Form	990
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Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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



A	For th	e 2022 calendar year, or tax year beginning and	ending	-	
B	Check if applicab	C Name of organization		D Employer identific	ation number
	Addre	Se COULD YOU			
	Name chang			26-173990	00
	Initial return	E Telephone number			
	Final return	Number and street (or P.O. box if mail is not delivered to street address) 330 SOUTH BROADWAY, UNIT A7		917-796-1	.961
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	353,258.
	Amen return	TARRITOWN, NY 10591		H(a) Is this a group ret	
	Applie tion	F Name and address of principal officer: CHAISIINE GARDE DEL	NNING	for subordinates?	Yes X No
	pendi	^{ng} 3232 SAN HELENA DRIVE, OCEANSIDE, CA 9	2056	H(b) Are all subordinates inc	luded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a I	ist. See instructions
	Vebsi			H(c) Group exemption	
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year	of formation: 2008 M	State of legal domicile: NY
Pa	art I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: COUL			
anc.		TEACHES INDIVIDUALS HOW TO IMPACT AND ALL			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		
Ň	3				8
کھ ص	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		1	
ivit	6	Total number of volunteers (estimate if necessary)			348
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	0 . Current Year
				276,284.	353,258.
ne	8	Contributions and grants (Part VIII, line 1h)		270,204.	<u> </u>
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,915.	0.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281,199.	353,258.
	13	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)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		45,277.	72,456.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Den	h	Total fundraising expenses (Part IX, column (D), line 25)17, 93	38.		•••
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		206,667.	319,955.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		251,944.	392,411.
	19	Revenue less expenses. Subtract line 18 from line 12		29,255.	-39,153.
or	1	· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
Assets (20	Total assets (Part X, line 16)		103,828.	66,934.
Ass	21	Total liabilities (Part X, line 26)		39,129.	41,388.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		64,699.	25,546.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date					
-	CHRISTINE GARDE DENNING, (CEO							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	WAYNE CARLSEN, CPA			self-employed P00239571					
Preparer	Firm's name BRABO & CARLSEN,	LLP		Firm's EIN 33-0306529					
Use Only	Firm's address 1111 E TAHQUITZ C	NYN WAY,#203							
	PALM SPRINGS, CA	92262-		Phone no. 760 - 320 - 0848					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	COULDYOU?'S CHARITABLE PURPOSE IS TO MOBILIZE, EQUIP AND	TEACH	
	INDIVIDUALS TO CONTRIBUTE THEIR RESOURCES AND TALENTS TOW	VARDS CREATIN	G
	LONG-TERM SOLUTIONS TO IMPACT AND ALLEVIATE POVERTY RELAT	TED FACTORS	
	SUCH AS PERIOD POVERTY AND MALARIA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	nessured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	4
	revenue, if any, for each program service reported.	s, the total expenses, and	•
4a		^	
чa	(Code:) (Expenses \$) (Revenue OUR GOAL IS TO LEAD THE ROLLOUT OF PROVIDING MENSTRUAL CU)
		USA AND ON A	
	CASE BY CASE BASIS, OTHER COUNTRIES. COULDYOU? IS DEDICA		
			<u> </u>
	CREATING A WORLD WHERE NO GIRL MISSES SCHOOL BECAUSE SHE		<u> </u>
	MENSTRUAL PRODUCTS. WE WORK ON MESSAGING CAMPAIGNS AND H		
	EDUCATION WITHIN COMMUNITIES AND SCHOOLS IN PARTNERSHIP		/
	NGOS AND GOVERNMENTS TO DELIVER MENSTRUAL HEALTH EDUCATIO	ON AND THE	
	OPTION OF THE MENSTRUAL CUP.		
4b	(Code:) (Expenses \$132,659. including grants of \$) (Revenue))
	COULD YOU? IS CURRENTLY WORKING WITH LOCAL NGO'S, ENTREPI		
	MINISTRIES OF HEALTH IN GHANA, UGANDA AND LIBERIA, DOING		<u>Y</u>
	TRIALS WITH THE REPELLENT WHERE PEOPLE AND GOVERNMENTS AN		
	FOR A MORE SUSTAINABLE SOLUTION IN THE FIGHT AGAINST INSI	ECT-BORNE	
	DISEASES.		
4c	(Code:) (Expenses \$42,102. including grants of \$) (Revenue))
	COULDYOU? IS WORKING TO ALLEVIATE POVERTY AND HELP TRANSI	FORM THE	
	EDUCATION SYSTEM IN MOZAMBIQUE TO DISMANTLE THE CHAINS OF	F EXTREME	
	POVERTY. COULDYOU? PROVIDES PHILANTHROPIC RELIEF, CATAS	STROPHE RELIE	F,
	ORPHAN CARE AND ACCESS TO CLEAN WATER, AS WELL AS WORKS W	VITH AFRICAN	
	LEADERS AND ORGANIZATIONS TO DEVELOP PROGRAMS TO HELP IM	PACT AND	
	ALLEVIATE POVERTY.		
44	Other program services (Describe on Schedule O.)		
40		λ.	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 346,097.)	
40	Total program service expenses 346,097.	Form 99	0 (2022)
			- (2022)

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Par	t 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
_	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			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u></u>
'		7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	_		
0		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	–		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		<u> </u>
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	<u> </u>
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			v
45	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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u></u>
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	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	– "–		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		х
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Pa	rt 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		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
210	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial 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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ū		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
		23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	0		x
~	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	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			<u></u>
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	6		
b		0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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 MOZAMBIQUE			
	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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).	_		37
	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
	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	7.		x
ا م	to file Form 8282?	7c		<u>л</u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		X
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
9 h	If the organization received a contribution of qualified intellectual property, did the organization meriod of the organization file a Form 1098-C?	79 7h		X
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
	Enter the amount of reserves on hand 13c			37
	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	4-		v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	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 that would result in the imposition of an excise tax under section 4951, 4952 or 49532	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
_						X
Sec	tion A. Governing Body and Management					
		Ι.			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	8			
	If there are material differences in voting rights among members of the governing body, or if the governing					
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16	7			
ь 2	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	ny othor			
2	officer diverter twister on low complexies			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
U				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
	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 read	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		10-	x	
10	on Schedule O how this was done			12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13 14		X
15	Did the process for determining compensation of the following persons include a review and approval			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent			
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			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 arrangem	ient w	ith a			
iou	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	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 filed $_{ m NY}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)s	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request X Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			l financ	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 boo	ks and	d records			
	THE ORGANIZATION - 917-796-1961					
	330 SOUTH BROADWAY, UNIT A7, TARRYTOWN, NY 10591					

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(1)		Pos	ition	 		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	than o s both	ı an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t corr /ee		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey em	Highest compensated employee	Former			organizations
(1) CHRISTINE GARDE DENNING	40.00	_	_		-					
CEO				x				62,500.	Ο.	0.
(2) ANDREW RIPLEY	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) WHYNDE KUEHN	3.00									
CHAIR		Х		Х				0.	0.	0.
(4) ANURADHA CHADDAH	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KELLY ESSELMAN	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(6) ART HOOKER	1.00								•	<u>^</u>
DIRECTOR	- 00	Х						0.	0.	0.
(7) SHARON O'LEARY	5.00								0	0
	0.00	Х						0.	0.	0.
(8) TRACIE HAMMERSLEY	2.00	x						0.	0.	0
DIRECTOR		A						0.	0.	0.
								I		

Form 990 (2022) COULD YO	J								26-1	<u>739</u>	900	Р	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson is	l than c s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensatic from related	on		(F) stimate nount other	of
	(list any hours for related organizations below line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e tion ted
				0	<u>x</u>								
		-											
1b Subtotal c Total from continuation sheets to Part VI								62,500.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but number of individuals)								62,500. eceived more than \$100,	000 of reportable	0.			0.
compensation from the organization												Yes	0 No
3 Did the organization list any former officer.	, director, trust	ee, k	ey e	empl	oyee	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15										-	4		X
5 Did any person listed on line 1a receive or a	,										-		
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ich r	oers	on .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of com	oensat	ion fro	om	
the organization. Report compensation for								the organization's tax y					
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C ompe		n
2 Total number of independent contractors (i \$100.000 of compensation from the organi		ot lin	nitec	to t	thos C		ted	above) who received mo	ore than				

	1 990 rt VI		ILD YOU				26-1739	900 Page 9
Pa	rt vi							
		Check if Schedule O o	contains a respo	nse or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ang G	с	Fundraising events			_			
Gift	d	Related organizations			4			
ns, Simi	е	Government grants (contr			-			
er S	f	All other contributions, gifts,	-	353 350				
offi Official		similar amounts not included		353,258.	-			
ont Dd	g	Noncash contributions included in Total. Add lines 1a-1f	lines 1a-1f)	353,258.			
0.0		Total. Add lines 1a-11		Business Code				
Ð	2 a							
, vic	h							
am Servevenue	с							
am leve	d	l						
Program Service Revenue	е							
ā		All other program service						
		Total. Add lines 2a-2f						
	3	Investment income (incluc other similar amounts)						
	4	Income from investment of		nd proceeds				
	5	Royalties	-	-				
	-		(i) Real					
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other	4			
	_	assets other than inventory	7a		-			
đ	b	Less: cost or other basis						
enne	~	and sales expenses Gain or (loss)	7b 7c		-			
		Net gain or (loss)						
Other Rev		Gross income from fundraisir						
oth			of					
		contributions reported on						
		Part IV, line 18		8a				
		Less: direct expenses		8b				
		Net income or (loss) from	-					
	9 a	Gross income from gamin						
	Ь	Part IV, line 19		9a 9b	-			
		Less: direct expenses Net income or (loss) from						
		Gross sales of inventory, I		s				
		and allowances		10a				
	b	Less: cost of goods sold		10b				
		Net income or (loss) from		γ				
s				Business Code				
Miscellaneous Revenue	11 a							
lan.	b							
Scel	c							
Mis	d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instruction			353,258.	0.	0.	0.

	Check if Schedule O contains a response	se 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				
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	67,500.	54,005.	6,658.	6,837.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,956.	3,965.	482.	509.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
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,				
	column (A), amount, list line 11g expenses on Sch 0.)	37,828.	27,993.	6,025.	3,810.
12	Advertising and promotion	5,167.	5,167.		
13	Office expenses	16,493.	4,235.	11,115.	1,143.
14	Information technology	16,612.	12,667.	2,125.	1,820.
15	Royalties				
16	Occupancy	8,499.	8,499.		
17	Travel	21,027.	17,552.	1,113.	2,362.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,873.	20,558.	858.	1,457.
20	Interest	697.	697.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,077.	1,077.		
23	Insurance	2,753.	2,753.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	MENSTRUAL CUPS	106,988.	106,988.		
b	LOCAL NGO PARTNERSHIP	65,395.	65,395.		
С	EDUCATION PROGRAM AND O	13,812.	13,812.		
d	DEVELOPMENT	734.	734.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	392,411.	346,097.	28,376.	17,938.
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)				000

Form 990 (2022)

COULD YOU Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form	990 (2	2022) COULD YOU				26-	1739900 Page 11
		Balance Sheet				20	
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			95,063.	1	39,121.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	25,365.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges			8,765.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,150.			
	b	Less: accumulated depreciation	10b	4,702.	0.	10c	2,448.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			103,828.	16	66,934.
	17	Accounts payable and accrued expenses			3,089.	17	3,332.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ş	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
Ξ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	parties		24	

	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,040.	25	38,056.
	26	Total liabilities. Add lines 17 through 25	39,129.	25	41,388.
	20	Organizations that follow FASB ASC 958, check here	55,125.	20	41,5001
ses		and complete lines 27, 28, 32, and 33.			
und Balances	27	Net assets without donor restrictions	64,699.	27	25,546.
Bal	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	64,699.	32	25,546.
	33	Total liabilities and net assets/fund balances	103,828.	33	66,934.
					Form 990 (2022)

Form 99	90 (2022) COULD YOU	26-1739	900	Pag	e 12		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1	353				
2 T	otal expenses (must equal Part IX, column (A), line 25)	2	<u>392</u> -39				
3 R							
4 N	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5 N	5 Net unrealized gains (losses) on investments 5						
6 D	onated services and use of facilities	6					
7 Ir	ivestment expenses	7					
8 P	rior period adjustments	8					
9 O	ther changes in net assets or fund balances (explain on Schedule O)	9			0.		
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
C	olumn (B))	10	25	,54	.6.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1 A	ccounting method used to prepare the Form 990: X Cash Accrual Other						
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			x		
2a W	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
S	eparate basis, consolidated basis, or both:						
L	Separate basis Consolidated basis Both consolidated and separate basis						
bW	/ere the organization's financial statements audited by an independent accountant?		2b		X		
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
С	onsolidated basis, or both:						
L	Separate basis Consolidated basis Both consolidated and separate basis						
c If	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
re	review, or compilation of its financial statements and selection of an independent accountant?						
lf	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
U	niform 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 requi	red audit					
O	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2022)

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public Inspection

I.

	arnever	lue Service	Go to www.irs.gov/	Form990 for instructior	ns and the	e latest info	ormation.		Inspection
Nam	ne of t	the organization	D YOU						identification number $6 - 1739900$
Pa	rt I	Reason for Public C		(All organizations must c	omplete th	nis part.) S	ee instructior		0 1735500
The	organ	ization is not a private found							
1	Ŭ	A church, convention of ch			•	-)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative)(b)(1)(A)(ii	i).		
4		A medical research organization)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental (unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city,	, and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acquir	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor							
11	\square	An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Sheck the box on
_		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga		-	• • •	-			
		the supported organization organization. You must o			majority c				ipporting
b		Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) by bay	vina
	L	control or management o	-				-		•
		organization(s). You mus			anne peree			90o os.pr	
с		Type III functionally inte	-		in connect	tion with, a	nd functional	ly integrate	ed with,
		its supported organization						, ,	
d		Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	I an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) Is the oro	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
									<u> </u>
Tota									

Part III Support Schedule for Organizations Described in Sections 170(b)(1/A)(u) and 170(b)(1/A)(u) (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 failes to qualify on the organization failes to ganization failes to the organization failes to qualify and the part of the organization failes to qualify and the part of the organization failes to the organiza
Tails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar yea (or fisely year beginning in) 1 Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levide for the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 1, column (f) 6 Public support. Calendar yea (or fisel year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from unterest, dividends, payments received on securities loans, rents, royatlies, and income from u
Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization without of special times the state of the organization without charge 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The potion of total contributions by each person (other than a governmental unit to publicly support. Subtract time 5 tom time 4. 8 Organization without charge 9 Net income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, dividends, payments received on securities loans, rents, royatties, and income from interest, divi
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assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Green magnitude activities the (real instructions) 14
11 Total support. Add lines 7 through 10 10
12 Gross receipts from related activities, etc. (see instructions)
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
organization, check this box and stop here
Section C. Computation of Public Support Percentage
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the ergenization mosts the facts and eigenmetances test, check this have and etca have. Explain in Part // how the ergenization
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
<u>18</u> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

COULD YOU

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 549,693 218,219. 236,573. 276,284. 353,258. 1634027. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed or facilities furnished in any activity that is related to the 5,400. 5,400. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 549,693. 218,219. 236,573. 281,684. 353,258. 1639427. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 0 1639427 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 549,693. 218,219 236,573. 281,684. 353,258. 1639427 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 7. 13. 1. 21. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7. 13. 1. 21. c 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 38 24 179 241 assets (Explain in Part VI.) 281,863. 549,700. 218,270. 236,598. 1639689. 353, 258. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.98 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.98 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f) 17 % 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

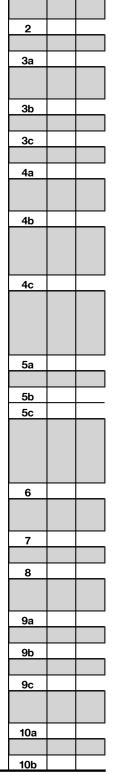
No

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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a 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.)



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?
b	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, pro
	detail in Part VI.

COULD YOU

Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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,

upervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D.	. All Type III Supporting Organ	izations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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.

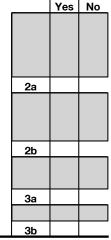
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2

1

Yes No

11c, provide



	Yes	No
11a		
11b		
11c		
	Yes	No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	••	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (<i>explain in</i>	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 supportina oraa	anization (see	
	in a truckie ne)	, -3	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A CONTRACT OF A CONTRACT.	

instructions)

Schedule A (Form 990) 2022

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Sche	Schedule A (Form 990) 2022 COULD YOU 26-1739900 Page 7						
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Curre							
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable 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						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i	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: \$						
а	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
-	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						
Ŭ	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 COULD	YOU	26-1739900 Page 8
Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	ovide the explanations required by Part II, line 10; Part II, line 17a c , 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section E, lines 2, 5, and 6. Also complete this part for any additio	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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



Department of the Treasury Internal Revenue Service

Nam	e of the organization COULD YOU			Employer identification number 26-1739900
Par		d Funds or Other Similar	Funds or Ac	
	organization answered "Yes" on Form 990, Part IV, line			
	3	(a) Donor advised funds	. (b) Funds and other accounts
4	Total number at and of year	(4) 20101 441004 141140	· · · · ·	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			1-
5	Did the organization inform all donors and donor advisors in v	-		
-	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			•
	for charitable purposes and not for the benefit of the donor or			
Par		· · · · · · · · · · · · · · · · · · ·		
			orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			rically important land area
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in	the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	icture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminat	ed by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enfor	cing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	-		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financia	al statements tha	at describes the
	organization's accounting for conservation easements.	-		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue sta	atement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or rese	arch in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:			,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990. Part VIII. line 1	co coo rolating to those items.		\$

Assets included in Form 990, Part X

b

\$

Sche	dule D (Form 990) 2022 COULD Y							26-17	39900	Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or O	ther S	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check	any of the f	following that ma	ke sign	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🛄 ı	Loan or exc	hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how th	ey further th	ne organization's	exempt	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or other si	milar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered "Yes	s" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					A		
									Amount		
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
t	Ending balance						1f				1
	Did the organization include an amount on F						<i></i>	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two years ba) Three v	ears back	(e) Four	vears	hack
10	Beginning of year balance	,	(3)1	nor your			, 111100 y	ouro buok		youro	buok
1a 5											
0	Contributions										
с А	Grants or scholarships										
u 0	Other expenditures for facilities										
C											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1o	u column (a)) held as:						
_ a	Board designated or quasi-endowment		%	,, e e i a (a,	,,,						
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		ation that	t are held ar	nd administered f	or the					
	organization by:	Ū							<u>َ</u>	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	', line 11a. S	See Form 990, Pa	rt X, lin	e 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	(c) Accu depre	umulate ciation	d	(d) Book	value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				7,150.		4,70	02.		,44	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colur	nn (B). line 1	0c.)				2	,44	18.
								Schodulo		000	0000

	(Form 990) 2022 COULD YOU		26	-1739900 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
2) Closely	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 000 Dort IV line	11a Saa Form 000 Dart X lina 12	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	h of your market yolyo
(4)	(a) Description of investment	(D) DOOK VAIUE	(c) Method of Valuation. Cost of end	D-OI-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>mn (b) must equal Form 990, Part X, col. (B) line</u>	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	leral income taxes			20.050
	OAN PAYABLE			38,056.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

38,056.

(9)

Sche	dule D (Form 990) 2022 COULD YOU		26-1739900 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
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		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
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	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
Pa	rt XIII Supplemental Information.		

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 2022 Open to Public Inspection

Employer identification number 26 - 1739900

OMB No. 1545-0047

COULD YOU

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

FACTORS SUCH AS PERIOD POVERTY AND MALARIA.

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

THE FROM 990 AND ALL SUPPORTING SCHEDULES WILL BE REVIEWED BY THE BOARD OF

DIRECTORS.

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

EACH RESOPNSIBLE PERSON SHALL ANNUALLY COMPLETE A CONFLICT OF INTEREST

DISCLOSURE FORM.

FORM 990, PART VI, SECTION C, LINE 18:

AVAIALBLE BY WRITTEN REQUEST, VIA GUIDESTAR, VIA CHARITIESNYS.COM

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

FINANCIAL STATEMENTS ARE AVAIALBLE THROUGH GUIDESTAR. ALL OTHER GOVERNING

DOCUMENTS ARE AVAIALBLE UPON WRITTEN REQUEST.