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** PUBLIC DISCLOSURE COPY ** 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

Department of the Treasury Internal Revenue Service

AF	or the	e 2023 calendar year, or tax year beginning and er	nding		
B c	Check if	C Name of organization		D Employer identific	cation number
	Addre chang				
	Name Chang	e Doing business as		27-17032	37
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	loom/suite	E Telephone number	
	Final return			323-934-4	
_	termin ated ☐Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	31,741,834.
	return Applic	LOS ANGELLES, CA 90012		H(a) Is this a group re	
	tion pendir			for subordinates	
		SAME AS C ABOVE empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	H(b) Are all subordinates in	
	Nebsi		527	H(c) Group exemption	list. See instructions
		organization: X Corporation Trust Association Other	I Year (State of legal domicile: CA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: WE ARE	EAC	RISIS RESPON	ISE
JCe		ORGANIZATION THAT BRINGS IMMEDIATE AID AND	RECO	VERY TO UND	ERSERVED
Governance	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			7
ڻ م		Number of independent voting members of the governing body (Part VI, line 1b) \dots			7
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			384
iviti		Total number of volunteers (estimate if necessary)			200
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		61,743,904.	30,734,077.
anı		Program service revenue (Part VIII, line 2g)		36,558.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		159,723.	880,152.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		73,523.	50,643.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		62,013,708.	31,664,872.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,509,513.	6,856,191.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		32,600,105.	23,857,957.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		163,905.	121,808.
, and the second s		Total fundraising expenses (Part IX, column (D), line 25) 3,538,171			10 144 007
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,509,546. 71,783,069.	19,144,287.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>-9,769,361.</u>	<u>49,980,243.</u> -18,315,371.
Or Ges		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		46,960,083.	32,091,854.
t Assets	21	Total liabilities (Part X, line 26)		10,292,955.	13,720,238.
Net-	22	Net assets or fund balances. Subtract line 21 from line 20		36,667,128.	18,371,616.
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer l	has any knowledge.	
		Jerome Lebleu		06/28	3/24
Sig	n	Signature of officer		Date	
Her	e	JEROME LEBLEU, CHIEF OPERATING OFFICER			
		Type or print name and title		Date Check	PTIN
Do:-		Print/Type preparer's namePreparer's signatureDONITA JOSEPHDONITA JOSEPH		6/25/24	
Paid	ı Darer	Firm's name WINDES, INC.	U		5-3001179
	Only	Firm's address P.O. BOX 87			5 50011/3
	5	LONG BEACH, CA 90801-0087		Phone no. 56	2-435-1191

May 1	the IRS discuss this r	eturn with the prepa	arer shown above	? See instructions
LHA	For Paperwork Rec	luction Act Notice,	see the separate	e instructions.

Form 990 (2023)

No

X Yes

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	990 (2023) CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1703237 Page 2
Ра	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	WE ARE A CRISIS RESPONSE ORGANIZATION THAT BRINGS IMMEDIATE AID AND
	RECOVERY TO UNDERSERVED COMMUNITIES ACROSS THE GLOBE. WE EMPOWER
	COMMUNITIES IN AND BEYOND CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,446,824. including grants of \$ 308,822.) (Revenue \$)
	PUBLIC HEALTH RESPONSE - IN 2023, CORE FULLY TRANSITIONED OUT OF THE COVID PANDEMIC RESPONSE. ITS COVID VACCINATION ACTIVITIES CONTINUED AS
	A PART OF A BROADER PUBLIC HEALTH RESPONSE IN GEORGIA AND ILLINOIS,
	WITH THE ADDITION OF MONKEYPOX AND FLU VACCINATIONS.
4b	(Code:) (Expenses \$24,777,466. including grants of \$5,881,722.) (Revenue \$)
	HUMANITARIAN RESPONSE - HUMANITARIAN ACTIVITIES RELATED TO THE
	UKRAINE-RUSSIA WAR CONTINUED IN UKRAINE, POLAND, AND ROMANIA, WITH
	INCREASING ACTIVITIES IN UKRAINE, BOTH FOR RECONSTRUCTION OF LIBERATED
	AREAS WITH SIGNIFICANT DAMAGE IN THE EAST, AND SUPPORT TO IDPS IN THE
	WEST. CORE ALSO STARTED UP UNCONDITIONAL CASH PROGRAMMING IN SUDAN, WHICH WAS BESET BY HUGE HUMANITARIAN NEEDS FOLLOWING THE OUTBREAK OF
	CIVIL CONFLICT IN APRIL. CORE RESPONDED TO A NUMBER OF EMERGENCIES IN
	2023, FROM THE TURKEY / SYRIA EARTHQUAKE IN FEBRUARY, TO THE ONGOING
	HUMANITARIAN NEEDS OF MIGRANTS CROSSING THE US/MEXICO BORDER.
	CONTINUING ITS DISASTER RESPONSE WORK DOMESTICALLY, CORE RESPONDED TO
	HURRICANE IDALIA WHICH STRUCK FLORIDA AND GEORGIA IN SEPTEMBER OCTOBER
	2023.
4c	(Code:) (Expenses § 6,951,121. including grants of § 665,647.) (Revenue § 4,125.)
	HAITI PROGRAMS - PROGRAMS IN HAITI INCLUDE DISASTER RESPONSE, YOUTH EDUCATION, COMMUNITY DEVELOPMENT, A DENTAL CLINIC, CONSTRUCTION, AND
	REDEVELOPMENT OF NEIGHBORHOODS. ITS REFORESTATION INITIATIVE, WHICH
	BEGAN IN 2016, HAS PROGRESSED FROM PLANNING TO IMPLEMENTATION PHASES,
	SUPPORTING SMALLHOLDER FARMERS TO ADAPT TO THE EFFECTS OF A CHANGING
	CLIMATE AND TO REVERSE OVER 200 YEARS OF DEFORESTATION IN HAITI.
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 33,175,411.
	Form 990 (2023)
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Form 990 (2023)			ORGANIZED	RELIEF	EFFORT
Part IV Checklis	t of Required	Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
h	Schedule D, Parts XI and XII	12a		<u></u>
b		106	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a		14a	x	- 23
	Did the organization maintain an office, employees, or agents outside of the United States?	170		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	x	
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Form	990	(2023)	
1 01111	000	(2020)	

22 Did the eigenization report more than 55,000 of grants or other assistance to or for domestic individuals on Park IS, column (A), line 27, "Pres," complete Schedule (), Park I and IIII. 22 X 23 Did the organization answer 'Yes' to Park VII. Section A, line 3, 4, or 5, about compensated employee? If "Yes," complete Schedule J. 23 X 24 Did the organization narwer 'Yes' to Park VII. Section A, line 3, 4, or 5, about compensated employee? If "Yes," complete Schedule J. 24 25 Did the organization narwer 'Yes' to Park VII. Section A, line 3, 4, or 5, about compensated employee? If "Yes," complete Schedule J. 24 24 Did the organization narwer at axexempt bonds issue with an outstanding principal amount of more than 5100.000 as of the Issue for bonds outstanding principal amount of more than 5100.000 as of the Issue for bonds outstanding principal amount of more than 5100.000 as of the Issue for bonds outstanding principal amount of more than 5100.000 as of the Issue for bonds outstanding principal amount of more than 5100.000 as of the Issue for bonds outstanding principal amount on englase in a secses benefit transaction employee in a more secses benefit transaction and the enginetization employee in the organization sector at an one offer H 'Yes, "complete Schedule L, Part I 25 25 Did the organization narwer at the engoded in an excess benefit transaction with a dispusified contributor or engloyee. Theread, "J with the organization sector at any amount on Part X, line 5 or 22, if reacivable from or payables to any current or former officer, director, trustee, key employee, creator of numble, mether dany of these personal? H				Yes	No
23 Did the organization assew: "Yes" to Park WL Section A, line 3, 4, or 5, about compensation of the organization's current and former effects, directors, trustees, key employees, and high-set compensated employees? If 'Yes,' complete Schedule J, and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last duy of the organization matrix in proceedin of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last duy of the year, that was asseed after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K, If Yos, 'year borden sets and 'year, that was asseed after December 31, 2002? If 'Yes,' answer lines 240 through 244 and complete Schedule K, If Yos, 'year borden's 244 24a Did the organization invest may proceedin of tax-exempt bonds beyond a temporary peliod exception? 24a X 25 Section 501(63), 501(64), 400 501(24) organizations. Did the organization and the transaction has not been reported on any of the organization and perior year, and the the transaction have not burner of team or park 24, this 50 c22, br reconsider from or papables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled antly or family member of any of these persons? If Yes, 'complete Schedule L, Part II. 26 X 27 Did the organization approx to a busines transaction with a did substantial contributor? If Yes, 'complete Schedule L, Part II. 26 X 28 Was the organization approx to busines transaction with a did the lowing parties? Bethew Schedule L, Part II. 26 X	22				
and tomer offices, director, trustee, key employees, and highest compensated employees? If "Yes," complete za X 24a Did the organization have a tax examp theorem issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 24b Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that it engaged an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that it engaged an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that it engaged an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that it engaged an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that year? 26b X 25 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 thereod, a grant or other assistance to any current or former officer, director, trustee, key employee, treator or following parties? (See the Schedule L, Part II) 26 X 26 Wos the organization report that set sets or controther offic sets of 200? II "Yes, "complete Schedule L, Part II <td></td> <td></td> <td>22</td> <td></td> <td><u> </u></td>			22		<u> </u>
Schedule / 22 X 44a Dotte organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the issue with an susced after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete Schedule // #Yes,* on line 25a. 24a b Dott be organization mantain an escrow account other than a refunding secrow at any time during the year to defease any tax-secret both? 24a X c Dott be organization and the regulation of the secret both organization ange in an escrew account other than a refunding secret wat any time during the year to defease any tax-secret both? 24d X 25 Section 507(c)(3), 507(c)(4), and 507(c)(3) and 507(c)(4) and 507(c)(3), and 507(c)(4) and 507	23				
24a Ddt he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," to o to line 25a dotted the arganization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24a X D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24a X 25a Section \$01(c)(3), 001(c)(4), and 501(c)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction han acrobe account of the organization prior Forms 900 or 900E27 If "Yes," complete Schedule L, Part I 25a X 25a Bocion \$01(c)(3), 001(c)(4), and 501(c)(29) organizations or paysibles to any current or forme office, director, trustee, key employee, creator or founder, substantial controllator, or 35% controlled entity or founder) or aparts there persons? If "Yes," complete Schedule L, Part I 25b X 25a Did the organization provide any or these persons? If "Yes," complete Schedule L, Part II. 26a X 25b Did the organization provide any or these persons? If "Yes," complete Schedule L, Part II. 26a X 25b Did the organization provide any or these persons? If "Yes," complete Schedule L, Part II. 26a X 25b Did to organization provide any orthoge persons? If "Yes," complete Schedule L, Part II. 26a X 25b Did to organiz				37	
is at day of the year, that was issued after Occember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 256. 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b d Did the organization anathia an escrow account other than a refunding escrow at any time during the year to desaie any tax-exempt bonds? 24d d Did the organization anathia an escrow account other than a refunding escrow at any time during the year to desaie any tax-exempt bonds? 24d d Did the organization and the transaction has not been reported on any of the organization called in the transaction has not been reported on any of the organization accellate. J Part I 25a d Did the organization provide a grant or their assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or majores or a 35% conclude L, Part II 26 d Did the organization provide a grant or their assistance to any current or former officer, director, trustee, key employee, terrest or founder, substantial contributor or majores (Fires, "complete Schedule L, Part II 26 d Was the organization experise of the any individual described in the 28a or 280? If "Yes," complete Schedule L, Part IV 26 d Was the organization experise or more than 325.000 in noncash contribution? If "Yes," complete Schedule L, Part IV 26 d Was the organization experise order band 326.000 in noncash contributions? If "Yes," complete S			23	X	
Schedule K. If Yok, 'go to fine 25a 24a X Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe exempt bonds? 24d 25a Section 50 (c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization any escens benefit transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 25b Transaction with a disqualide person during the year? 25a 27 Did the organization report any amount on ParX, line 5 or 22, for receivables form or pary any current of former officer, director, trustee, key employee, creator of numder, substantial contributor or 356% 26 27 Did the organization neove endered any animethor d any of t	24a				
b Ded the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Ded the organization maintain an encrow account other than a refunding secrow at any time during the year 0 24c d Did the organization are than an encrow account other than a refunding secrow at any time during the year 0 24c d Did the organization are than an encrow account other than a refunding at any time during the year 0 24c d Did the organization are than an encrow account other organization are below that rengage 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 980 or 990-E27 // ****, * complete Schedule L, Part I 25a 25 Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or any immeter of any of these persons? // **********************************					v
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? 24d 25a Section 501(c)(3), 501(c)(4), and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1%e 25a Main the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 1%e 25b X. If 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 356 28 25b Did the organization provide argund or the assistance to any current or former officer, director, trustee, they entry of these persons? If "Yes," complete Schedule L, Part II 28 26 Was the organization provide thereoly or anily member of any rolidus, conditions, and escaptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28 27 Was the organization provide thereoly or anily member of any rolidus described in line 28a? If "Yes," complete Schedule L, Part IV 28 28 A aurrent oremore officer, director, t					
any tax-exempt bonds? 24c 23 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 25a X 24 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 in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-E27. If 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization export the moder of any of these persons? If 'Yes,' complete Schedule L, Part II 26a X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization apartly to a business transaction with one of the following parties? (Bes the Schedule L, Part III) 28a X 28 Was the organization receive more than \$25.000 in noncash contributors? If 'Yes,' complete Schedule L, Part II 28a X 29 Did the organization receive contributions of an historical trassect, or dual sindled conservation contributions? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of an historical trassect, ordue similar sests, ord			246		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 254 Section 501(x8), 501(c4), and 501(c2)00 granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>II 'Yes,' complete Schedule L, Part I</i> 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a ptor year, and that the transaction has not been reported on any of the organizations prior Forms 900 or 90E27. <i>II 'Yes,' complete Schedule L, Part I</i> 25a X 2 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 including an employee thereoi, a grant selection committee member, or to a 35% controlled entity (including an employee thereoi, 1 grant y divese persons? <i>II 'Yes,' complete Schedule L, Part II</i> 26a X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>II</i> 27a X 28 Was the organization provide a grant or other space compositions. and exceptions: 27 Wes,' complete Schedule L, Part IV 28a X 28 Was the organization receive more than 325,000 in noncash contributions? <i>II</i> 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive ontributions of an entity disregraded aseparate from the organization needer on any idnout a des	С		04-		
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b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization sport Parks '0 or 990 E27 if 'Yes,' complete Schedule I, Part I 256 260 Did the organization report any amount on Part X, line 5 or 22, tor receivables from or payables to any current or former officer, director, trustee, key employee, creator or organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 93% controlled entity or family member of any of these persons? // Yes,' complete Schedule L, Part II 26 X 27 Did the organization approxies a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or a 35% controlled entity or b a business transaction with one of the following parties? (See the Schedule L, Part IV. 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in noncash contributions? // 'Yes,' complete Schedule L, Part IV. 28a X 29 Did the organization in quecks terminator, or dissolve and cease operations? // 'Yes,' complete Schedule N, Part I. 30 X 30 Did the organization inquecks terminato, or dissolve and cease operations? // 'Yes,' complete Schedule N, Part I. 30	258		250		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 28 X 28 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 of nating member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or any 35% controlled entity (including an employee) thereol of raing in womber of any individual desceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If '''''''''''''''''''''''''''''''''''	h		254		
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization nave a controlled entity within the meaning of section 512(b)(13)? 35a X 36 B did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11 band 19? 37 X 38 Did the organization of Form 1096. Enter -0- if not applicable 1a 59 1a 59 39 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		contributions? If "Yes," complete Schedule M	30		
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // fr Yes, " complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // fr Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b fr "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule C for Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1a 59 1a 59 bit he organization complete Schedule on line 1a. Enter -0- if not applicable	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 11a 59 1 9 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59 1 1 14 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 1a<	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 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> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 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> 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> 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Schedule N, Part II	32		<u> </u>
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36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X Check if Schedule O contains a response or note to any line in this Part V 1 1 59 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59 1b 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 59 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	b				37
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Note: All Form 990 filers are required to complete Schedule O 38 X 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 59 Ves No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Ves Ves c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	~~		37		
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1a 59 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 59 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Vac	
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
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Form	990 (2023) CORE COMMUNITY ORGANIZED RELIEF EFFORT	1	27-1703	237	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	384			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ו s?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a	Х	
b	If "Yes," enter the name of the foreign country HAITI, POLAND, BRAZIL, UKI					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		- (· _/ · · ·/·	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<u> </u>
Uu				6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution			Ua		
b			-	Ch.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	<u> </u>
				7b	A	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	is requ	lired	_		
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		x
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h	N/	<u>A</u>
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?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		/_			
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ie?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
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Form 990	(2023)
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CORE COMMUNITY ORGANIZED RELIEF EFFORT

27-1703237 Page 6

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
ec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			. 2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?				X
6	Did the organization have members or stockholders?			. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				X	
ັ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				1	
	the internal Residences in the internal requests information about policies not required by the internal Re	venue	Coue.)		Yes	N
Ja	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
D		•		10b		
	· · · · · · · · ·		ro filing the form?		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beloi			Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				37	
_	on Schedule O how this was done				X	
3	Did the organization have a written whistleblower policy?				X	
1	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approva		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			. 15a	Х	
b	Other officers or key employees of the organization			. 15 b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			. 16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			. 16b		X
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filedCA, NY, TN, LA, G	A,F	L,AL,AK,A	R,CO	, CT ,	, H]
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.			()		
	X Own website Another's website X Upon request Other (explain)	on Sc	hedule ()			
•	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and finan	cial	
	statements available to the public during the tax year.		n interest policy,		5101	
•		ke er	d rocordo			
0	State the name, address, and telephone number of the person who possesses the organization's boo JENNIFER QUINN - 323-934-4400	oks and	u recoras			
	910 N HILL ST, LOS ANGELES, CA 90012 SEE SCHEDULE O FOR FULL LIST OF STATES			_	9 90	

<u>Form 990 (2023)</u>	CORE COMMUNITY	ORGANIZED	RELIEF	EFFORT	27-1703237	Page 1					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check if Scl	Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, D	irectors, Trustees, Key Employees	, and Highest Com	pensated Emp	ployees							
1a Complete this table	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tay year										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	~	1099-NEC)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANN LEE	40.00	_	-		$ \ge $	Ξæ	ш			
CHIEF EXECUTIVE OFFICER				x				272,538.	0.	46,474.
(2) JILL BENNETT	40.00									
SNR DIR OF FINANCE (UNTIL 8/23)						Х		268,983.	0.	21,166.
(3) JEROME LEBLEU	40.00	_								
CHIEF OPERATING OFFICER				Х				250,000.	0.	35,000.
(4) MATTHEW O'CONNELL	40.00									
CHIEF BUSINESS OFFICER				X				213,241.	0.	55,051.
(5) BRANDON BARRETT	40.00									
VP, HUMAN RESOURCES (UNTIL 10/23)						X		198,382.	0.	53,627.
(6) JENNIFER QUINN	40.00									
VICE PRESIDENT, FINANCE/CFO	40.00			X				203,030.	0.	38,738.
(7) JAYA VADLAMUDI	40.00							100 000	•	20.040
VP, COMMUNICATIONS & MARKETING	40.00					X		199,992.	0.	32,848.
(8) JOSEPH BUCHER	40.00							100 500	0	01 640
DIRECTOR OF INFORMATION TECHNOLOGY	40.00				<u> </u>	X		199,500.	0.	21,648.
(9) MATHEW CHANDY	40.00	-				37		100 050	0	
VICE PRESIDENT, PROGRAMS	1 0 0					X		180,250.	0.	25,245.
(10) SEAN PENN	1.00	.,						•	0	0
CHAIRMAN (11) DOUDD	1 0 0	Х						0.	0.	0.
(11) BRYAN LOURD	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(12) LT. (RET) GEN. KEN KEEN	1.00	x						0.	0.	0
DIRECTOR (13) GREG MILNE	1.00	A						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) SOLEIL MOON FRYE	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) PATRICIA VELASQUEZ	1.00	<u>^</u>		-				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(16) FERNANDO SULICHIN	1.00							0 •		<u>v</u> .
DIRECTOR		х						0.	0.	0.
										<u> </u>
		1								
	1		-			-				600 (000)

332007 12-21-23

Form 990 (2023)

14180625 794084 10533.TAX

2023.04000 CORE COMMUNITY ORGANIZED 10533.T1

8

								JIEF EFFORT	27-1	7032	237	Page 8
Part VII Section A. Officers, Directors, Trus		ploye	es,			ghes	t C		, ,	—		
(A)	(B) Average			(C Posi				(D)	(E)			(F)
Name and title	hours per		not cl	heck r	nore t	than o s both		Reportable compensation	Reportable compensatio			mated ount of
	week					r/trust		from	from related			ther
	(list any	ector						the	organization	s	comp	ensation
	hours for	or dir	e			ated		organization	(W-2/1099-MIS	I		m the
	related organizations	ustee	truste		ee.	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
	below	Individual trustee or director	In stitutional trustee	_	<ey employee<="" td=""><td>st con iyee</td><td>5</td><td>1099-1120)</td><td></td><td></td><td></td><td>nizations</td></ey>	st con iyee	5	1099-1120)				nizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former				5	
										$ \rightarrow $		
										-+		
1b Subtotal								1,985,916.		0.	329	<u>,797.</u>
c Total from continuation sheets to Part VI								0.		0.	200	0.
d Total (add lines 1b and 1c)								1,985,916.		0.	329	,797.
2 Total number of individuals (including but n	ot limited to the	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable)		34
compensation from the organization												Yes No
3 Did the organization list any former officer,	director truste	oo k		mol	0.000	a or	hia	hest compensated emp		ſ		
line 1a? If "Yes," complete Schedule J for s	-		•	•	•						3	x
4 For any individual listed on line 1a, is the su										····		
and related organizations greater than \$150	-								-		4	x
5 Did any person listed on line 1a receive or a	,		•									
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r) Derso	on		-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								oensat	ion fror	n
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith o	or wit	hin	the organization's tax y	ear.			
(A)	addraaa							(B) Description of s	omiaco	~	(C)	
	address							Description of s	ervices		ompens	sation
GREENBERGTRAURIG LLP 8400 NW 36TH ST STE 400,		ът	2	21	<i>. .</i>			ТЕСЛТ		1	165	750
COMMUNITY HEALTH ALLIANCE						FT77	_	LEGAL MEDICAL MOBI:			,405	<u>,758.</u>
		EVENTS		1	410	,825.						
520 W ERIE ST STE 300, CHICAGO, IL 60654EVENTSJNTTEKIT PROFESSIONAL										<u>+</u>	, = = 0	,025•
6464 SUNSET BLVD # 990, H	SERVICES			446	,135.							
CLIFTONLARSONALLEN LLP PROFESSIONAL SERVICE												,
220 S 6TH ST STE 30, MINN	EAPOLIS	<u>,</u> 1	MN	5	54	02		SAGE INTACCT			268	,581.
PAPAYA GLOBAL INC							7	INTERNATIONA	L			
1450 BROADWAY FL 27, NEW	YORK, N	Y	10	018	8			PAYROLL			266	,823.
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	to t	hos	e list	ed	above) who received me	ore than			
\$100,000 of compensation from the organization 9											<u></u>	

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Form **990** (2023)

						IT	Y ORGANI	ZED RELIEF	EFFORT	27-1703	237 Page 9
Pa	rt V	111	Statement of Rev								_
			Check if Schedule O c	ontair	is a respo	nse o	or note to any lin		(B)	(C)	
								(A) Total revenue	(D) Related or exempt	Unrelated	(D) Revenue excluded
								rotarrovondo		business revenue	from tax under
											sections 512 - 514
nts nts	1		Federated campaigns								
Gra Iou			Membership dues								
ts, (Arr			Fundraising events								
Gif ilar			Related organizations				10 600 600				
ns, Sim			Government grants (contri				19,602,682.				
utio er (f	All other contributions, gifts, g				11 121 205				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included				11,131,395.				
ont		÷.	Noncash contributions included in li				3,300.	20 724 077			
a C		h	Total. Add lines 1a-1f				Business Code	30,734,077.			
		_					Business Code				
vice	2										
ier.		b									
m S ven		с С									
Program Service Revenue		d									
Pro		e f	All other program service r								
_			Total. Add lines 2a-2f								
	3	9									
	3 Investment income (including dividends, interest, other similar amounts)					926,912.			926,912.		
	4		Income from investment of					, -			
	5		Royalties		-	-					
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a	9,0	00.					
				6b	,	0.					
				6c	9,0	00.					
			Net rental income or (loss)					9,000.			9,000.
			Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b			46,760.				
venue		с		7c			-46,760.				
Re		d	Net gain or (loss)			. <u></u>		-46,760.			-46,760.
Other	8	а	Gross income from fundraisin	ng even	ts (not						
đ			including \$		of						
			contributions reported on I		-						
			Part IV, line 18			8a					
						8b	30,202.				
			Net income or (loss) from f			ts		-5,886.			-5,886.
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from g			;					
	10	а	Gross sales of inventory, le			10	1 125				
		k	and allowances			10a					
			Less: cost of goods sold			[<u>10b</u>		4,125.	4,125.		
		U	Net income or (loss) from s	5a185 (minventor	у	Business Code	±,±23.	1,123.		
sn	11	2	CREDIT CARD REWARDS				900099	92,670.			92,670.
neo		u b	TRANSLATION GAIN/LOS	s			900099	-49,266.			-49,266.
əllaı ver		с С									,,
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					43,404.			
	12	-	Total revenue. See instruction					31,664,872.	4,125.	0.	926,670.
33200	- <u>-</u> 19 12-:	21-:							· ·	·	Form 990 (2023)

332009 12-21-23

Form 990 (2023)

CORE COMMUNITY ORGANIZED RELIEF EFFORT 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).

5500	<u>on 501(c)(3) and 501(c)(4) organizations must comp</u> Check if Schedule O contains a respon				
Doi	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,094,714.	1,094,714.		
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	5,761,477.	5,761,477.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 114 000	104 011	600.000	210 200
	trustees, and key employees	1,114,073.	184,811.	609,883.	319,379.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 756 500	0 470 007	4 1 6 4 0 4 1	1 112 001
7	Other salaries and wages	13,756,589.	8,479,287.	4,164,241.	1,113,061.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7 200 277	4 564 200	2 0 5 9 2 1 0	675 745
9	Other employee benefits	7,298,377. 1,688,918.	4,564,322. 1,039,508.	2,058,310. 501,937.	<u>675,745</u> 147,473.
10	Payroll taxes	1,000,910.	1,039,500.	501,957.	14/,4/3.
11	Fees for services (nonemployees):				
	Management	1,005,921.	356,561.	570,837.	70 500
		54,045.	19,157.	30,669.	78,523. 4,219.
	Accounting	54,045.	19,157.	30,009.	4,219.
	Lobbying	121,808.			121,808.
	Professional fundraising services. See Part IV, line 17	13,134.		13,134.	121,000.
f	Investment management fees	13,134.		13,134.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4,214,768.	2,280,544.	1,833,208.	101,016.
40	column (A), amount, list line 11g expenses on Sch 0.)	4,214,700.	2,200,344.	1,055,200.	101,010.
12 13	Advertising and promotion Office expenses	130,842.	87,420.	43,182.	240.
13 14	Information technology	1,190,825.	263,064.	887,524.	40,237.
15	Royalties	1/1/0/0230	20070010	00,75210	10/23/1
16	Occupancy	901,679.	499,461.	388,294.	13,924.
17	Travel	946,781.	502,341.	336,495.	107,945.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	181,672.	98,092.	83,580.	
23	Insurance	1,165,058.	31,235.	1,133,823.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS AND SUPPLIES	3,580,033.	3,287,203.	290,977.	1,853.
b	CONSTRUCTION SERVICES	2,595,520.	2,595,520.		_,
c	FUEL AND VEHICLE MAINTE	1,009,398.	996,020.	12,954.	424.
d	FUNDRAISING EXPENSES	801,411.	57,167.	3,957.	740,287.
	All other expenses	1,353,200.	977,507.	303,656.	72,037.
25	Total functional expenses. Add lines 1 through 24e	49,980,243.	33,175,411.	13,266,661.	3,538,171.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
) 12-21-23			•	Form 990 (2023

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14180625 794084 10533.TAX

Form 990 (2023)

14180625 794084 10533.TAX

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year 11,288,441. 1 Cash - non-interest-bearing 21,988,947. 2 Savings and temporary cash investments Pledges and grants receivable, net 3

	4	Accounts receivable, net			9,913,700.	4	5,730,452.
Assets	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e persor	าร		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use			160,267.		233,258.
As	9				814,749.	9	913,234.
	10a	Land, buildings, and equipment: cost or other					
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,074,011. 1,356,505.			
	b	Less: accumulated depreciation	10b	1,356,505.	1,113,581.	10c	1,717,506.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			70,353.	12	68,048.
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,610,045.	15	1,475,887.		
	16	Total assets. Add lines 1 through 15 (must equa			46,960,083.	16	32,091,854.
	17	Accounts payable and accrued expenses		6,941,501.	17	5,751,419.	
	18	Grants payable				18	
	19	Deferred revenue			2,655,393.	19	7,510,585.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	f Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of thes	e persor	าร		22	
	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (Complete Part X	COC OC1		450 004
		of Schedule D			696,061.		458,234. 13,720,238.
	26	Total liabilities. Add lines 17 through 25			10,292,955.	26	13,720,238.
s		Organizations that follow FASB ASC 958, che	ck here	X			
ЭCe		and complete lines 27, 28, 32, and 33.			20 562 016		16 502 002
alar	27	Net assets without donor restrictions			<u>30,563,816.</u> 6,103,312.	27	<u>16,583,982</u> . 1,787,634.
ЧВ	28	Net assets with donor restrictions			0,103,312.	28	1,/0/,034.
n		Organizations that do not follow FASB ASC 98	58, chec	k here			
ΩL		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
∍t A	31	Retained earnings, endowment, accumulated inc	F	36,667,128.	31	18,371,616.	
ž	32	Total net assets or fund balances			46,960,083.	32	32,091,854.
	33	Total liabilities and net assets/fund balances			±0,200,003•	33	Form 990 (2023)
							FUIII •••• (2023)

<u>27-1703237</u> Page **11**

(B) End of year

4,867,266.

17,086,203.

1

2

3

Form	990 (2023) CORE COMMUNITY ORGANIZED RELIEF EFFORT	27	-17032	37	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		664		
2	Total expenses (must equal Part IX, column (A), line 25)	2		980		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,	667		
5	Net unrealized gains (losses) on investments	5		128		
6	Donated services and use of facilities	6	-	108	8,8	<u>67.</u>
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,	371	.,6:	16.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	L
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2023)

(Form 990)

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.

OMB No. 1545-0047
2023
Open to Public

Department of the Treasury Internal Revenue Service			A /Go to www.irs.gov	Open to Public Inspection									
Name of	the organizati		Ŭ					Employer	identification number				
			COMMUNITY	ORGANIZED RI	ELIEF	EFFOF	۲Y	2	7-1703237				
Part I	Reason			(All organizations must o									
The organ				For lines 1 through 12, c									
1				on of churches described			I)(A)(i).						
2	A school des	cribed in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)								
3				anization described in se)(b)(1)(A)(ii	i).						
4	A medical res	search organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
	city, and stat	e:											
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)										
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in				
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 📃	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university:												
10	-		•	than 33 1/3% of its supp				-	•				
				t to certain exceptions; a									
				(less section 511 tax) fro	om busines	sses acqui	red by the org	janization a	fter June 30, 1975.				
			mplete Part III.)	the back of the second fille and			04-14						
	-	-	-	ively to test for public satisfies the base of the second s	-								
12 🛄				ively for the benefit of, to									
				ed in section 509(a)(1) of					neck the box on				
•	-	-	• •	f supporting organization		-		-	nivina				
a				upervised, or controlled gularly appoint or elect a	• • •	-							
		-	complete Part IV, Se	• • • •	majonty c				pporting				
b	-			or controlled in connect	tion with it	s sunnorte	d organizatio	n(s) hy hay	ina				
			-	anization vested in the sa			-		-				
		-	t complete Part IV,					go the capp					
c	-			g organization operated	in connect	tion with. a	and functional	lv integrate	d with.				
		-). You must complete I				., <u>.</u>					
d	-			oorting organization oper				ted organiz	ation(s)				
		-		zation generally must sat				-					
	requiremer	it (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.						
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
	functionally	integrated, or	Type III non-functio	nally integrated supporting	ng organiz	ation.							
	er the number	• •	•										
		<u> </u>	about the supporte	U ()	(iv) to the error	anization listed							
	 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)				
	organization	•		above (see instructions))	Yes	No							
Total													

Schedule A (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1703237 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	7027014.	76691457.	122044913	<u>61743904.</u>	<u>30734077.</u>	298241365					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge	7027014	76601457	122044012	61712001	2072/077	298241365					
	Total. Add lines 1 through 3	/02/014.	/009145/.	122044913	01/43904.	50754077.	290241303					
5	The portion of total contributions											
	by each person (other than a governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						83795251.					
6	Public support. Subtract line 5 from line 4.						214446114					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
	Amounts from line 4			122044913								
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	34,513.	2,504.	59,034.	156,723.	935,912.	1188686.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)		12,479.	3,786.	57,389.		117,058.					
11	Total support. Add lines 7 through 10						299547109					
12	,	,	,			12	175,078.					
13	First 5 years. If the Form 990 is for the	-										
800	organization, check this box and stop											
	ction C. Computation of Publi						71.59 %					
	Public support percentage for 2023 (I		•	.,,		14	<u> </u>					
	Public support percentage from 2022 33 1/3% support test - 2023. If the o					15						
104	stop here. The organization qualifies						77					
h	33 1/3% support test - 2022. If the o		-			or more check th						
Ň	and stop here. The organization qual											
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact	-										
	meets the facts-and-circumstances te			•								
b	10% -facts-and-circumstances test	-	-	• • • •								
~	more, and if the organization meets th					-						
	organization meets the facts-and-circu											
<u>18</u>	Private foundation. If the organization											
							(Form 990) 2023					

Schedule A (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1703237 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		e) 2023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	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								
	Public support. (Subtract line 7c from line 6.)								
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6 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								
ر 11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
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 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,	
	check this box and stop here						-		
Se	ction C. Computation of Publi	ic Support Pe	rcentage						
15	Public support percentage for 2023 (I	ine 8, column (f), c	divided by line 13, o	column (f))		15			%
	Public support percentage from 2022					16			%
See	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17			%
	Investment income percentage from					18			%
19 a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/39	%, and line 17	7 is not	
	more than 33 1/3%, check this box a								
k	33 1/3% support tests - 2022. If the							_	
	line 18 is not more than 33 1/3%, che							Ļ	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structio		L	
3320	23 12-21-23						Schedule A	(Form 990) 20)23

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Schedule A (Form 990) 2023 Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2023

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

27-1703237 Page 5 CORE COMMUNITY ORGANIZED RELIEF EFFORT Schedule A (Form 990) 2023 Part IV Supporting Organizations (co

1 4				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	N
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(c)	1		1

Section D.	All Type I	II Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

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

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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? If "Yes" or "No" 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) 2023

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14180625 794084 10533.TAX

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Sche	dule A (Form 990) 2023 CORE COMMUNITY ORGANIZED			27-1703237 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explair</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting of	organization (see

instructions).

Schedule A (Form 990) 2023

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CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1703237 Page 7

		Y ORGANIZED RE			7-1703237	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ied)		
<u>Secti</u>	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	S	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	CORE	COMMUNITY	ORGANI	ZED RE	LIEF E	FFORT	27-17032	37 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. , 2, 3b, 3c, lines 2 and	Provide the explan 4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	ations required b, 9c, 11a, 11 E, lines 1c, 2a	d by Part II, I b, and 11c; I a, 2b, 3a, and	ine 10; Part Part IV, Sec d 3b; Part V	II, line 17a or tion B, lines 1 , line 1; Part V	17b; Part III, line 1 and 2; Part IV, Se , Section B, line 1	2; ction C,
332028 12-21-2	23							Schedule A (Fo	orm 990) 2023
				21				L	•

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

2023

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

Organization type (check one):

CORE COMMUNITY ORGANIZED RELIEF EFFORT

27-1703237

0 <i>1</i> (
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

CORE COMMUNITY ORGANIZED RELIEF EFFORT

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
		\$ <u>8,685,417.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,980,058.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>3,503,131.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>2,685,967.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,204,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,172,388.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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14180625 794084 10533.TAX

Page 2

Employer identification number

27-1703237

Schedule B (Form 990) (2023)

CORE COMMUNITY ORGANIZED RELIEF EFFORT

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
7		\$ <u>1,349,941.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>854,327.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>723,166.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash October (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

27-1703237

323453 12-26-23

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2023.04000 CORE COMMUNITY ORGANIZED

Part I		(See Instructions.)	
<u> </u>			
		\$	
		V	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	

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CORE COMMUNITY ORGANIZED RELIEF EFFORT

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

(a)

No.

from

Employer identification number

(d)

Date received

27 - 1703237

(c)

FMV (or estimate)

(See instructions.)

Page 3

Schedule	B (Form 990) (2023)		Page 4
Name of c	organization		Employer identification number
CORE	COMMUNITY ORGANIZED RELI	EFF EFFORT	27-1703237
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.)
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd 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
		(a) Tuanafan af aif	
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transforce's name, address, at	ad 7 ID + 4	Polationship of transforor to transforoe
	Transferee's name, address, a		Relationship of transferor to transferee
323454 12-20	6-23	07	Schedule B (Form 990) (2023)

27 2023.04000 CORE COMMUNITY ORGANIZED 10533.T1

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



Department of the Treasury Internal Revenue Service

Nam	of the organization CORE COMMUNITY ORG	ANIZED REL	IEF	EFFORT		Employer identification number $27 - 1703237$
Pa					r Acc	
	organization answered "Yes" on Form 990, Part IV, lir					
	3	(a) Donor ad	dvise	d funds	(b) Funds and other accounts
1	Total number at end of year	(1	,
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4						
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in		to hol	ld in donor odvigoo	l fundo	
5	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
U	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		-	, , ,		•
Pa		anization answered	l "Yes	" on Form 990 Pa	art IV li	ne 7
1	Purpose(s) of conservation easements held by the organizati					
•	Preservation of land for public use (for example, recrea		pry).	Preservation of a	histor	cally important land area
	Protection of natural habitat			1		ed historic structure
	Preservation of open space]		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation co	ntribı	ition in the form of	a cons	servation easement on the last
-	day of the tax year.				Γ	Held at the End of the Tax Year
а					— E	2a
b					Г	2b
c	Number of conservation easements on a certified historic str				Г	2c
d	Number of conservation easements included on line 2c acqu				···· -	
-	on a historic structure listed in the National Register					2d
3	Number of conservation easements modified, transferred, re					
	year	·····	,	,,	- J	
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe		specti	ion, handling of		
	violations, and enforcement of the conservation easements i		-			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	nd enf	orcing conservatio	n ease	ements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirem	nents	of section 170(h)(4	l)(B)(i)	
	and section 170(h)(4)(B)(ii)?					Yes 🗌 No
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organizat	ion's	financial statemen	ts that	describes the
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections o	f Art, Historical	Trea	asures, or Oth	er Sir	nilar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its	s reve	nue statement and	d balar	ce sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, educa	ation,	or research in furt	heranc	e of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that	t desc	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its rev	/enue	statement and ba	lance s	sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, educatio	on, or	research in furthei	rance o	of public service,
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
						•
2	If the organization received or held works of art, historical tre	easures, or other simi	ilar as	sets for financial g	jain, pr	
	the following amounts required to be reported under FASB A	ASC 958 relating to th	hese	items:		
а	Revenue included on Form 990, Part VIII, line 1					\$
	Assets included in Form 990, Part X					\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.				Schedule D (Form 990) 2023

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		MMUNITY OR						27-17			age 2
									(contine)	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following the	at make si	gnificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	c			change prog						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit of							_	-		-
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the c	organizatio	n answered	"Yes" on I	Form 990,	Part IV, li	ne 9, or		
				.			in altrala al				
18	Is the organization an agent, trustee, custodi							_	7		7
	on Form 990, Part X?							∟	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the tol	llowing ta	adie:					Amoun	+	
-	Designing belongs								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	∟			
	t V Endowment Funds Complete if										<u></u>
		(a) Current year		rior year	(c) Two ye		(d) Three y	ears back	(e) Fou	r vears	back
19	Beginning of year balance		(2).	, iei yeu	(0)		()	ouro puon	(0) + 00	jeure	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
	End of year balance	L	//:		<u> </u>						
2	Provide the estimated percentage of the curr	,	. 0	, column (a	i)) held as:						
	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administe	ered for th	e			Y	N
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		. <u> </u>
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	unds.							
Fai	Complete if the organization answere			lino 110 C	Soo Form 00		line 10				
						1			()) =		
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	1	ccumulate preciation	a	(d) Boo	k valu	Э
4-	Land		nong		50,906.		problation		15	0,9	06
	Land				900. 98,402.		258,51	9		<u>9,8</u>	
	Buildings				50, <u>402</u> .		<u>59,23</u>			1,7	
	Leasehold improvements				50,941. 59,465.		<u>53,2</u> 526,78			2,6	
	Equipment				9,403. 4,297.		411,96			<u>2,0</u> 2,3:	
	Other			-	-				/8 1,71		
ı otal	. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X, line 10</u>	oc, column	(<u>B))</u>				<u> </u>	1,5	50.

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(a) 2001 Value		a c. your market value
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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 en	d-of-vear market value
(1)	(-)	(-,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	<u>. (В))</u>		
	on Form 000 Dart IV line	110 or 11f Soo Form 000 Dort V line 26	-
Complete if the organization answered "Yes" 1. (a) Description of liability		The of This See Form 990, Part A, line 20	(b) Book value
(1) Federal income taxes			450.004
(2) LEASE LIABILITY			458,234
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			450.001
Total. (Column (b) must equal Form 990, Part X, line 25, co			458,234
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FAOD 400 740 Ob		rovided in Part XIII 🛛 🖸

CORE COMMUNITY ORGANIZED RELIEF EFFORT

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 CORE COMMUNITY ORGANIZED R.				1703237 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn	
	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	31,652,881.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	128,726.		
b	Donated services and use of facilities	2b	-85,325.		
с	Recoveries of prior year grants	2c			
d			30,202.		
е	Add lines 2a through 2d			2e	73,603.
3	Subtract line 2e from line 1			3	31,579,278.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	13,134.		
b	Other (Describe in Part XIII.)	4b	72,460.		
с	Add lines 4a and 4b			4c	85,594.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	31,664,872.
	Total revenue: Add lines of and Hor (This must equal Form 990, Farth, line 12.)				
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per F		n
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	h Expenses per F	Retur	n
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wit	h Expenses per F	Retur	n
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit 	h Expenses per F	Retur	n
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit . 2a . 2b	h Expenses per F	Retur	n
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	h Expenses per F	Retur	n
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 23,542. 30,202.	Retur	n 49,948,393. 53,744.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per F	Retur	n 49,948,393.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F	Retur	n 49,948,393. 53,744.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per F	Retur	n 49,948,393. 53,744.
Pa 1 2 a b c d e 3 4	T XII Reconciliation of Expenses per Audited Financial Statematic Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	h Expenses per F	Retur	n 49,948,393. 53,744. 49,894,649.
Pa 1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per F	Retur	n 49,948,393. 53,744. 49,894,649. 85,594.
Pa 1 2 a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F	Retur	n 49,948,393. 53,744. 49,894,649.

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.

PART X, LINE 2:

FIN 48:

THE ORGANIZATION RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS IN THE

FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT TO BE

SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE

ORGANIZATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS

BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF

LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE

31

AND FOUR YEARS, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE

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30,202. Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORM Part XIII Supplemental Information (continued)	Г 27-1703237 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
IN-KIND EXPENSES RECLASSED FROM REVENUE TO EXPENSES	72,460.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE	30,202.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
IN-KIND EXPENSES RECLASSED FROM REVENUE TO EXPENSES	72,460.
332055 09-28-23	Schedule D (Form 990) 2023

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Department of the Treasury			Attach to Form 990.		Op	en to Public
Internal Revenue Service	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		pection
Name of the organization					Employer iden	tification number
CORE COMMUNITY					27-17032	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	"Yes" on
Form 990, Part I						
			ds to substantiate the amount of its gra			. .
the grantees' eligibility f	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis		Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance ou	tside the
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d)	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		gram service, e specific type	for and
	5	contractors in the region	recipients located in the region)		(s) in the region	investments in the region
		In the region				
SUDAN	1	1	GRANTS			219,774.
					ON, COMMUNITY	
HAITI	2	129	PROGRAM SERVICES	DEVELOPMENT RENEWAL	, URBAN	6 951 101
	2	129	PROGRAM SERVICES	KENEWAL		6,951,121.
TURKEY	1	2	PROGRAM SERVICES	EMERGENCY R	ESPONSE	692,227.
INDIA	1	1	GRANTS			301,769.
	-	1	SIMUID			
PAKISTAN	1	1	PROGRAM SERVICES	FLOOD RESPO	NSE	643,615.
BRAZIL	1	1	PROGRAM SERVICES	EMERGENCY R	ESPONSE	458,013.
VENEZUELA	1	1	GRANTS			172,500.
UKRAINE	1	21	PROGRAM SERVICES	REFUGEE CRI	SIS	5,656,582.
3 a Subtotal	9	157				15,095,601.
b Total from continuation						
sheets to Part I	2	19				5,655,654.
c Totals (add lines 3a)	1					

Statement of Activities Outside the United States

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

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

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Schedule F (Form 990) 2023

20,751,255.

OMB No. 1545-0047

n23

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

	(b) Number of	(c) Number of	(Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
		region	recipients located in the region)	of service(s) in region	
POLAND	1	13	PROGRAM SERVICES	REFUGEE CRISIS	4,925,619
		-			
ROMANIA	1	6	PROGRAM SERVICES	REFUGEE CRISIS	730,035.
lotals	2	19			5,655,654

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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.

1 (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)
		BRAZIL	BRAZIL FLOOD RESPONSE	16,018.	WIRE	0.		
			REFORESTATION,	,				
			COMMUNITY					
			DEVELOPMENT, URBAN					
		НАІТІ	RENEWAL	133,437.	WIRE	0.		
			REFORESTATION,	100,107.				
			COMMUNITY					
			DEVELOPMENT, URBAN					
		HAITI	RENEWAL	102,566.	WIRE	0.		
			REFORESTATION,	102,000.				
			COMMUNITY					
			DEVELOPMENT, URBAN					
		HAITI	RENEWAL	268,362.	WTRE	0.		
			REFORESTATION,					
			COMMUNITY					
			DEVELOPMENT, URBAN					
		HAITI	RENEWAL	158,105.	WIRE	0.		
				100,100.				
			SUPPLEMENTAL FOOD					
		INDIA	DISTRIBUTION	225,392.	WIRE	0.		
			PAKISTAN FLOOD					
			RESPONSE	536,468.	WTRE	0.		
		# * * * *						
			UKRAINE REFUGEE					
		POLAND	RESPONSE	183,687.	WIRE	Ο.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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3 Enter total number of other organizations or entities

Page 2

Schedule F (Form 990)	CORE	COMMUNITY OR	GANIZED RELIEF	EFFORT	27-17	03237		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		POLAND	UKRAINE REFUGEE RESPONSE	96,649.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	93,818.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	65,675.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	19,440.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	24,770.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	80,834.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	41,011.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	49,997.	WIRE	0.		
		POLAND	UKRAINE REFUGEE RESPONSE	49,228.	WIRE	0.		

Schedule F (Form 990)	CORE	COMMUNITY OR	GANIZED RELIEF	EFFORT	27-17	03237		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		POLAND	UKRAINE REFUGEE RESPONSE	59,744.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	87,500.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	38,350.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	121,699.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	47,816.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	15,888.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	10,000.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	32,554.	WIRE	0.		
		ROMANIA	UKRAINE REFUGEE RESPONSE	33,061.	WIRE	0.		

CORE	COMMUNITY OR	GANIZED RELIEF H	EFFORT	27-17	03237		Page 2
Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		-
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ROMANIA	UKRAINE REFUGEE RESPONSE	24,416.	WIRE	0.		
		HUMANITARIAN RESPONSE TO CONFLICT-AFFECTED					
	SUDAN	COMMUNITIES	99,196.	WIRE	0.		
		TURKEY-SYRIA					
	TURKEY	EARTHQUAKE RESPONSE	91,580.	WIRE	0.		
	TURKEY	EARTHQUAKE RESPONSE	236,157.	WIRE	0.		
		INDATHE DEFINCE					
	UKRAINE	RESPONSE	164,502.	WIRE	0.		
		UKRAINE REFUGEE					
	UKRAINE	RESPONSE	47,017.	WIRE	0.		
		UKRAINE REFUGEE					
	UKRAINE	RESPONSE	84,995.	WIRE	0.		
	UKRAINE	UKRAINE REFUGEE RESPONSE	136,271.	WIRE	0.		
	UKRAINE	UKRAINE REFUGEE RESPONSE	70 878	WIRE	0		
	Grants and Other A (b) IRS code section and EIN (if applicable)	Grants and Other Assistance to Organiza	Grants and Other Assistance to Organizations or Entities Outside the(b) IRS code section and EIN (if applicable)(c) Region(d) Purpose of grant(c) Region(d) Purpose of grantgrant(c) RegionUKRAINE REFUGEE RESPONSEUKRAINE REFUGEE RESPONSEFURATIARESPONSEFURATIAFURATIAN RESPONSE TO CONFLICT-AFFECTED COMMUNITIESFURKEYSUDANFURKEYFURKEY-SYRIA EARTHQUAKE RESPONSEFURKEYFURKEYFURKEYFURKEY-SYRIA EARTHQUAKE RESPONSEFURKEYFURKEYFURKEYFURKEYFURREYKRAINE REFUGEE RESPONSEFURATINEFURATINE RESPONSEFURATINEUKRAINE REFUGEE RESPONSEFURATINEFURATINE RESPONSEFURATINEFURATINE REFUGEE RESPONSEFURATINEFURATINE RESPONSE	(b) IRS code section and EIN (if applicable)(c) Region(d) Purpose of grant(e) Amount of cash grant(b) IRS code section and EIN (if applicable)UKRAINE REFUGEE RESPONSE24,416.(c) RegionUKRAINE REFUGEE COMMUNITIES24,416.(c) RegionUKRAINE REFUGEE COMMUNITIES99,196.(c) RegionTURKEY-SYRIA EARTHQUAKE RESPONSE99,196.(c) RegionTURKEY-SYRIA EARTHQUAKE RESPONSE91,580.(c) RegionTURKEY UKRAINEUKRAINE REFUGEE RESPONSE91,580.(c) RegionUKRAINE RESPONSEUKRAINE REFUGEE RESPONSE164,502.(c) RegionUKRAINE RESPONSEUKRAINE REFUGEE RESPONSE47,017.(c) RegionUKRAINE RESPONSEUKRAINE REFUGEE RESPONSE84,995.(c) RegionUKRAINE RESPONSE136,271.(c) RegionUKRAINE RESPONSEUKRAINE REFUGEE RESPONSE136,271.	Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 9 (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement UKRAINE REFUGEE ROMANIA UKRAINE REFUGEE RESPONSE 24,416. WIRE SUDAN UKRAINE REFUGEE TO COMPLICT-AFFECTED SUDAN 99,196. WIRE TURKEY TURKEY-SYRIA EARTHQUAKE RESPONSE 91,580. WIRE TURKEY TURKEY-SYRIA EARTHQUAKE RESPONSE 91,580. WIRE VIRAINE TURKEY-SYRIA EARTHQUAKE RESPONSE 91,580. WIRE VIRAINE TURKEY SUGAN VIRAINE REFUGEE RESPONSE 164,502. WIRE VIRAINE UKRAINE REFUGEE RESPONSE 164,502. WIRE WIRE VIRAINE UKRAINE REFUGEE RESPONSE 84,995. WIRE VIRAINE UKRAINE REFUGEE RESPONSE 84,995. WIRE VIRAINE UKRAINE REFUGEE RESPONSE 136,271. WIRE	Grants and Other Assistance to Organizations or Entities Outside the United States. Schedule F (Form 990), Part II, line 1) (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement (g) Amount of non-cash assistance DER ALL DER ALL DER ALL DER ALL DER ALL DER ALL (g) Amount of non-cash assistance (g) Amount of non-cash assistance DER ALL DER ALL DER ALL DER ALL DER ALL DER ALL (g) Amount of non-cash assistance (g) Amount of non-cash assistance DER ALL DER ALL DER ALL DER ALL DER ALL DER ALL (g) Amount of non-cash assistance (g) Amount of non-cash assistance	Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, Ime 1) (b) IRS code section and EIN (if applicable) (c) Pegion (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount assistance (g) Amount of on cash assistance (g) Amount assistance FURAINE<

Schedule F (Form 990)	CORE	COMMUNITY OR	GANIZED RELIEF	EFFORT	27-17	03237		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	UKRAINE REFUGEE RESPONSE	48,490.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	72,018.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	40,462.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	71,970.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	43,204.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	49,999.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	98,263.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	49,998.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	6,933.	WIRE	0.		

Schedule F (Form 990)	CORE	COMMUNITY OF	GANIZED RELIEF	EFFORT	27-17	03237		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	UKRAINE REFUGEE RESPONSE	49,874.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	74,620.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	103,949.	WIRE	0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	71,077.	WIRE	0.		
		KOREA	UKRAINE REFUGEE RESPONSE	238,680.	WIRE	0.		
		HAITI	REFORESTATION, COMMUNITY DEVELOPMENT, URBAN RENEWAL	617,874.		0.		
		HAITI	REFORESTATION, COMMUNITY DEVELOPMENT, URBAN RENEWAL	30,177.		0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	81,866.		0.		
		UKRAINE	UKRAINE REFUGEE RESPONSE	457,340.	CASH	0.		

Schedule F (Form 990)	CORE	COMMUNITY OR	GANIZED RELIEF H	EFFORT	27-17	03237		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		BRAZIL	BRAZIL FLOOD RESPONSE	7,601.	САЅН	٥.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Page 3

			COMMUNITY	ORGANIZED	RELIEF	EFFORT	27-1703237	Page 4
Part IV	Foreign Form	S						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, "		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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Schedule F (Form 990) 2023	CORE	COMMUNITY	ORGANIZED	RELIEF	EFFORT	27-1703237	Page 5			
Part V Supplementa	l Inform	ation								
Provide the inform	nation requ	ired by Part I, line 2	(monitoring of funds	s); Part I, line 3	3, column (f) (acco	unting method; amounts of				
investments vs. e	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)									
(estimated number	er of recipie	ents), as applicable.	Also complete this p	art to provide	any additional inf	ormation. See instructions.				

PART I, LINE 2:

OUR ORGANIZATION GENERALLY IMPLEMENTS OUR OWN PROGRAMS. HOWEVER, IN THE

COURSE OF IMPLEMENTING OUR OWN PROGRAMS, WE WORK WITH OTHER ORGANIZATIONS

WHO MAY WORK WITH US EITHER AS A SUB-GRANTEE OR AS A SERVICE PROVIDER. IN

THESE CASES, WE HAVE AN AGREEMENT WHICH CLEARLY SPECIFIES THE

DELIVERABLES, MILESTONES TO MEET, AND PAYMENT STRUCTURE.

Schedule F (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Inform	ation Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)			answered "Yes" on ntered more than \$1				or 19,	or if the	2023
Department of the Treasury			Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov	/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization									identification number
			ORGANIZED					27-170	
	complete this part		ne organization answ	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990	EZ filers are not
 c Phone solici d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	tions email solicitations tations dicitations on have a written o red in Form 990, Pa dighest paid indiv	or oral agreeme art VII) or entity viduals or entiti	e X Solicita f X Solicita g X Specia	ation of ation of I fundra I (incluc professi	non-g gover aising o ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X	
compensated at le	east \$5,000 by the	organization.							
()	(i) Name and address of individual or entity (fundraiser) (ii) Activity (ii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser have custody or contributions?							y) to (or retained by)	
WEINSTEIN CARNEGIE				Yes	No				
PHILANTHROPIC GROU	P - 207	FUNDRAISING	CONSULTANTS		X	0.			0. 121,808.
Total									121,808.
3 List all states in wh or licensing.	ich the organizatio	n is registered	or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	registration

CA, NY, TN, FL, LA, GA, AL, AK, AR, CO, CT, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM NC, ND, OH, OK, OR, PA, RI, SC, UT, VA, WA, WV, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

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CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1703237 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio 000.E7 lin E. d 6h Lista with atar th **-** 1 ainte А **.**+~

		of fundraising event contributions and g	(a) Event #1 NOLA	(b) Event #2	(c) Other events NONE	(d) Total events
			FUNDRAISING		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(overn type)	(ovon typo)		
Hevenue	1	Gross receipts	24,316.			24,316
	2	Less: Contributions				
	_					
_	3	Gross income (line 1 minus line 2)	24,316.			24,316
	4	Cash prizes				
	5	Noncash prizes				
enses		Rent/facility costs				14,728
Ulrect Expenses						
	'	Food and beverages				
		Entertainment				9,600
		Other direct expenses				5,874
·	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			30,202
	4			bingo/progressive bingo		col. (a) through col. (
		Gross revenue Cash prizes				
Ulrect Expenses		Noncash prizes				
	4	Rent/facility costs				
+	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	ıh 5 in column (d)			
		Net gaming income summary. Subtract line				
						1
		er the state(s) in which the organization cond ne organization licensed to conduct gaming a				Yes N
		No," explain:				
	Wer	re any of the organization's gaming licenses r	evoked, suspended, or te	rminated during the tax y	ear?	Yes N
a	14 113	/es," explain:				
	IT Y					

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT 27-1	703237	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	—]	<u> </u>
	to administer charitable gaming?	Ves	└── No
	Indicate the percentage of gaming activity conducted in:	13a	%
	The organization's facility An outside facility	13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
100			
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part Lline 2b, columns (iii) and (v); and Part		01 101
га	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i III, lines 9,	96, 106,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<i>(</i> т	NAME OF FUNDDATCED, WEINGMEIN CADNEGIE DUILANMUDODIC ODOUD		
(1) NAME OF FUNDRAISER: WEINSTEIN CARNEGIE PHILANTHROPIC GROUP		
(I) ADDRESS OF FUNDRAISER: 207 FRONT STREET, 3RD FLOOR, NEW YORK,	NY 1	0038
<u> </u>	,		
_			
33208	33 09-13-23 Schedu	ule G (Form	990) 2023

Schedule G	i (Form 990) Supplemental Infor	CORE COMMUN	ITY ORGAN	IIZED RELI	EF EFFORT	27-1703237	Page 4
Part IV	Supplemental Infor	mation (continued)					
						Schedule G (F	orm 990)

SCHEDULE I	C	Grants and Oth	ner Assistan	ce to Organ	izations,		OMB No. 1545-0047				
(Form 990)	Go	vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		2023				
Department of the Treasury	Comp	lete il the organizatio	Attach to Form	-	rt IV, inte 21 of 22.		Open to Public				
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection				
Name of the organization CORE COMM	UNITY ORG	ANIZED RELI	EF EFFORT				Employer identification number 27-1703237				
Part I General Information on Grants and Assistance											
1 Does the organization maintain records t	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti					
criteria used to award the grants or assis	tance?						X Yes No				
2 Describe in Part IV the organization's pro											
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
WAYUU TAYA FOUNDATION INC 12021 CINNAMON FERN DRIVE											
RIVERVIEW, FL 33579	37-1449493	501(C)(3)	142,500.	0.			HUMANITARIAN RESPONSE				
HAITIAN NEIGHBORHOOD CENTER SANT LA INC - 13450 W DIXIE HWY - NORTH											
MIAMI, FL 33161	65-1080680	501(C)(3)	22,500.	0.			HUMANITARIAN RESPONSE				
ABARA INC 1228 WYOMING AVENUE EL PASO, TX 79902	84-3036435	501(C)(3)	45,200.	0.			HUMANITARIAN RESPONSE				
BUDDHIST TZU CHI FOUNDATION 1100 S VALLEY CENTER AVENUE SAN DIMAS, CA 91773	94-2952782	501(C)(3)	15,000.	0.			HUMANITARIAN RESPONSE				
SERVICE CENTER FOR INDEPENDENT LIFE – 107 S SPRING STREET – CLAREMONT, CA 91711	95-3536676	501(C)(3)	15,000.	0.			HUMANITARIAN RESPONSE				
SUSTAINABLE DEVELOPMENT RESPONSE ORGANIZATION, INC - 134 W 113TH ST UNIT 2F - NEW YORK, NY 10026	87-4601554	501(C)(3)	50,000.	0.			HUMANITARIAN RESPONSE				
2 Enter total number of section 501(c)(3) and	nd government or	ganizations listed in the	e line 1 table	· · · · · · · · · · · · · · · · · · ·	I	I	6.				
3 Enter total number of other organizations	•	•					······				

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

Schedule I (Form 990) 2023

332102 11-01-23

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

50

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

PART I, LINE 2:

OUR ORGANIZATION GENERALLY IMPLEMENTS OUR OWN PROGRAMS. HOWEVER, IN THE

COURSE OF IMPLEMENTING OUR OWN PROGRAMS, WE WORK WITH OTHER ORGANIZATIONS

WHO MAY WORK WITH US EITHER AS A SUB-GRANTEE OR AS A SERVICE PROVIDER. IN

THESE CASES, WE HAVE AN AGREEMENT WHICH CLEARLY SPECIFIES THE DELIVERABLES,

MILESTONES TO MEET, AND PAYMENT STRUCTURE.

Page 2

SC	HEDULE J		OMB No. 1545-0047						
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	n n				
		Compensated Employees		20	۷J)			
Dene	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction				
Nam	e of the organization	1		identificatio		mber			
		CORE COMMUNITY ORGANIZED RELIEF EFFORT	27-3	<u>170323</u>	7				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate 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.							
	First-class or c	harter travel Housing allowance or residence for perso	nal use						
	Travel for com	panions Payments for business use of personal re-	sidence						
		ation and gross-up payments							
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		1b					
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain								
2									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
~									
3	3 Indicate which, if any, of the following the 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. Compensation committee X Written employment contract								
	·								
	X Form 990 of o	ompensation consultant	ommittee						
		ther organizations Approval by the board or compensation c	ommittee						
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 re								
а	-	e payment or change-of-control payment?		4a	х				
b		eive payment from a supplemental nonqualified retirement plan?				X			
с	-	eive payment from an equity-based compensation arrangement?				X			
-	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	•	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r								
а	The organization?			5a		X			
b	Any related organiz	ation?		5b		X			
		or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the n								
						X			
	Any related organiz	ation?				x			
		or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X X			
8									
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III								
9									
		1 53.4958-6(c)?							
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2023			

LHA 332111 11-06-23

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 aren't 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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANN LEE	(i)	272,538.	0.	0.	22,500.	23,974.	319,012.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JILL BENNETT	(i)	191,982.	0.	77,001.	0.	21,166.	290,149.	0.
SNR DIR OF FINANCE (UNTIL 8/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEROME LEBLEU	(i)	250,000.	0.	0.	22,500.	12,500.	285,000.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW O'CONNELL	(i)	213,241.	0.	0.	14,476.	40,575.	268,292.	0.
CHIEF BUSINESS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRANDON BARRETT	(i)	198,382.	0.	0.	19,045.	34,582.	252,009.	0.
VP, HUMAN RESOURCES (UNTIL 10/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER QUINN	(i)	203,030.	0.	0.	21,705.	17,033.	241,768.	0.
VICE PRESIDENT, FINANCE/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JAYA VADLAMUDI	(i)	199,992.	0.	0.	22,500.	10,348.	232,840.	0.
VP, COMMUNICATIONS & MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH BUCHER	(i)	199,500.	0.	0.	14,141.	7,507.	221,148.	0.
DIRECTOR OF INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MATHEW CHANDY	(i)	180,250.	0.	0.	0.	25,245.	205,495.	0.
VICE PRESIDENT, PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

JILL BENNETT RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$77,001 IN 2023.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-1703237

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES ACROSS THE GLOBE. WE EMPOWER COMMUNITIES IN AND BEYOND

CORE COMMUNITY ORGANIZED RELIEF EFFORT

CRISIS.

FORM 990, PART VI, SECTION A, LINE 2:

BRYAN LOURD, DIRECTOR IS WITH CREATIVE ARTIST AGENCY AND REPRESENTS SEAN

PENN (BOARD CHAIRMAN).

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE OF THE ORGANIZATION REVIEWS THE INFORMATIONAL RETURN.

THEN THE RETURN IS MADE AVAILABLE FOR THE REST OF THE BOARD OF DIRECTORS

FOR THEIR REVIEW BEFORE THE RETURN IS ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURES/ACKNOWLEDGEMENT OF THE POLICY ARE REQUIRED FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES. DISCLOSURES FOR OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER. IF A CONFLICT EXISTS AT THE DIRECTOR LEVEL, THE DIRECTOR IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION. IF POTENTIAL CONFLICTS ARISE AT THE OFFICER OR KEY EMPLOYEE LEVEL, THE TRANSACTION WOULD BE REVIEWED BY LEGAL COUNSEL AND THE RELEVANT BOARD COMMITTEE TO DETERMINE RESTRICTIONS. ALSO, OUR EMPLOYEE HANDBOOK CONTAINS THE CONFLICT OF INTEREST POLICY AND ALL EMPLOYEES NEED TO ACKNOWLEDGE THAT THEY READ THE EMPLOYEE HANDBOOK AT THE TIME OF EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

332211 11-14-23

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Schedule O (Form 990) 2023	Page 2
Name of the organization CORE COMMUNITY ORGANIZED RELIEF EFFORT	Employer identification number 27-1703237
ANY COMPENSATION ADJUSTMENT TO CEO MUST BE REVIEWED AND AP	PROVED BY THE
CHAIRMAN OF THE BOARD (UNPAID POSITION, AND THUS INDEPENDE	NT PERSON). THE
CHAIRMAN MAY CONSULT WITH OUTSIDE CONSULTANTS AS NEEDED. O	THER EXECUTIVE
COMPENSATION ADJUSTMENTS ARE REVIEWED AND APPROVED BY THE	CEO.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,NY,TN,LA,GA,FL,AL,AK,AR,CO,CT,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM NC,ND,OH,OK,OR,PA,RI,SC,UT,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

FINALIZED AUDIT REPORTS AND FINANICALS AND PRIVACY POLICY ARE POSTED ON THE CORE WEBSITE.

SCHEDULE R	
(Form 990)	

(10111 330)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 27 - 1703237

Department of the Treasury Internal Revenue Service

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

Name of the organization

CORE COMMUNITY ORGANIZED RELIEF EFFORT

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
HAITI TAKES ROOT - 81-2993692	TO REFOREST HAITI IN A				CORE COMMUNITY		
6464 SUNSET BLVD., SUITE 530	HOLISTIC AND SUSTAINABLE				ORGANIZED RELIEF		
LOS ANGELES, CA 90028	WAY	CALIFORNIA	501(C)(3)	LINE 7	EFFORT	X	
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT

27-1703237 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproport allocatio		tionate ons? 20 of Schedule		ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
]											
	1											
	-											
	-											
	-											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)				400010		Yes	No

Schedule R (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1 h		-
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses		X	+
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HAITI TAKES ROOT	Q	0.	COST
(2) HAITI TAKES ROOT	S	0.	соят
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 CORE COMMUNITY ORGANIZED RELIEF EFFORT

27-1703237 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org	e all rs sec. c)(3) is.?	(f) Share of total	(g) Share of end-of-year	(f Dispr tior allocat	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	al or F ging er?	(k) Percentage ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
											\vdash	_	
											\square		
												-	
											\vdash	\rightarrow	
											\square	+	

Schedule R (Form 990) 2023

Schedule R (I	Form 990) 2023
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23