

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

- 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 (or P.O. box if mail is not delivered to street address) Room/suite
1901 PENNSYLVANIA AVE NW NO 902

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

D Employer identification number
31-1744950

E Telephone number
(202) 380-3400

G Gross receipts \$ 1,585,531

F Name and address of principal officer:
LISA HILMI
1901 PENNSYLVANIA AVE NW NO 902
WASHINGTON, DC 20006

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.COREGROUP.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2000 **M** State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 IMPROVE AND EXPAND COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS AROUND THE WORLD, ESPECIALLY WOMEN, CHILDREN, AND ADOLESCENTS THROUGH COLLABORATIVE ACTION AND LEARNING.

Activities & Governance	2 Check this box <input type="checkbox"/>	
	3 Number of voting members of the governing body (Part VI, line 1a)	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	14
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	10
	6 Total number of volunteers (estimate if necessary)	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b Net unrelated business taxable income from Form 990-T, line 39	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,486,754	1,124,614
	9 Program service revenue (Part VIII, line 2g)	104,426	48,971
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,457	52,253
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,424	8,225
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,638,061	1,234,063
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,461	126,677
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	792,008	786,261
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	638,224	545,219
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,501,693	1,458,157
19 Revenue less expenses. Subtract line 18 from line 12	136,368	-224,094	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,704,473	1,519,798
	21 Total liabilities (Part X, line 26)	167,753	147,957
	22 Net assets or fund balances. Subtract line 21 from line 20	1,536,720	1,371,841

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: LISA HILMI EXECUTIVE DIRECTOR
 Date: 2021-08-16

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01404047
Firm's name ▶ RUBINO AND COMPANY CHARTERED	Firm's EIN ▶ 52-1186096			
Firm's address ▶ 6903 ROCKLEDGE DRIVE SUITE 300 BETHESDA, MD 208171818			Phone no. (301) 564-3636	

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 Form **990** (2019)

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. (DOING BUSINESS AS (DBA) CORE GROUP) IMPROVES AND EXPANDS COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS AROUND THE WORLD, ESPECIALLY WOMEN, CHILDREN, AND ADOLESCENTS THROUGH COLLABORATIVE ACTION AND LEARNING. CORE GROUP IS A MEMBERSHIP ASSOCIATION OF MORE THAN 200+ 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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 402,741 including grants of \$) (Revenue \$)
INFECTIOUS DISEASES: CORE GROUP POLIO PROJECT (CGPP): THE CORE GROUP POLIO PROJECT (CGPP) IS A MULTI-COUNTRY, MULTI-PARTNER INITIATIVE PROVIDING FINANCIAL SUPPORT AND ON-THE-GROUND TECHNICAL GUIDANCE TO STRENGTHEN HOST COUNTRY EFFORTS TO ERADICATE POLIO. THE CGPP WORKS TO IMPROVE VACCINE UPTAKE FOR POLIO (AND OTHER VACCINE-PREVENTABLE DISEASES SUCH AS MEASLES), CONDUCTS SURVEILLANCE FOR INFECTIOUS DISEASE THREATS, AND STRENGTHENS HEALTH SYSTEMS. THE CGPP OPERATES WITH 11 INTERNATIONAL NONGOVERNMENTAL ORGANIZATIONS (INGOS) AND 22 NATIONAL AND LOCAL NGOS IN SEVEN COUNTRIES: INDIA, ETHIOPIA, SOUTH SUDAN, NIGERIA, KENYA, SOMALIA, AND UGANDA. A U.S.-BASED VIRTUAL SECRETARIAT DEVELOPED BY CORE GROUP, SERVES AS A GLOBAL CGPP LIAISON, SUPPLYING OVERALL COORDINATION, TECHNICAL ASSISTANCE, AND FINANCIAL MANAGEMENT TO MAXIMIZE AND HARMONIZE RESOURCES AMONG PARTNERS. CORE GROUP ALSO LEADS ADVOCACY AND SOCIAL MEDIA EFFORTS FOR CGPP AND REGULARLY UPDATES THE PROJECT'S WEBSITE WITH RECENT ACTIVITIES. GHSA: THE GLOBAL HEALTH SECURITY AGENDA WAS LAUNCHED IN FEBRUARY 2014 TO ADVANCE A WORLD SAFE AND SECURE FROM INFECTIOUS DISEASE THREATS, TO BRING TOGETHER NATIONS FROM ALL OVER THE WORLD TO MAKE NEW, CONCRETE COMMITMENTS, AND TO ELEVATE GLOBAL HEALTH SECURITY AS A NATIONAL LEADERS-LEVEL PRIORITY. IN 2019, THE CORE GROUP POLIO PROJECT PROGRAM COUNTRIES OF KENYA AND ETHIOPIA INTEGRATED NATIONAL HEALTH SECURITY PRIORITIES TO STRENGTHEN COUNTRY CAPACITY TO PREVENT, DETECT AND RAPIDLY RESPOND TO INFECTIOUS DISEASE OUTBREAKS AND EPIDEMIC THREATS IN COMMUNITIES AT HEIGHTENED RISK. THROUGH A MULTI-SECTORAL, ONE HEALTH APPROACH, THE PROGRAM LEVERAGES EXISTING CAPACITIES THAT FOCUS ON THE TRAINING AND SUPPORT OF COMMUNITY HEALTH WORKERS, OUTBREAK RESPONSE PLANNING, COMMUNITY-BASED SURVEILLANCE, AND RISK COMMUNICATION TO PROMOTE

4b (Code:) (Expenses \$ 228,606 including grants of \$ 126,677) (Revenue \$)
KNOWLEDGE MANAGEMENT: 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, DFIG AND THE WIDER NETWORK OF CORE GROUP MEMBERS. CORE GROUP ALSO PARTICIPATED IN THE WHITE HOUSE BIOSECURITY 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 ENGAGED AND SHARED HDTF RESEARCH IN GLOBAL PLATFORMS SUCH AS THE FRAGILE STATES WORKING GROUP, THE GLOBAL WASH CLUSTER AND THE GLOBAL HEALTH CLUSTER. SAVE THE CHILDREN COMPLETED 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 FACILITATED DIALOGUE AND LEARNING AROUND THE HUMANITARIAN- DEVELOPMENT NEXUS HOSTING THREE QUARTERLY KNOWLEDGE SHARING WEBINARS IN ADDITION TO REGULAR QUARTERLY HDTF MEETINGS. HANSHEP: CORE GROUP, TOGETHER WITH GLOBAL IMPACT, ARE THE CURRENT SECRETARIAT FOR HANSHEP. HANSHEP IS A GROUP OF HIGH-LEVEL REPRESENTATIVES FROM DONOR ORGANIZATIONS, INCLUDING THE BILL AND MELINDA GATES FOUNDATION, DFIG, USAID, WORLD BANK, AND WHO, WORKING TO IMPROVE HEALTH OUTCOMES FOR THE POOR BY GENERATING AND DISSEMINATING EVIDENCE ABOUT THE ROLE OF NON-STATE ACTORS IN INFORMING HEALTH POLICIES. CORE GROUP HAS ORGANIZED THE GROUP'S QUARTERLY MEETINGS IN 2020, WHICH WERE ALL VIRTUAL DUE TO THE PANDEMIC RESTRICTIONS. THIS ORGANIZATION INCLUDED SETTING THE AGENDA WITH THE GUIDANCE, FACILITATING THE TECHNICAL ASPECTS OF THE VIRTUAL MEETINGS AND

RESTRICTIONS, THIS ORGANIZATION INCLUDED SETTING THE AGENDA WITH THE CHAIR, FACILITATING THE TECHNICAL ASPECTS OF THE VIRTUAL MEETING, AND DISTRIBUTING NOTES. EACH MEETING HAD A SPECIFIC TOPIC WHICH WERE: FEBRUARY, FINANCING SOCIAL FRANCHISES; APRIL, PRIVATE SECTOR COVID-19 RESPONSE; JULY, SOURCES FOR FAMILY PLANNING; SEPTEMBER, PRIVATE SECTOR PROVIDER INSIGHTS DURING COVID; AND DECEMBER, THE FUTURE OF HANSHEP.

4c (Code:) (Expenses \$ 144,511 including grants of \$) (Revenue \$)

MATERNAL AND CHILD HEALTH:MCSP: CORE GROUP WAS A PARTNER ON USAID'S MATERNAL AND CHILD SURVIVAL FLAGSHIP PROGRAM (MCSP), A PROJECT THAT AIMED TO END PREVENTABLE CHILD AND MATERNAL DEATHS IN 25 HIGH-PRIORITY COUNTRIES. WITHIN MCSP, CORE GROUP WAS AN ACTIVE MEMBER OF THE CROSS-CUTTING COMMUNITY HEALTH AND CIVIL SOCIETY ENGAGEMENT TEAM, USING OUR EXPERTISE IN HELPING NON-GOVERNMENTAL ORGANIZATIONS COLLABORATE WITH GOVERNMENT PARTNERS AND OTHER NGOS TO IMPROVE HEALTH FOR COMMUNITIES AND FAMILIES. CORE GROUP ALSO DIFFUSED MCSP INFORMATION TO OUR MEMBERS AND CREATED A FORUM FOR MCSP TO SOLICIT INPUT AND FEEDBACK FROM AN ARRAY OF COMMUNITY HEALTH PRACTITIONERS.MOMENTUM 3B: CORE GROUP IS PART OF THE MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY PROJECT, WHICH IS PART OF A SUITE OF INNOVATIVE AWARD FUNDED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) TO HOLISTICALLY IMPROVE FAMILY PLANNING AND MATERNAL AND CHILD HEALTH IN PARTNER COUNTRIES AROUND THE WORLD. THE PROJECT APPLIES BEST PRACTICES AND EXPLORES INNOVATIONS TO INCREASE EQUITABLE IMMUNIZATION COVERAGE IN USAID-SUPPORTED COUNTRIES AROUND THE GLOBE. IT WORKS TO BUILD COUNTRIES' CAPACITY TO IDENTIFY AND OVERCOME BARRIERS TO REACHING ZERO-DOSE AND UNDER-IMMUNIZED CHILDREN AND OLDER POPULATIONS WITH LIFESAVING VACCINES AND OTHER INTEGRATED HEALTH SERVICES. THE PROJECT ALSO CONTRIBUTES TO ONGOING GLOBAL EFFORTS TO MITIGATE THE IMPACT OF COVID-19 ON IMMUNIZATION SERVICES AND SUPPORT COUNTRIES TO PREPARE FOR AND INTRODUCE VACCINES AGAINST COVID-19 ONCE THEY ARE AVAILABLE. MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY WORKS AT MULTIPLE LEVELS AND IN ALIGNMENT WITH GLOBAL STRATEGIES SUCH AS THE IMMUNIZATION AGENDA 2030 AND GAVI 5.0.THE PROJECT WAS AWARDED TO JSI RESEARCH & TRAINING INSTITUTE INC., AND THEIR SUB-PARTNERS PATH, ACCENTURE DEVELOPMENT PARTNERSHIPS, RESULTS FOR DEVELOPMENT, GOBEE GROUP, CORE GROUP, AND THE MANOFF GROUP. THE CONSORTIUM BRINGS A TRACK RECORD IN SHAPING GLOBAL DIRECTION AND COLLABORATES WITH LOCAL PARTNERS TO IMPROVE IMMUNIZATION OUTCOMES AND BUILD ON THE ACCOMPLISHMENTS AND LEARNINGS.LIVES IN THE BALANCE COVID-19 SUMMIT: CORE GROUP CO-SPONSORED TWO GLOBAL VIRTUAL EVENTS WITH PMNCH CENTERED ON THE THEME OF LIVES IN THE BALANCE IN SUPPORT OF WOMEN, CHILDREN AND ADOLESCENTS' HEALTH DURING THE COVID-19 PANDEMIC. THESE OFFERINGS EXPANDED GLOBAL REACH OF THE CONSORTIUM TO BENEFIT MEMBER ACCESS TO INFORMATION AND ADVOCACY PLATFORMS WITH OVER 3,000 PARTICIPANTS LIVESTREAMING THE JULY EVENT.

(Code:) (Expenses \$ 61,232 including grants of \$) (Revenue \$)

EMERGENCY RESPONSES (COVID-19):C19 MARKET PLACE: CORE GROUP, TOGETHER WITH NEEDSLIST LAUNCHED THE C19 VIRTUAL MARKETPLACE, AN ONLINE PLATFORM THAT AGGREGATES AND MATCHES THE NEEDS OF USERS AND SUPPLIERS IN REAL TIME, FUNDED BY OPEN ROAD ALLIANCE. THIS ONLINE PLATFORM FOCUSED ON THE COVID-19 RESPONSE IN 5 COUNTRIES: NIGERIA, KENYA, UGANDA, SOMALIA, AND ETHIOPIA. THE PLATFORM ALLOWED ORGANIZATIONS TO MATCH THEIR NEEDS FOR COMMODITIES, INFORMATION, AND RESOURCES WITH SUPPLIERS. CORE GROUP LED A MARKETING CAMPAIGN THROUGH OUR LISTERVS AND SOCIAL MEDIA TO PROMOTE THE PLATFORM, VETTED THE INTERESTED PARTIES, AND FACILITATED THEIR ONBOARDING THROUGH A STANDARDIZED LEARNING PROCESS. THE PROJECT INCLUDED A COUNTRY COORDINATOR FOR EACH OF THE IMPLEMENTING COUNTRIES, TO FACILITATE PLATFORM NEEDS AND LEARNING. COVID-19 DIGITAL CLASSROOM: CORE GROUP WAS PART OF THE COVID-19 DIGITAL CLASSROOM, AN INITIATIVE LED BY LAST MILE HEALTH AND SUPPORTED BY MEDICAL AID FIMS, TECHCHANGE, TRANSLATORS WITHOUT BORDERS, UNICEF, AND CORE GROUP. THE INITIATIVE'S MISSION WAS TO LEVERAGE DIGITAL TECHNOLOGIES AND EXISTING CONTENT DISTRIBUTION CHANNELS TO ENSURE EVERY HEALTH WORKER HAS THE INFORMATION THEY NEED TO HELP THEIR OWN COMMUNITIES. OUR ROLE WAS CONDUCTING GLOBAL MAPPING EXERCISES TO INFORM THE GAPS OF INFORMATION AND CAPACITY AMONG COMMUNITY-BASED HEALTH WORKERS. CORE GROUP ALSO LED THE COMMUNICATION EFFORTS OF THE PROJECT, INCLUDING CREATING NEW SOCIAL MEDIA TOOLKITS FOR EACH OF THE NEW COURSES THAT WERE CREATED, AND DISSEMINATING THE INFORMATION THROUGH THE CONSORTIUM'S COMMUNICATION CHANNELS. CORE GROUP ALSO OVERSAW THE KNOWLEDGE MANAGEMENT COMPONENT. CORE GROUP ALSO PROVIDED MEDICAL AND TECHNICAL REVIEW OF NEW CONTENT CREATED BY THE PROJECT AND EXTERNAL CONTENT THAT WAS INCLUDED IN THE ONLINE LIBRARY.

(Code:) (Expenses \$ 3,271 including grants of \$) (Revenue \$ 48,971)

OTHER PROGRAM SERVICES:CORE GROUP PROVIDED MEMBERSHIP SERVICES AND SUPPORT TO 94 MEMBER ORGANIZATIONS, 66 INDIVIDUALS, AND 28 STUDENTS, AS WELL AS 11 WORKING GROUPS AND INTEREST GROUPS, IN ORDER TO COLLABORATE TO END PREVENTABLE MATERNAL AND CHILD DEATHS, AND TO IMPROVE COMMUNITY HEALTH PRACTICES FOR UNDERSERVED POPULATIONS, AS WELL AS MEMBERS OF THE INTERNATIONAL COMMUNITY HEALTH NETWORK OF OVER 15,000+ MEMBERS. CORE GROUP CONDUCTED RAPID RESPONSE AND COORDINATION TO SUPPORT CORE GROUP MEMBERS RESPONSE TO THE COVID-19 PANDEMIC IN THE FORM OF WEEKLY WEBINARS, AS EARLY AS EARLY AS FEBRUARY WHEN CORE GROUP LAUNCHED A WEEKLY COVID-19 WEBINAR SERIES TO ADDRESS THE MOST PRESSING INFORMATION, ADVOCACY, AND IMPLEMENTATION NEEDS OF OUR GLOBAL PARTNERS, INCLUDED A SHOWCASE OF DIGITAL HEALTH PLATFORMS, GENDER ISSUES, ONGOING IMMUNIZATION NEEDS, CHILDREN AND YOUTH, CONFLICT AND COVID, AND A SPECIAL FOCUS ON LATIN AMERICA CONDUCTED IN SPANISH.CORE GROUP INCREASED EMPHASIS ON YOUTH ENGAGEMENT THROUGHOUT THE YEAR, EXTENDING PARTNERSHIPS WITH THE YOUNG PROFESSIONALS NETWORK (YPN) TO INCLUDE ACTIVITIES WITH PAHO/WHO FEDERAL CREDIT UNION TO PROMOTE FINANCIAL LITERACY AND LONG-TERM PERSONAL INVESTMENT AND INCREASING ACTIVITIES TO ADVANCE GLOBAL HEALTH. YOUTH LEADERS FROM AFRICA AND SOUTH AMERICA WERE ALSO HIGHLIGHTED AS KEYNOTE SPEAKERS IN OUR COVID-19 WEBINAR SERIES. CORE GROUP PROVIDED SEED FUNDING AND MEMBERS MENTORED 2 PITCH CHALLENGE WINNERS IN RWANDA AND KENYA FOR 2 PROJECTS THAT IMPROVE SEXUAL AND REPRODUCTIVE HEALTH AND ALSO ADDRESS ADOLESCENT GIRL'S HEALTH, SECURITY AND PROTECTION NEEDS. CORE GROUP HAS PLACED A SPECIAL EMPHASIS ON SUPPORTING WOMAN OF COLOR BY INSTITUTING A SPECIAL INTERNSHIP PROGRAM THAT WAS LAUNCHED IN DECEMBER 2020. PROVIDING OPPORTUNITIES TO HIGHLIGHT THE SKILLS AND CONTRIBUTIONS OF WOMEN WITHIN OUR MEMBERSHIP AND OUR COMMUNITY PARTNERSHIPS AROUND THE WORLD IS AN ESTABLISHED COMMITMENT OF THE CORE GROUP TEAM.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 50,375 UNIQUE VISITORS FROM ALMOST 200 COUNTRIES. CORE GROUP HOSTED 17 KNOWLEDGE SHARING WEBINARS DURING FY20 REACHING THOUSANDS OF PARTICIPANTS GLOBALLY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 64,503 including grants of \$) (Revenue \$ 48,971)

4e Total program service expenses 840,361

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 5 rows of questions regarding organizational status and lobbying activities.

assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . .</i>	5		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? <i>If "Yes," complete Schedule D, Part I . . .</i>	6		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? <i>If "Yes," complete Schedule D, Part II . . .</i>	7		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . .</i>	8		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . .</i>	9		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	

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Part IV Checklist of Required Schedules (continued)

	Yes	No	
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
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . .</i>	23	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>	24a		No

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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>	25b		No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			

4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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.	14	
b	Enter the number of voting members included in line 1a, above, who are independent	14	
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?		No
6	Did the organization have members or stockholders?	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?	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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 1901 PENNSYLVANIA AVE NW NO 902 WASHINGTON, DC 20006 (202) 380-3400	

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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.

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

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

(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) SARAH FORD CHAIRPERSON	1.00	X		X				0	0	0
(2) KONSTANTIN LOMIDZE TREASURER	1.00	X		X				0	0	0
(3) DENNIS CHERIAN CO-CHAIRPERSON	1.00	X		X				0	0	0
(4) JENNIFER NIELSEN SECRETARY	1.00	X		X				0	0	0
(5) MAGNUS CONTEH DIRECTOR	1.00	X						0	0	0
(6) DICK DAY DIRECTOR	1.00	X						0	0	0
(7) SONYA FUNNA EVELYN DIRECTOR	1.00	X						0	0	0
(8) JORDAN HATCHER DIRECTOR	1.00	X						0	0	0
(9) JOSEPH ICHTER DIRECTOR	1.00	X						0	0	0
(10) SCOTT JACKSON DIRECTOR	1.00	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

Other Revenue	from sales of assets other than inventory	7a	369,076				
	b Less: cost or other basis and sales expenses	7b	351,468				
	c Gain or (loss)	7c	17,608				
	d Net gain or (loss)			17,608			17,608
	e a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE	900099		8,225			8,225	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			8,225				
12 Total revenue. See instructions			1,234,063	48,971	0	60,478	

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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	66,131	66,131		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	60,546	60,546		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	214,049	113,446	100,603	
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	453,272	213,769	239,503	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,011	15,851	7,160	
9 Other employee benefits	44,812	30,397	14,415	

10 Payroll taxes	51,117	24,020	27,097	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,814	17,826	11,988	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,825		10,825	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	169,053	140,862	28,191	
12 Advertising and promotion	1,177	1,152	25	
13 Office expenses	38,960	17,284	21,676	
14 Information technology	39,709	37,144	2,565	
15 Royalties				
16 Occupancy	143,171	68,832	74,339	
17 Travel	43,703	12,510	31,193	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,544	5,754	23,790	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,831	8,831		
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 BAD DEBT	22,533		22,533	
b SUBSCRIPTIONS & PUBLICA	7,899	6,006	1,893	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,458,157	840,361	617,796	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	259,051	1	113,684
	2 Savings and temporary cash investments	183,966	2	99,426
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	161,894	4	144,172
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,438	9	989
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			

	b Less: accumulated depreciation	10b		10c	
	11 Investments—publicly traded securities		1,029,671	11	1,137,724
	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		23,453	15	23,803
	16 Total assets. Add lines 1 through 15 (must equal line 33)		1,704,473	16	1,519,798
Liabilities	17 Accounts payable and accrued expenses		100,643	17	38,409
	18 Grants payable			18	
	19 Deferred revenue			19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties			23	
	24 Unsecured notes and loans payable to unrelated third parties			24	77,876
	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		67,110	25	31,672
	26 Total liabilities. Add lines 17 through 25		167,753	26	147,957
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions		1,374,493	27	1,258,355
	28 Net assets with donor restrictions		162,227	28	113,486
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds			29	
	30 Paid-in or capital surplus, or land, building or equipment fund			30	
	31 Retained earnings, endowment, accumulated income, or other funds			31	
	32 Total net assets or fund balances		1,536,720	32	1,371,841
33 Total liabilities and net assets/fund balances		1,704,473	33	1,519,798	

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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	1,234,063
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,458,157
3	Revenue less expenses. Subtract line 2 from line 1	3	-224,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,536,720
5	Net unrealized gains (losses) on investments	5	59,215
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,371,841

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

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:

	Yes	No
2a		No

Separate basis Consolidated basis Both consolidated and separate basis

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:

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a 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?

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.

2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Form **990** (2019)

Form 990 (2019)

Additional Data

Return to Form

Software ID:
Software Version:

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 instructions and the latest information.

OMB No. 1545-0047

2019

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.)

- 1-12. List of reasons for public charity status with checkboxes. Line 7 is checked.

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.

Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Table with columns: Calendar year, (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total

(or fiscal year beginning in)

Table with 6 rows and 6 columns. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (74.950%); 15 Public support percentage for 2018 Schedule A, Part II, line 14 (97.810%); 16a 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2019; 17b 10%-facts-and-circumstances test—2018; 18 Private foundation.

Schedule A (Form 990 or 990-EZ) 2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 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 under section 513; 4 Tax revenues levied for the

7	Amounts included on lines 1, 2, and 3 received from disqualified persons					
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests—2019.** 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. ▶
- b **33 1/3% support tests—2018.** 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. ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Schedule A (Form 990 or 990-EZ) 2019

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 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
 - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

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)? If "No," describe in Part VI how control or management of the		

supporting organization was vested in the same persons that controlled or managed the supported organization(s).

1

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

- 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.**

- 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.**
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990 or 990-EZ) 2019

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) 2019

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 2019 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-2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019:		
a	From 2014.		
b	From 2015.		
c	From 2016.		
d	From 2017.		
e	From 2018.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from Section D, line 7:		
	\$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		

5	Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015.			
b	Excess from 2016.			
c	Excess from 2017.			
d	Excess from 2018.			
e	Excess from 2019.			

Schedule A (Form 990 or 990-EZ) (2019)

Schedule A (Form 990 or 990-EZ) 2019

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
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Schedule A (Form 990 or 990-EZ) 2019

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202102289349303200 - Submission: 2021-08-16	TIN: 31-1744950
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2019

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).

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CORE INC	Employer identification number 31-1744950
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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) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization CORE INC	Employer identification number 31-1744950
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
(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	
(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	
(a) -	(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) (2019)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

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 instructions and the latest information.

Table with 2 columns: Name of the organization (CORE INC) and 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 Yes/No checkboxes. Includes questions 1a-2b regarding collections of art and historical treasures.

Schedule D (Form 990) 2019

Page 2

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f 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

Part V Endowment Funds.

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

- Table with columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back
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 Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(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 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value
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).) 0

Schedule D (Form 990) 2019

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	31,672

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) 2019

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	1,282,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	59,215
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	59,215
3	Subtract line 2e from line 1	3	1,223,238
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	10,825
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	10,825
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,234,063

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	1,447,332
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	0
3	Subtract line 2e from line 1	3	1,447,332
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	10,825
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	10,825
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,458,157

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
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE INCOME TAX REGULATIONS OF THE DISTRICT OF COLUMBIA. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AND IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. NO PROVISION FOR INCOME TAXES IS REQUIRED FOR 2020 OR 2019. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. INCOME TAX RETURNS FOR THE YEARS ENDED SEPTEMBER 30, 2019, 2018 AND 2017 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

Additional Data

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SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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.

OMB No. 1545-0047 2019 Open to Public Inspection

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" on 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 the 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 the region, (f) Total expenditures for and investments in the region. Includes row for EUROPE (INCLUDING ICELAND & GREENLAND) with 69,129 total expenditures.

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is 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 noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). Includes row for EUROPE (INCLUDING ICELAND & GREENLAND) with USAID/OFDA AWARD purpose and 60,546 amount.

amounts or investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	CORE GROUP USES MILESTONES AND OTHER REPORTING TOOLS TO MONITOR THE USE OF GRANT FUNDS. THERE WERE SITE VISITS AND REGULAR MEETINGS TO MONITOR THE PROCESS AND FOLLOW UP ON PROGRAM IMPLEMENTATION.
PART III ACCOUNTING METHOD:	

Schedule F (Form 990) 2019

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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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

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.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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. Row 1: PART I, LINE 2: CORE GROUP USES MILESTONES AND OTHER REPORTING TOOLS TO MONITOR THE USE OF GRANT FUNDS.

Additional Data

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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.

2019

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 on 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		
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 on Line 1a?		
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 type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
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?		No
b Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
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?		No
b Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	Yes	
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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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				
ILISA HILMI EXECUTIVE DIRECTOR	(i)	165,153	5,000	0	12,030	14,742	196,925	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	CORE GROUP'S EXECUTIVE DIRECTOR RECEIVES A BONUS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2019

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efile Public Visual Render	ObjectID: 202102289349303200 - Submission: 2021-08-16	TIN: 31-1744950
SCHEDULE O (Form 990 or 990-EZ)	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 2019 Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization CORE INC	Employer identification number 31-1744950

Return Reference	Explanation
FORM 990, PART III, LINE 2	SEE DISCUSSION OF NEW PROGRAM SERVICES FOR EMERGENCY RESPONSES (COVID-19) IN NARRATIVES FOR PART III LINE 4D (IN SCHEDULE O).
FORM 990, PART VI, SECTION A, LINE 6	CORE, INC HAS THREE CLASSES OF MEMBERSHIP; MEMBER ORGANIZATIONS CONSISTING OF 501 (C)(3) HEALTH AND DEVELOPMENT INTERNATIONAL ORGANIZATIONS, INDIVIDUAL ASSOCIATES CONSISTING OF HEALTH AND DEVELOPMENT INTERNATIONAL PROFESSIONALS, AND STUDENTS.
FORM 990, PART VI, SECTION A, LINE 7A	PER CORE INC'S BYLAWS, MEMBER ORGANIZATIONS HAVE ONE VOTE EACH TO ELECT OFFICERS OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS; TWO BOARD MEMBERS REVIEWED THE 990 IN DETAIL AND MADE RECOMMENDATIONS TO THE FULL BOARD WHICH DISCUSSED THE DRAFT. THE FULL BOARD RECEIVED A FINAL COPY OF THE 990 PRIOR TO THE SUBMISSION WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE BOARD OF DIRECTORS DISCLOSES ANY POTENTIAL CONFLICTS. IF A CONFLICT OF INTEREST OCCURS, THE MEMBER IS ASKED TO RECUSE HIM/HERSELF FROM PARTICIPATING IN THE DISCUSSION AND DECISION. IT IS IMPORTANT FOR THE EMPLOYEES OF CORE, INC. TO AVOID ANY SITUATION THAT IS AN OBVIOUS CONFLICT OF INTEREST. IF THE EMPLOYEE IS NOT SURE WHETHER AN EXISTING RELATIONSHIP OR BUSINESS VENTURE MAY BE VIEWED AS A CONFLICT OF INTEREST, HE/SHE IS ASKED TO CONTACT THE DIRECTOR OF FINANCE AND ADMINISTRATION.
FORM 990, PART VI, SECTION B, LINE 15	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 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, PART VI, SECTION C, LINE 19	CORE, INC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 140,862. MANAGEMENT AND GENERAL EXPENSES 28,191. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 169,053.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

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