM 990, PAGE 2, PART III, LINE 4C</p>	<p>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 LINKAGES BETWEEN THE SECTORS.</p>
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 6</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 7A</p>	<p>PER CORE INC'S BYLAWS, MEMBER ORGANIZATIONS HAVE ONE VOTE EACH TO ELECT OFFICERS OF THE BOARD.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 11B</p>	<p>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.</p>
<p>FORM 990, PAGE 6, PART VI, LINE 12C</p>	<p>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.</p>

FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE NGO COMPARATIVE SALARY LIST FOR THE GREATER WASHINGTON, DC AREA. THE EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS AND THE DECISION IS RECORDED IN THE ORGANIZATION'S BOARD MINUTES. THE LAST SALARY REVIEW FOR THE EXECUTIVE DIRECTOR WAS SEPTEMBER 2019.
FORM 990, PAGE 6, PART VI, LINE 15B	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, THE BOARD APPROVED AN OVERALL POOL FOR SALARY INCREASES FOR THE STAFF AND ALL NEW EMPLOYEES. 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, PAGE 6, PART VI, LINE 19	CORE, INC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

Additional Data

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