** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u> F	or the	2022 calendar year, or tax year beginning $$	ng Jt	JN 30, 20	23	
B (Check if pplicable	C Name of organization		D Employer ide	ntific	ation number
	Addres	ISSUE ONE				
	Name change			32-038	428	35
Initial return		Number and street (or P.O. box if mail is not delivered to street address) 1401 K STREET, NW 350		E Telephone nu 202-29		
	□return/ termin ated			G Gross receipts \$		7,876,189.
	Ameno			H(a) Is this a gro	up ref	
	Application			for subordin		
	pendin	g SAME AS C ABOVE		H(b) Are all subordina		
1 1	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			ist. See instructions
	Nebsit			H(c) Group exem	nption	number
K	orm of	organization: X Corporation Trust Association Other L				State of legal domicile: DC
	art I	Summary				
_	1	Briefly describe the organization's mission or most significant activities: LEADS &	ADV	OCATES C	ROS	SPARTISAN
Activities & Governance		POLITICAL REFORM TO BUILD AN INCLUSIVE DEMOC	RAC	Y. SEE SC	HEI	OULE O.
r	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of its ne	t asse	
ove		Number of voting members of the governing body (Part VI, line 1a)			3	20
<u>ن</u> مح		Number of independent voting members of the governing body (Part VI, line 1b)			4	20
es &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	25
Ĭ		Total number of volunteers (estimate if necessary)			6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	7b	0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	Current Year 7,784,196.
ne	1	Contributions and grants (Part VIII, line 1h)		6,925,85 9,24		72,040.
Revenue	I	Program service revenue (Part VIII, line 2g)		33	-	-5,074.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		45,37		19,772.
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,980,79		7,870,934.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		90,00		0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,191,36		2,899,149.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 664,466.				<u> </u>
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,998,87	4.	5,264,600.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,280,24		8,163,749.
	19	Revenue less expenses. Subtract line 18 from line 12		700,55	5.	-292,815.
Net Assets or			Beg	inning of Current Y	ear	End of Year
sets	20	Total assets (Part X, line 16)		6,409,18		5,511,701.
t Ass	21	Total liabilities (Part X, line 26)		536,78		1,946,315.
<u>E</u>	22	Net assets or fund balances. Subtract line 21 from line 20		5,872,40	1.	3,565,386.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s		•	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 pre	eparer h	as any knowledge.		
		Signature of officer		I Date		
Sign				Date		
Her	е	NICHOLAS PENNIMAN, CHIEF EXECUTIVE OFFICER Type or print name and title				
			I Da	ate Chec	rk [T PTIN
Paid		Preparer's signature KRISTIN A. JACQUELIN, CPA KRISTIN A. JACQUELI		1:4		
	arer	Firm's name CALIBRE CPA GROUP, PLLC	- 14 IO 4			7-0900880
-	Only	Firm's address 7501 WISCONSIN AVENUE, SUITE 1200 WE	ist.	FIIIII S EIN		330000
-36	Jilly	BETHESDA, MD 20814		Phone no	202	2-331-9880
May	the IF			T Hone no.		X Yes No

Par	t III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		y describe the organization's mission:
		UE ONE IS THE LEADING CROSSPARTISAN POLITICAL REFORM ORGANIZATION
		AT EDUCATES THE PUBLIC, ENGAGES CAPITOL HILL, AND ADVOCATES FOR
	LEG	SISLATIVE SOLUTIONS TO FIX OUR BROKEN POLITICAL SYSTEM. SEE SCHED O.
2	Did th	ne organization undertake any significant program services during the year which were not listed on the
	prior l	Form 990 or 990-EZ?
		s," describe these new services on Schedule O.
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
		s," describe these changes on Schedule O.
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
		ue, if any, for each program service reported.
4a	(Code:	
		'EGUARDING DEMOCRACY TOGETHER: PROTECTING ELECTION INTEGRITY,
	FUS	TERING TRUST, AND BUILDING A STRONGER DEMOCRACY COMMUNITY
	TCC	THE ONE EDUCATES AND ADVOCATES FOR REFORMS TO DROTTED BUILD THE
		SUE ONE EDUCATES AND ADVOCATES FOR REFORMS TO PROTECT, BUILD TRUST IN SCTIONS, AND STRENGTHEN OUR DEMOCRACY, AS DETAILED IN SCHEDULE O.
		COUGH INITIATIVES LIKE FACES OF DEMOCRACY AND THE NATIONAL COUNCIL ON
		ECTION INTEGRITY, WE LEAD CROSSPARTISAN EFFORTS FOR SAFE, SECURE, AND
		R ELECTIONS, FOCUSING ON PROTECTION AND FEDERAL FUNDING FOR ELECTION
		KERS. ISSUE ONE ALSO INCUBATES PROJECTS, PUBLISHES INFLUENTIAL
		PORTS, AND MAINTAINS A STRONG PRESENCE ON CAPITOL HILL AND IN THE
		DIA TO SUPPORT REFORM MEASURES.
	1111	JII 10 BOITONI NOIONI MIMBONDO.
4b	(Code:) (Expenses \$
		SHAPING THE DIGITAL INFORMATION LANDSCAPE FOR DEMOCRACY IN THE
		SITAL AGE
	THR	OUGH THE COUNCIL FOR RESPONSIBLE SOCIAL MEDIA (CRSM), ISSUE ONE IS
	WOR	KING TO UNITE STAKEHOLDERS IN THE FIGHT FOR SOCIAL MEDIA REFORM WITH
	THE	AIM OF CREATING A HEALTHIER DEMOCRACY FOR OUR DIGITAL AGE, AS
	DET	AILED IN SCHEDULE O.
		00.010
4c	(Code:	
	FOS	TERING CONGRESSIONAL LEADERSHIP AND BIPARTISAN ENGAGEMENT
		WIE ONE EMPRACES A SPOSSRADE SAN APPROASI IN OUR MORK, RESCONTAINS
		SUE ONE EMBRACES A CROSSPARTISAN APPROACH IN OUR WORK; RECOGNIZING AT NO SIGNIFICANT POLITICAL REFORM HAS PASSED CONGRESS WITHOUT
		PARTISAN SUPPORT IN THE LAST 70 YEARS. OUR EFFORTS FOCUS ON EDUCATING
		ENGAGING MEMBERS OF CONGRESS ON POLICIES AND SOLUTIONS TO RESTORE
		OCRACY, INCLUDING OUR REFORMERS CAUCUS AND MODERNIZATION
		TIATIVES, AS DETAILED IN SCHEDULE O.
	<u> </u>	TIAIIVED, AD DETAILED IN SCREDULE U.
4d	Othor	r program services (Describe on Schedule O.)
1 u		
4e	(Expens	ses \$ including grants of \$) (Revenue \$) program service expenses 6,477,360.
TC	rotal	program service expenses

15320220 712177 71499

Form 990 (2022) ISSUE ONE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
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			
10		10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		v	
	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			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </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			3,7
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_ <u>X</u> _	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	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		Х
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."			 -
.0		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		
		200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	000	

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Form 990 (2022)

ISSUE ONE

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\ _{3,7}
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L. Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			, v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O **Total Com	38	Λ	<u> </u>
	Chack if Schadula O contains a response or note to any line in this Part V			
	Crieck it Scriedule O Contains a response of note to any line in this Part V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 42		162	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0.2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22			(2022)

Form 990 (2022) ISSUE ONE
Part 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 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			77
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	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 activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20							
	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											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		inv other								
	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under th			[™]	2		X				
•	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's ass				<u>4</u> 5		X				
6	Did the organization have members or stockholders?				6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or as										
	more members of the governing body?	•			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			-							
	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?				8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				-						
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)								
	(This desire to request of the trial that the second of the trial that the	, vonao	<u> </u>			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			···							
		•	, , , , , , , , , , , , , , , , , , ,		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe								
	on Schedule O how this was done			L	12c	X					
13	Did the organization have a written whistleblower policy?			[13	X					
14	Did the organization have a written document retention and destruction policy?			[14	X					
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	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					
	Other officers or key employees of the organization			- 1	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	th a								
	taxable entity during the year?			L	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedMA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (section 501(c)(3)s c	only) a	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and f	inand	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bounded THE ORGANIZATION - 202-299-0265	oks and	l records								
	1401 K STREET, NW, 350, WASHINGTON, DC 20005										

Form **990** (2022)

15320220 712177 71499

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

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

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

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

Name and title	eck n s pers					(E)	(F)
Nours per week (list any hours for related organizations below line) and program	s pers		than c	ne I	Reportable	Reportable	Estimated
Color Colo	Ta di		s both	an	compensation	compensation	amount of
Telated organizations below line September Septe		recto	i/ii usi	.00)	from	from related	other
Telated organizations below line September Septe					the organization	organizations (W-2/1099-MISC/	compensation from the
(1) NICHOLAS PENNIMAN CHIEF EXECUTIVE OFFICER (2) AMELIA LEONARDI (2) AMELIA LEONARDI (3) ETHAN ROME (3) ETHAN ROME (4) ANNE SNOUCK-HURGRONJE (5) MAHDOKHT FASSIHIAN DEPUTY CHIEF OF STRATEGY AND PROGRAM (6) BILL BURGESS BOARD MEMBER (7) JULIE ANN CROMMET (EFF. APRIL 2 BOARD MEMBER (8) CARLOS CURBELO BOARD MEMBER (10) RICHARD GEPHARDT BOARD MEMBER (11) DAVID GERSON BOARD MEMBER (11) DAVID GERSON BOARD MEMBER (12) DAN GLICKMAN BOARD MEMBER (13) WHITNEY HATCH BOARD MEMBER (14) EMIL HILL BOARD MEMBER (15) JB LYON BOARD MEMBER (10) S 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			sated		(W-2/1099-MISC/	1099-NEC)	organization
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CHIEF OF STRATEGY AND PROGRAM (4) ANNE SNOUCK-HURGRONJE CHIEF DEVELOPMENT OFFICER (5) MAHDOKHT FASSIHIAN DEPUTY CHIEF OF STRATEGY AND PROGRAM (6) BILL BURGESS BOARD MEMBER (7) JULIE ANN CROMMET (EFF. APRIL 2 BOARD MEMBER (8) CARLOS CURBELO BOARD MEMBER (9) KATIE FAHEY BOARD MEMBER (10) RICHARD GEPHARDT BOARD MEMBER (11) DAVID GERSON BOARD MEMBER (12) DAN GLICKMAN BOARD MEMBER (13) WHITNEY HATCH BOARD MEMBER (14) EMIL HILL BOARD MEMBER (15) JB LYON BOARD MEMBER (15) JB LYON BOARD MEMBER (16) SICHARD SECRETARY (17) DAVID SECRETARY (18) CARLOS CURBELO COOL COO	x				205,472.	4,794.	59,920.
(4) ANNE SNOUCK-HURGRONJE 39.80 CHIEF DEVELOPMENT OFFICER 0.20 (5) MAHDOKHT FASSIHIAN 39.60 DEPUTY CHIEF OF STRATEGY AND PROGRAM 0.40 (6) BILL BURGESS 2.00 BOARD MEMBER 1.00 X (7) JULIE ANN CROMMET (EFF. APRIL 2 2.00 BOARD MEMBER 1.00 X (8) CARLOS CURBELO 2.00 BOARD MEMBER (9) KATIE FAHEY 2.00 BOARD MEMBER (10) RICHARD GEPHARDT 2.00 BOARD MEMBER (11) DAVID GERSON 2.00 BOARD SECRETARY 1.00 X (12) DAN GLICKMAN 2.00 BOARD MEMBER 1.00 X (13) WHITNEY HATCH 2.00 BOARD CHAIR 1.00 X (14) EMIL HILL 2.00 BOARD MEMBER 1.00 X (15) JB LYON 2.00 BOARD MEMBER 1.00 X							
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S	П						
DEPUTY CHIEF OF STRATEGY AND PROGRAM			Х		180,868.	2,042.	24,374.
Columbia							
BOARD MEMBER	\Box		Х		129,671.	361.	14,298.
(7) JULIE ANN CROMMET (EFF. APRIL 2 2.00 BOARD MEMBER 1.00 X (8) CARLOS CURBELO 2.00 BOARD MEMBER 1.00 X (9) KATIE FAHEY 2.00 BOARD MEMBER 1.00 X (10) RICHARD GEPHARDT 2.00 BOARD MEMBER 1.00 X (11) DAVID GERSON 2.00 BOARD SECRETARY 1.00 X (12) DAN GLICKMAN 2.00 BOARD MEMBER 1.00 X (13) WHITNEY HATCH 2.00 BOARD CHAIR 1.00 X (14) EMIL HILL BOARD MEMBER 1.00 X (15) JB LYON BOARD MEMBER 1.00 X (16) JB LYON BOARD MEMBER 1.00 X (17) JB LYON BOARD MEMBER 1.00 X (17) JB LYON JC AND MEMBER 1.00 X JC AN							
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(8) CARLOS CURBELO 2.00 BOARD MEMBER 1.00 X (9) KATIE FAHEY 2.00 BOARD MEMBER 1.00 X (10) RICHARD GEPHARDT 2.00 BOARD MEMBER 1.00 X (11) DAVID GERSON 2.00 BOARD SECRETARY 1.00 X X (12) DAN GLICKMAN 2.00 BOARD MEMBER 1.00 X (13) WHITNEY HATCH 2.00 BOARD CHAIR 1.00 X X (14) EMIL HILL 2.00 BOARD MEMBER 1.00 X X (15) JB LYON 2.00 BOARD MEMBER 1.00 X					_	_	
BOARD MEMBER	\sqcup				0.	0.	0.
(9) KATIE FAHEY BOARD MEMBER (10) RICHARD GEPHARDT BOARD MEMBER (11) DAVID GERSON BOARD SECRETARY (12) DAN GLICKMAN BOARD MEMBER (13) WHITNEY HATCH BOARD CHAIR (14) EMIL HILL BOARD MEMBER (15) JB LYON BOARD MEMBER (100) X 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 3.00 3.00 3.00 4.00 5.00 6.00					_	_	
BOARD MEMBER	_				0.	0.	0.
(10) RICHARD GEPHARDT							
BOARD MEMBER	_				0.	0.	0.
(11) DAVID GERSON 2.00 BOARD SECRETARY 1.00 X (12) DAN GLICKMAN 2.00 BOARD MEMBER 1.00 X (13) WHITNEY HATCH 2.00 BOARD CHAIR 1.00 X (14) EMIL HILL 2.00 BOARD MEMBER 1.00 X (15) JB LYON 2.00 BOARD MEMBER 1.00 X							
BOARD SECRETARY					0.	0.	0.
(12) DAN GLICKMAN 2.00 BOARD MEMBER 1.00 (13) WHITNEY HATCH 2.00 BOARD CHAIR 1.00 (14) EMIL HILL 2.00 BOARD MEMBER 1.00 (15) JB LYON 2.00 BOARD MEMBER 1.00 X X							
BOARD MEMBER	X				0.	0.	0.
(13) WHITNEY HATCH BOARD CHAIR (14) EMIL HILL BOARD MEMBER (15) JB LYON BOARD MEMBER 1.00 X 1.00 X							
BOARD CHAIR 1.00 X 2 (14) EMIL HILL 2.00 2 BOARD MEMBER 1.00 X 2 (15) JB LYON 2.00 2 BOARD MEMBER 1.00 X 3	Ш				0.	0.	0.
(14) EMIL HILL 2.00 BOARD MEMBER 1.00 (15) JB LYON 2.00 BOARD MEMBER 1.00							
BOARD MEMBER 1.00 X (15) JB LYON 2.00 BOARD MEMBER 1.00 X	X				0.	0.	0.
(15) JB LYON 2.00 X BOARD MEMBER 1.00 X							
BOARD MEMBER 1.00 X					0.	0.	0.
(46) WILGOLD (WITH) BRIDGHT (0.	0.	0.
(16) MALCOLM (MIKE) PEABODY (THROUGH 2.00							
BOARD MEMBER 1.00 X	l l				0.	0.	0.
(17) TOM RIDGE 2.00							
BOARD MEMBER 1.00 X	\dashv			- 1	0.	0.	0.

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)	(D)	(E)	(F)							
Name and title	Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) MITI SATHE (THROUGH OCT 2022)	2.00							_	_		
BOARD MEMBER	1.00	Х						0.	0.	0.	
(19) IAN SIMMONS BOARD MEMBER	1.00	х						0.	0.	0.	
(20) PETER STAPLE BOARD MEMBER	2.00	х						0.	0.	0.	
(21) PATRICK TOUSSAINT BOARD MEMBER	2.00	X						0.	0.	0.	
(22) LINDA WILLARD BOARD MEMBER	2.00	X						0.	0.	0.	
(23) BARBARA BRENNER BUDER BOARD TREASURER	2.00	Х		х				0.	0.	0.	
(24) DIANA AVIV BOARD MEMBER	2.00	Х						0.	0.	0.	
1b Subtotal 1,034,349. 10,354. 202										202,547.	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)								1,034,349.	0. 10,354.	0. 202,547.	

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

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIREHOUSE STRATEGIES, LLC, 1501 M STREET,	PROGRAMMATIC	
	CONSULTANT	324,000.
AARON DORFMAN	PROGRAMMATIC	
330 2ND STREET APT 1A, BROOKLYN, NY 11215	CONSULTANT	232,575.
JESSICA KELCH	PROGRAMMATIC	
505 15TH ST SE, WASHINGTON, DC 20003	CONSULTANT	200,004.
BRUCE PATTON	PROGRAMMATIC	
2 FOX MEADOW LANE, WESTON, MA 02493	CONSULTANT	150,000.
GRAND VIEW STRATEGIES LLC, 2900	PROGRAMMATIC	
CONNECTICUT AVE NW STE 206, WASHINGTON, DC	CONSULTANT	146,759.
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	
\$100,000 of compensation from the organization 5		000

Form 990 (2022) ISSUE ONE
Part VIII Statement of Revenue

			Check if Schedule O contains	s a resnonse (or note to any lin	e in this Part VIII			
			Officer if Schedule O contains	s a response t	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
		b	Membership dues	1b					
G,		С	Fundraising events	1c					
ifts			Related organizations						
nis G			Government grants (contributions						
Sir			All other contributions, gifts, grants, a						
uti e ri		'			784,196.				
ĕξ			similar amounts not included above						
ont Od		_	Noncash contributions included in lines 1a-1	f 1g \$	186,730.	7 704 106			
<u>5 p</u>		h	Total. Add lines 1a-1f			7,784,196.			
					Business Code				
ø	2	а	FISCAL SPONSOR FE	EES	561000	72,040.	72,040.		
Š		b		_					
Ser		С							
m Y		d							
gra Re									
Program Service Revenue		е							
ъ.			All other program service revenue			70 040			
		g	Total. Add lines 2a-2f			72,040.			
	3		Investment income (including div	idends, intere	st, and				
			other similar amounts)			181.			181.
	4		Income from investment of tax-ex						
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6	_	Gross rents 6a	()	()				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b		5,255.				
ent		c	Gain or (loss) 7c		-5,255.				
Revenue			Net gain or (loss)			-5,255.			-5,255.
her F			Gross income from fundraising event			3,2331			372331
ţ	•	а		· ·					
ŏ			including \$						
			contributions reported on line 1c)	I					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundrais	sing event <u>s</u>					
	9	а	Gross income from gaming activi-	ties. See					
			Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming						
			, , ,						
	10	а	Gross sales of inventory, less retu	l l					
			and allowances	II.					
		b Less: cost of goods sold 10b							
		С	Net income or (loss) from sales of	inventory					
,,					Business Code				
ons.	11	а	REIMBURSED EXPENS	SES	900099	19,772.	19,772.		
nec		b					-		
Miscellaneous Revenue		c							
Sce			All other revenue						
Ξ						19,772.			
		е	Total Add lines 11a-11d			7,870,934.	91,812.	0	_5 074
	12		Total revenue. See instructions			1,010,334.	JI,014.	0.	-5,074.

232009 12-13-22

Form 990 (2022) ISSUE ONE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
-	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	663,965.	238,649.	294,682.	130,634.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	1,882,953.	1,295,813.	257,764.	329,376.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	59,623.	42,082.	8,879.	8,662.						
9	Other employee benefits	124,101.	73,287.	38,527.	12,287.						
10	Payroll taxes	168,507.	106,099.	33,553.	28,855.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	37,468.		37,468.							
С	Accounting	22,621.		22,621.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	2 252 252	2 724 225	110 011	45 056						
	column (A), amount, list line 11g expenses on Sch O.)	3,862,253.	3,701,936.	112,961.	47,356.						
12	Advertising and promotion	01 204		01 204							
13	Office expenses	21,394.	6 000	21,394.							
14	Information technology	14,732.	6,000.	8,732.							
15	Royalties	427 140	12 000	400 247	1 000						
16	Occupancy	437,149.	13,000.	422,347.	1,802.						
17	Travel	251,534.	174,191.	65,347.	11,996.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings				<u></u>						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	24,494.	7,572.	16,922.							
23	Insurance	3,409.		3,409.							
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 O.)										
а	COMMUNICATIONS	592,997.	538,248.	23,765.	30,984.						
b	ALLOCATION OF INDIRECT	-3,451.	280,483.	-346,448.	62,514.						
c		,	,	,	, , , , , , , , , , , , , , , , , , ,						
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	8,163,749.	6,477,360.	1,021,923.	664,466.						
26	Joint costs . Complete this line only if the organization	-	-		-						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
				-	Form 990 (2022)						

32-0384285 Page **11** Form 990 (2022)
Part X Balance Sheet ISSUE ONE

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,428,338.	1	1,589,154.		
	2	Savings and temporary cash investments		1,300,970.	2	1,301,075.	
	3	Pledges and grants receivable, net			576,270.	3	1,047,641.
	4	Accounts receivable, net			892.	4	1,796.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t	hese persoi	ns		5	
	6	Loans and other receivables from other disqu	ualified pers				
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B) L		6	
ς.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			15,234.	9	44,450.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	312,583.			
	b	Less: accumulated depreciation	10b	179,764.	38,248.	10c	132,819.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			49,237.	15	1,394,766.
	16	Total assets. Add lines 1 through 15 (must e			6,409,189.	16	5,511,701.
	17	Accounts payable and accrued expenses			420,246.	17	346,762.
	18				18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ç	22	Loans and other payables to any current or fo	ormer office	r, director,			
litie		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persor	ns		22	
=	23	Secured mortgages and notes payable to un	related third			23	
	24	Unsecured notes and loans payable to unrela	ated third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			116,542.	25	1,599,553.
	26	Total liabilities. Add lines 17 through 25			536,788.	26	1,946,315.
		Organizations that follow FASB ASC 958, or	check here	X			
ses		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			4,624,166.	27	2,305,077.
Ва	28	Net assets with donor restrictions			1,248,235.	28	1,260,309.
nd Ind		Organizations that do not follow FASB AS6	C 958, chec	k here			
Ŧ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	r equipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income, or	other funds		31	
Net	32	Total net assets or fund balances			5,872,401.	32	3,565,386.
-	33	Total liabilities and net assets/fund balances			6,409,189.	33	5,511,701.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9, 9	
2	Total expenses (must equal Part IX, column (A), line 25)	2				49.
3	Revenue less expenses. Subtract line 2 from line 1	3			2,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>5,</u>	<u>872</u>	2,4	01.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2,	014	1,2	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3,	<u> 565</u>	5,3	86.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					l
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		····-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	222	
			F	orm	990 ((2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

ISSUE ONE

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Inspection
Employer identification number

32-0384285

OMB No. 1545-0047

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4671898.	4945371.	19462105.	6925851.	7784196.	43789421.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4671898.	4945371.	19462105.	6925851.	7784196.	43789421.
	The portion of total contributions				001001		10.00.1110
J	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)						0106722
•							9106723. 34682698.
	Public support. Subtract line 5 from line 4.						D4002090.
		(=) 0010	(h) 0010	(-) 0000	(4) 0001	(-) 0000	(s) Tatal
	ndar year (or fiscal year beginning in)	(a) 2018 4671898.	(b) 2019 4945371	(c) 2020 19462105.	(d) 2021 6925851.	(e) 2022 778 / 196	(f) Total 43789421.
	Amounts from line 4	4071090.	4943371.	19402103.	0923031.	7704190.	43709421.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 254	1 160	07	124	101	2 024
	and income from similar sources	2,254.	1,168.	87.	134.	181.	3,824.
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.)	528.	21,136.	500.	45,372.	19,772.	
11	Total support. Add lines 7 through 10						43880553.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	85,017.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	79.04 %
	Public support percentage from 2021					15	75.09 <u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	t op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
_			·	·	·	0	(Farm 000) 0000

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990) 2022

ISSUE ONE 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	3	
	A family member of a person described on line 11a above?)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations	1	_
		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? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a spaintiful of the comparisor to direct one out to obtain a the target of the control of the direct one	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described 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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
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.		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2022

instructions).

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

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

ISSUE ONE 32-0384285 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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		\$\$	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		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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		\$ 300,000.	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 Noncash (Complete Part II for

ISSUE ONE

32-0384285

Page 3

Name of organization Employer identification number

ISSUE ONE

32-0384285

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

Page 4

Employer identification number

Name of organization

ISSUE ONE 32-0384285 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** 32-0384285 ISSUE ONE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Forn				384285 Page 2
		n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
S	ection 501(h)).			
A Check	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B Check	if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobby	ring expenditures to influence publ	ic opinion (grassroots lobbying)	3,604.	
b Total lobby	ving expenditures to influence a leg	gislative body (direct lobbying)	94,414.	
c Total lobby	ving expenditures (add lines 1a and	I 1b)	98,018.	
			7,401,265.	
e Total exem	pt purpose expenditures (add line	s 1c and 1d)	7,499,283.	
		unt from the following table in both columns.	524,964.	
If the amou	nt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$5	500,000	20% of the amount on line 1e.		
Over \$500,	,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,0	000,000	\$1,000,000.		
g Grassroots	nontaxable amount (enter 25% of	line 1f)	131,241.	
h Subtract lir	ne 1g from line 1a. If zero or less, e	nter -0-	0.	
i Subtract lir	ne 1f from line 1c. If zero or less, er	nter -0-	0.	
j If there is a	an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
reporting s	ection 4911 tax for this year?			Yes No
	(Some organizations that made a	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all c the separate instructions for lines 2a through 2f.)	of the five columns be	low.

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount	375,791.	941,387.	432,931.	524,964.	2,275,073.				
b Lobbying ceiling amount (150% of line 2a, column(e))					3,412,610.				
c Total lobbying expenditures	140,824.	246,051.	237,376.	98,018.	722,269.				
d Grassroots nontaxable amount	93,948.	235,347.	108,233.	131,241.	568,769.				
e Grassroots ceiling amount (150% of line 2d, column (e))					853,154.				
f Grassroots lobbying expenditures	67,655.	208,971.	107,718.	3,604.	387,948.				

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1 c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Dear III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 2 accounts of the program of the excess does the organization agree to carry over bobing and political expenditures (do not include amounts of political expenses for which the section 503(c)(1)(a) notices of nondeductible section 162(e) dues 3 3 Aggregate amount reported in section 6033(e)(1)(a) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reas	(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Use organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 4 Domplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "No" OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover t	nount	
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 and 220 for this year? Part IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization in the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines usesses for which the section \$27(f) tax was paid). a Current year 2 Descriptions exert and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expensions are organization agree to carryove to the reasonable estimate of nondeductible lobbying and political expensions. 5 Depart III Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part		
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lin answered "Yes." 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total c Carryover from last		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1 c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Vers 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lin answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 5 Spart III-A, lines 1 and 2 (See reported the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa		
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Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (Sec		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization ISSUE ONE **Employer identification number** 32-0384285

Par	t I	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the
		3 and the second of the second	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5	Did th	ne organization inform all donors and donor advisors in wr	riting that the assets he	d in donor advised fu	nds
	are th	e organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did th	ne organization inform all grantees, donors, and donor adv	visors in writing that gra	nt funds can be used	only
	for ch	aritable purposes and not for the benefit of the donor or	donor advisor, or for any	y other purpose confe	erring
	imper	missible private benefit?			
Par	t II	Conservation Easements. Complete if the orga	nization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	(check all that apply).		
		Preservation of land for public use (for example, recreation	on or education)	Preservation of a his	storically important land area
		Protection of natural habitat		Preservation of a ce	rtified historic structure
		Preservation of open space			
2	Comp	olete lines 2a through 2d if the organization held a qualifie	d conservation contribu	ition in the form of a c	conservation easement on the last
	day o	f the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b	Total	acreage restricted by conservation easements			2b
С	Numb	per of conservation easements on a certified historic struc			
d		per of conservation easements included in (c) acquired aft			
	histor	ic structure listed in the National Register	• • •		2d
3		per of conservation easements modified, transferred, relea			nization during the tax
	year			, ,	•
4	Numb	per of states where property subject to conservation ease	ment is located		
5	Does	the organization have a written policy regarding the perio	dic monitoring, inspect	on, handling of	
	violati	ions, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, ha			
7	A				
7	Amou	int of expenses incurred in monitoring, inspecting, handlin	ng of violations, and en	ording conservation e	asements during the year
8	Does	each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)(l	B)(i)
		ection 170(h)(4)(B)(ii)?	•		
9		t XIII, describe how the organization reports conservation			
		ce sheet, and include, if applicable, the text of the footno		·	
		ization's accounting for conservation easements.	3		
Par	t III	Organizations Maintaining Collections of A	Art, Historical Trea	sures, or Other	Similar Assets.
		Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958,	not to report in its reve	nue statement and ba	alance sheet works
	of art.	, historical treasures, or other similar assets held for publi	c exhibition, education.	or research in further	ance of public
		e, provide in Part XIII the text of the footnote to its financ	·		·
b		organization elected, as permitted under FASB ASC 958,			ce sheet works of
		storical treasures, or other similar assets held for public e	•		
		de the following amounts relating to these items:	,		
	•	evenue included on Form 990, Part VIII, line 1			\$
					*
2		organization received or held works of art, historical treas			. provide
_		llowing amounts required to be reported under FASB AS			, p. 5
а		nue included on Form 990, Part VIII, line 1			\$
		s included in Form 990, Part X			
		aperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2022
	1016	<u> </u>	UI I UI III UUU.		Concade D (LOI III 330) ZUZ

232051 09-01-22

Schedule D	(Form 990)	2022	IS	SUE	ONE

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make sig	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	ι 🔲 ι	oan or exc	hange progra	ım					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exem _l	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	torical treas	sures, or othe	r similar a	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	· · ·									
1a	Is the organization an agent, trustee, custodi		•						7		_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
									Amount		
	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		7
	Did the organization include an amount on F						y?	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
Fai	T V Endowment Funds. Complete	(a) Current year						ears back	(e) Four	voore	hack
	Destination of consultations	(a) Current year	(D) F	rior year	(c) Two year	S Dack (u) Tillee y	ears Dack	(e) Four	years	Dack
_	Beginning of year balance										
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs					-					
	Administrative expenses										
g	End of year balance		/!: 4		<u> </u>						
2	Provide the estimated percentage of the curr			, column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho	•				l					
Sa	Are there endowment funds not in the posse	ssion of the organiza	uon mai	are neid ar	iu auministen	ed for trie			Γ	Yes	No
	organization by:								3a(i)	100	110
	(i) Unrelated organizations								3a(ii)		
h	(ii) Related organizations	ations listed as requir	ed on So	hadula R2					3b		
4	Describe in Part XIII the intended uses of the								OD		
	t VI Land, Buildings, and Equipm	ient.	WITICITE IC	ilius.							
	Complete if the organization answere), Part IV,	, line 11a. S	See Form 990,	, Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Bool	k valu	е
	2 coonplicit of property	basis (investr			(other)	` '	reciation		(-,		•
1a	Land	,	-		•						
b	Buildings										
c	Leasehold improvements			8	4,182.		57,43	16.	20	5,7	66.
d	Equipment				6,729.		75,42			1,3	
	Other	I			1,672.		46,9			1,7	
	I. Add lines 1a through 1e. (Column (d) must e		X. colum							2,8	
	, solutini (s) most c	, uni	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,_,,,				Schodulo			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ISSUE ONE		32	-0384285 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	
· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1) SECURITY DEPOSIT			29,424. 1,365,342.
(2) RIGHT OF USE ASSET - OPERA	TING LEASE		1,365,342.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,394,766.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY - OPERATIN	IG LEASE		1,599,553.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (h) must equal Form 990, Part X, col. (R) line	25.)		1,599,553.

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

Schedule D (Form 990) 2022

2e

3

4c

8,163,749

8,163,

Sche	dule D (Form 990) 2022 ISSUE ONE		32-0	0384285 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,870,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	7,870,934
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 tt XII Reconciliation of Expenses per Audited Financial St	2.)	5	7,870,934
Pa	t XII Reconciliation of Expenses per Audited Financial St	tatements With Expen	ses per Returr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	8,163,749
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		

2b

4a

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | Part XIII | Supplemental Information.

Other (Describe in Part XIII.) Add lines 2a through 2d

Other (Describe in Part XIII.)

b Prior year adjustments

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

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:

c Add lines 4a and 4b

ISSUE ONE ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE MANAGEMENT OF ISSUE ONE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

Department of the Treasury Internal Revenue Service Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization ISSUE ONE	1						Employer identification number 32-0384285				
Part I General Information on Grants							32-0304203				
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	to substantiate the stance?										
Part II Grants and Other Assistance to	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
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				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 											

232101 10-31-22

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

ISSUE ONE 32-0384285 Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 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: WHILE ISSUE ONE OCCASIONALLY PROVIDES SUPPORT TO OTHER EXEMPT ORGANIZATIONS, WE ARE NOT GENERALLY A GRANT-MAKING ORGANIZATION.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

ISSUE ONE

Department of the Treasury

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

Employer identification number 32-0384285

Pa	Ti Questions Regarding Compensation							
		Yes	No					
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
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 Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment? 4a		Х					
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		X					
С	Participate in or receive payment from an equity-based compensation arrangement?		X					
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
	The organization? 5a		<u> </u>					
b	Any related organization? 5b		Х					
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	_	X					
b	Any related organization?		X					
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		77					
_	not described on lines 5 and 6? If "Yes," describe in Part III		<u> </u>					
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		37					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		<u> </u>					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53 4958-6(c)?	1	I					

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NICHOLAS PENNIMAN	(i)	298,141.	0.	0.	12,856.	47,558.	358,555.	0.
CHIEF EXECUTIVE OFFICER	(ii)	1,920.	0.	0.	121.	448.	2,489.	0.
(2) AMELIA LEONARDI	(i)	205,472.	0.	0.	10,537.	48,323.	264,332.	0.
CHIEF OPERATING OFFICER	(ii)	4,794.	0.	0.	201.	859.		0.
(3) ETHAN ROME	(i)	220,197.	0.	0.	10,992.	31,371.	262,560.	0.
CHIEF OF STRATEGY AND PROGRAM	(ii)	1,237.	0.	0.	164.	445.		0.
(4) ANNE SNOUCK-HURGRONJE	(i)	180,868.	0.	0.	7,457.	16,845.		0.
CHIEF DEVELOPMENT OFFICER	(ii)	2,042.	0.	0.	24.	48.	2,114.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ISSUE ONE

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 32-0384285

Par	†tI∣ Ty	pes of Property									
			(a)	(b)	(c)			(d)			
			Check if	Number of	Noncash contribu			hod of dete		•	
			applicable	contributions or	amounts reporte Form 990, Part VIII,		noncash	n contributi	on a	mounts	3
1	Art Work	s of art		nome communica	1 01111 000, 1 011 1111,	mic ig					
2		rical treasures									
3		ional interests									
4		d publications									
5		nd household goods									
6	Cars and	other vehicles									
7	Boats and	planes									
8	Intellectua	ıl property									
9		- Publicly traded	X	4	184,	085.	QUOTED	MARKE	T :	PRIC	CES
10	Securities	- Closely held stock									
11		- Partnership, LLC, or									
	trust inter	• • • •									
12		- Miscellaneous									
13		conservation contribution -									
.0	Historic st										
14		ructures conservation contribution - Other									
15		e - Residential									
16		e - Commercial									
17		e - Other									
18		es									
19		ntory									
20	Drugs and	I medical supplies									
21	Taxidermy	′									
22	Historical	artifacts									
23		specimens									
24		ical artifacts									
25	Other	()									
26	Other	()									
27	Other	()									
28	Other	(
29		f Forms 8283 received by the organi	zation during	the tax vear for c	ontributions		L				
		the organization completed Form 82	•			29					
	TOT WITHOUT	the organization completed form oz	.00, r art v, L	once Acknowledg	ement	20				Yes	No
202	During the	e year, did the organization receive b	v contributio	n any proporty rop	orted in Part Llines	1 throug	h 28 that it	Г		163	140
Sua	_	· ·	-			-					
		for at least 3 years from the date of		•	•				00-		Х
		urposes for the entire holding period	7						<u>30a</u>		
		escribe the arrangement in Part II.									37
31		organization have a gift acceptance					ions'?	<u> </u>	31		_X_
32a		organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell n	oncash					
	contribution	ons?						L	32a		_X_
b	If "Yes," d	escribe in Part II.									
33	If the orga	nization didn't report an amount in c	column (c) fo	r a type of property	for which column (a	ı) is ched	ked,				
	describe i	n Part II.									
LHA	For Pag	erwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Sc	hedule M	(Forr	n 990)	2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

ISSUE ONE

Employer identification number 32-0384285

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ISSUE ONE IS THE LEADING CROSSPARTISAN POLITICAL REFORM GROUP IN
WASHINGTON, DC. WE UNITE REPUBLICANS, DEMOCRATS, AND INDEPENDENTS IN
THE MOVEMENT TO FIX OUR BROKEN POLITICAL SYSTEM AND BUILD AN INCLUSIVE
DEMOCRACY THAT WORKS FOR EVERYONE. WE ARE DEDICATED TO EDUCATING THE
PUBLIC AND DECISION-MAKERS ON CAPITOL HILL AND PASSING BIPARTISAN
LEGISLATION. BOTH INSIDE THE HALLS OF CONGRESS AND ACROSS THE COUNTRY,
WE ADVANCE COMMONSENSE SOLUTIONS THAT IMPROVE GOVERNMENT AND ITS
RESPONSIVENESS TO "WE THE PEOPLE."
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH THE FACES OF DEMOCRACY AND THE NATIONAL COUNCIL ON ELECTION
INTEGRITY, ISSUE ONE IS LEADING A CROSSPARTISAN EFFORT TO ENSURE
ELECTIONS ARE SAFE, SECURE, AND FAIR. THESE PROMINENT AND TRUSTED
VOICES INCLUDE CURRENT AND FORMER ELECTED OFFICIALS AN ELECTION
ADMINISTRATIVE OFFICIALS. THESE PROGRAMS ARE WORKING TO ENHANCE
PROTECTIONS FOR ELECTIONS WORKERS ACROSS THE COUNTRY AND ENSURE THEY
HAVE CONSISTENT AND PREDICTABLE FEDERAL FUNDING NEEDED TO ADMINISTER
ELECTIONS.
ISSUE ONE BUILDS THE CAPACITY OF THE DEMOCRACY REFORM FIELD BY
INCUBATING NEW AND INNOVATIVE PROJECTS TO ADVANCE OUR MISSION OF
ADDRESSING THE STRUCTURAL DYSFUNCTION IN OUR DEMOCRACY AND TO EXPAND
THE CAPACITY OF THE PUBLIC TO DO SO. WE PUBLISH GROUNDBREAKING,

DEFINITIVE REPORTS. OUR GOAL IS TO CREATE THE CLIMATE FOR THE CHANGES

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

ISSUE ONE

Employer identification number 32-0384285

WE BELIEVE IN. WE HAVE A STRONG PRESENCE ON CAPITOL HILL, AS WELL AS IN THE MEDIA, AND PROVIDE EXPERTISE TO GROUPS ADVANCING REFORM MEASURES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH THE COUNCIL FOR RESPONSIBLE SOCIAL MEDIA, ISSUE ONE IS WORKING

TO UNITE STAKEHOLDERS IN THE FIGHT FOR SOCIAL MEDIA REFORM WITH THE AIM

OF CREATING A HEALTHIER DEMOCRACY FOR OUR DIGITAL AGE, A MISSION THAT

AN OVERWHELMING MAJORITY OF AMERICANS ACROSS THE POLITICAL SPECTRUM

SUPPORT. THE COUNCIL IS THE MOST PROMINENT GROUP OF ITS KIND THAT'S

EVER COME TOGETHER TO SPEAK IN ONE VOICE ABOUT THE NEED TO REFORM OUR

DIGITAL AND INFORMATION ENVIRONMENT AND WORK WITH CONGRESS TO ADVANCE

COMMONSENSE SOLUTIONS TO HOLD TECH COMPANIES ACCOUNTABLE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ISSUE ONE'S REFORMER'S CAUCUS, WHICH IS HALF REPUBLICAN AND HALF

DEMOCRATIC, CHAMPIONS THE POLICIES THAT ADDRESS DYSFUNCTION IN CONGRESS

- FROM TRANSPARENCY LAWS TO CAMPAIGN FINANCE ENFORCEMENT MEASURES.

THESE GROUPS EDUCATE AND ENGAGE MEMBERS OF CONGRESS ON THE POLICIES AND

SOLUTIONS THAT WILL RESTORE OUR DEMOCRACY.

ISSUE ONE ALSO LEADS MODERNIZATION EFFORTS THROUGH OUR SUPPORT OF THE

SELECT COMMITTEE ON THE MODERNIZATION OF CONGRESS WHICH WAS ESTABLISHED

AT THE START OF THE 116TH CONGRESS AND MADE PERMANENT IN THE 118TH

CONGRESS. THIS RESULTED IN THE IMPLEMENTATION OF MORE THAN 180

BIPARTISAN RECOMMENDATIONS TO MAKE CONGRESS A MORE FUNCTIONAL,

ACCESSIBLE, TRANSPARENT, REPRESENTATIVE, AND TECHNOLOGICALLY ADEPT

INSTITUTION.

Schedule O (Form 990) 2022 Page **2**

Name of the organization ISSUE ONE Employer identification number 32-0384285

AT THE SAME TIME, WE HOLD ELECTED REPRESENTATIVES TO THE HIGHEST

ETHICAL STANDARDS BY DEFENDING AND ENSURING THAT THE OFFICE OF

CONGRESSIONAL ETHICS REMAINS A STRONG INDEPENDENT WATCHDOG HOLDING

MEMBERS OF CONGRESS ACCOUNTABLE, ADVOCATING FOR BIPARTISAN LEGISLATION

THAT BANS MEMBERS AND THEIR IMMEDIATE FAMILY MEMBERS FROM TRADING

STOCKS WHILE IN OFFICE, AND WORKING TO REDUCE THE INFLUENCE OF BIG

MONEY IN OUR POLITICAL SYSTEM.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO SUCH COMMITTEES.

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

FORM 990 IS DRAFTED BY THE ORGANIZATION'S INDEPENDENT AUDITORS, THEN

REVIEWED BY THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE AND

ADMINISTRATION. UPON ACCEPTANCE AND PRIOR TO FILING, A COPY OF THE 990 IS

DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS.

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

POTENTIAL CONFLICTS ARE DISCLOSED TO MEMBERS OF THE GOVERNING BOARD AND ANY

MEMBERS WITH POTENTIAL CONFLICTS ARE PROHIBITED FROM VOTING ON RELATED

MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS CONDUCTS RESEARCH TO DETERMINE COMPARABLE SALARIES
WITHIN THE SECTOR, AND SETS AND APPROVES THE CEO'S ANNUAL COMPENSATION.

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

71499__1

Schedule O (Form 990) 2022	Page:
Name of the organization ISSUE ONE	Employer identification number 32-0384285
THE ORGANIZATION MAKES AVAILABLE ITS FINANCIAL STATEMENTS	S TO THE PUBLIC
UPON REQUEST. HOWEVER, WE DO NOT MAKE GENERALLY AVAILABI	LE OUR GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL ADMIN EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,431.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,431.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	3,078,264.
MANAGEMENT AND GENERAL EXPENSES	40,638.
FUNDRAISING EXPENSES	9,970.
TOTAL EXPENSES	3,128,872.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	623,672.
MANAGEMENT AND GENERAL EXPENSES	66,892.
FUNDRAISING EXPENSES	37,386.
TOTAL EXPENSES	727,950.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,862,253.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FISCAL SPONSOR TRANSFERS	-2,014,200.
FORM 990, PART XII, LINE 2C	Sobodulo O /Farra 000\ 000
232212 10-28-22 4 5	Schedule O (Form 990) 202

15320220 712177 71499

Schedule O (Form 990) 2022	Page 2
Name of the organization ISSUE ONE	Employer identification number 32-0384285
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Part I

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 32-0384285 ISSUE ONE

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	I		r assets Direct	controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-ex	empt	
(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	conti	g) 512(b)(13) rolled tity?
		-		501(c)(3))		Yes	No
ISSUE ONE ACTION - 46-0792299 1401 K STREET, NW, SUITE 350	-						
WASHINGTON, DC 20005	_ SOCIAL WELFARE	DISTRICT OF COLUMBIA	501(C)(4)		N/A		х
	-						

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

Schedule R (Form 990) 2022

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)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity			end-of-year assets	allocations?		amount in box	nount in box of Schedule (Form 1065)	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
										\vdash		
-												
										\vdash		

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	Sect 512(b contro enti	tion b)(13) olled ty?
		country)		or trusty		233013		Yes	No

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

1 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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gin	, grant, or capital contribution to related organization(s)				1b		<u> </u>
c Gift	, grant, or capital contribution from related organization(s)				1c		_X_
	ns or loan guarantees to or for related organization(s)				1d		_X_
	ns or loan guarantees by related organization(s)				1e		_X_
f Div	dends from related organization(s)				1f		_X_
	e of assets to related organization(s)				1 g		X
h Pur	chase of assets from related organization(s)				1h		X
i Exc	hange of assets with related organization(s)				1i		X
j Lea	se of facilities, equipment, or other assets to related organization(s)				1j		X
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		X
	formance of services or membership or fundraising solicitations for related organ				11		X
	formance of services or membership or fundraising solicitations by related organ				1m		X
	ring of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
					10	Х	
p Rei	mbursement paid to related organization(s) for expenses				1p		X
	mbursement paid by related organization(s) for expenses				1q	Х	
•							
r Oth	er transfer of cash or property to related organization(s)				1r		Х
	er transfer of cash or property from related organization(s)				1s		X
	e answer to any of the above is "Yes," see the instructions for information on wh						
		(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)		_			
(1)							
(2)							
•							
(3)							
,							
(4)							
(5)							
-							
(6)			_				

Page 3

Yes No

1a

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership