A For the 2022 calendar year, or tax year beginning

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

and ending

OMB No. 1545-0047

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

В	Check if applicab	C Name of organization		D Employer identifie	ation number						
	Addre										
F	chano Name			41-123554	1 /						
F	chang Initial		m/ouita								
F	return Final	332 MINNEGOTA CT 130	m/suite	E Telephone number (651) 209							
	return termin		00	G Gross receipts \$	258,532.						
	ated Amen										
F	return Applio			H(a) Is this a group re	Yes X No						
	tion pendi	SAME AS C ABOVE									
$\overline{}$	Tay.ev	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	H(b) Are all subordinates ind	Sluded? Yes No						
	Websi			H(c) Group exemption							
			I Vear		State of legal domicile; MN						
	art I	Summary	L Tour	7 101 mation: = 2 7 = 1 14	Otato or logar dominono, = == v						
	1	Briefly describe the organization's mission or most significant activities: THE MIS	SSIO	N OF THE CEN	TER IS TO						
Activities & Governance	STRENGTHEN DEMOCRACY BY ADVANCING CITIZEN-LED SOLUTIONS TO										
2	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net ass	ets.						
۶	3	Number of voting members of the governing body (Part VI, line 1a)		3	4						
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)			4						
ď	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2						
ŻĘ.	6	Total number of volunteers (estimate if necessary)		6	0						
5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_	<u></u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
4	8	Contributions and grants (Part VIII, line 1h)		492,967.	207,846.						
evenile	9	Program service revenue (Part VIII, line 2g)		123,843.	49,882.						
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,875.	804.						
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		618,685.	258,532.						
	13	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.						
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		189,661.	208,062.						
Fynenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Ž	[b	Total fundraising expenses (Part IX, column (D), line 25) 16, 109		220 240	210 171						
-	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,340. 428,001.	218,171. 426,233.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		190,684.	-167,701.						
_		Revenue less expenses. Subtract line 18 from line 12	Rec	ginning of Current Year	End of Year						
Net Assets or	200	Total assets (Part X, line 16)	DC	335,887.	169,252.						
\sse	현 20 건 21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		20,204.	21,270.						
Vet /	22	Net assets or fund balances. Subtract line 21 from line 20		315,683.	147,982.						
P	art II	Signature Block		31370031	117,75024						
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	l stateme	nts, and to the best of my	knowledge and belief, it is						
	•	ct, an <u>d complete. Declaration of preparer (o</u> ther than o <u>fficer) is based on all information</u> of which p		•	oage and benefit is						
	,	É PUBLIC DÍSCLOSÚRE COPY									
Sig	ın	Signature of officer		Date							
He		TOM ECKSTEIN, CHAIR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN						
Pai	d	MARC COLIN MARC COLIN	0	6/28/23 self-employe	P00560855						
Pre	parer	Firm's name CARPENTER, EVERT & ASSOCIATES, LTD.			L-1534805						
Use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940									
_		BLOOMINGTON, MN 55435		Phone no. (9!	52) 831-0085						
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			. X Yes No						

	Check if Schedule O contains a respon	nse or note to any line in this Part III		<u>X</u>
1	Briefly describe the organization's mission: SEE SCHEDULE O.			
2	Did the organization undertake any significan			
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Sch			Yes X No
3	Did the organization cease conducting, or ma If "Yes," describe these changes on Schedule		any program services?	Yes X No
4	Describe the organization's program service s Section 501(c)(3) and 501(c)(4) organizations	accomplishments for each of its three large are required to report the amount of grants		•
4a	revenue, if any, for each program service reports (Code:) (Expenses \$ 32) (Revenue \$	49,882.
	BEIL BEILEBOHL C.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
10	(6.1) (0	1
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				_
4d	Other program services (Describe on Schedu	ıle O.)		

Form 990 (2022) CENTER FOR NEW DEMOCRATIC PROCESSES 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	X	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			. ,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	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? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form 990 (2022) CENTER FOR NEW DEMOCRATIC PROCESSES

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		X
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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			
	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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		<u> </u>
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		<u> </u>
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	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ.
Pal	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 2			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(0000)
232004	l 12-13-22	⊢orm	230	(2022)

Form 990 (2022) CENTER FOR NEW DEMOCRATIC PROCESSES

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	2a	2						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	D. I			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			3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X			
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 A	ccour	nts (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	ction?	·	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	e org	anization 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 contributi	ons o	r 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 ser	vices	provided to the payor?	7a		X			
b									
С									
	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ct?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	ne						
•				8					
9	31								
	a Did the sponsoring organization make any taxable distributions under section 4966? b. Did the sponsoring organization make a distribution to a depart depart advisor, or related person?								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	.1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		1					
11	Section 501(c)(12) organizations. Enter:	100	' 1						
	Gross income from members or shareholders	11a	Л						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	<u> </u>		1					
-	amounts due or received from them.)	11b	,						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	•	12a					
	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							
С	Enter the amount of reserves on hand	13c	:						
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section 4960 tax on payment(s) of more than $\$1,000,000$ in remuned the section $\$1,000,000$ in $\$1,000,000$ in remuned the section $\$1,000,000$ in $\$$								
	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17									
	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 4								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
_	officer director trustee or key employee?	2	х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
·	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6		6		X					
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۰							
1 a		7a		Х					
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		- 21					
b		7b		Х					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		21					
8		0-	х						
a	The governing body?	8a 8b	X						
a	b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 21					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	, which go to me to								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х						
·	,	12c	х						
13	on Schedule O how this was done	13	X						
14	Did the organization have a written whistleblower policy? 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 approval by independent	14	21						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a	х						
a h		15b	X						
J	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
IUa		16a		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
		16b							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed MN								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availah	nle					
.5	for public inspection. Indicate how you made these available. Check all that apply.	oiny)	avanak						
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	(-)								
13	statements available to the public during the tax year.	a miail	JICI						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	THE ORGANIZATION - (651) 209-7672								
	332 MINNESOTA ST, 1360, ST PAUL, MN 55101								

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.

(A)	(B)	((C) Position			ed any current officer, d	(E)	(F)
Name and title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week	_	Cer ai	lu a u	recic	Trirus	ice)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er.	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) KYLE BOZENTKO	46.00									
EXECUTIVE DIR.				Х				136,096.	0.	300
(2) TOM ECKSTEIN	1.00									
CHAIR		Х		Х				0.	0.	0
(3) MATTHEW HOLM	1.00									
TREASURER		Х		Х				0.	0.	0
(4) LISA CROSBY	1.00									
DIRECTOR		X						0.	0.	0
(5) MARC MORGAN	1.00									
DIRECTOR		X						0.	0.	0
(6) MARK RITCHIE	1.00									
DIRECTOR		Х						0.	0.	0
						_				
						_				
		4								
						_				
		-								
						├				
		-								
		-		_	_	\vdash				
		-								
			-			┢				
		-								
		-	-	-	-	\vdash	-			
		1	I	I	1	1		l		

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than obox, unless person is both officer and a director/trust				l than d s both	one i an	(D) Reportable compensation from	(continued) (E) Reportable compensatio	n	an	(F) timate nount 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)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizat d relat anizati	e ion ed
1b Subtotal			<u> </u>					136,096.		0.		3	00.
c Total from continuation sheets to Part V	II, Section A							136,096.		0.		3	0.
d Total (add lines 1b and 1c)									000 of reportable				
compensation from the organization												Yes	No
3 Did the organization list any former officer		,	,	•	,	,	_		,				Х
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	er compensation from the	ne organization		3		
and related organizations greater than \$15Did any person listed on line 1a receive or	•		,								4		X
rendered to the organization? If "Yes." cor Section B. Independent Contractors											5		Х
Complete this table for your five highest co	ompensated inc	depe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	pensat	tion fro	m	
the organization. Report compensation for (A)	the calendar ye	ear e	endin	ig w	ith c	or wit	thin 	the organization's tax ye	ear.		(0	<u>.,</u>	
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	С	ompe	nsatio	n
							\dashv						
2 Total number of independent contractors (including but n	ot lir	nitec	to t	thos	e lie	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ		J- III			(

Form 990 (2022) CENTER
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Dart VIII			
		Check if Schedule O contains a response of	Tible to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				10141101011410	function revenue	business revenue	from tax under
							sections 512 - 514
ıts	1 a	a Federated campaigns 1a					
ran	k	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	(Fundraising events 1c					
		d Related organizations 1d					
nii. Bii		Government grants (contributions)					
Sir	•	f All other contributions, gifts, grants, and					
uti Je			207,846.				
ë₽			200,240.				
on pu	9		100,240.	207 046			
a C	r	1 Total. Add lines 1a-1f		207,846.			
		<u>-</u>	Business Code	40.000	40.000		
çe	2 8	PROGRAM SERVICE FEES	611710	49,882.	49,882.		
e vi	k	o					
S	C	· [
am	(d L					
Program Service Revenue	6	•					
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		49,882.			
	3	Investment income (including dividends, interes		,			
			I				
	4	,					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties(i) Real					
			(ii) Personal				
	6 a						
	k	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	C	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
<u>e</u>		and sales expenses					
Revenue	,	Gain or (loss) 7c					
ev		d Net gain or (loss)					
her R							
Othe	0 4	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses8b					
	(Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	(Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances10a					
	,	D Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
	,		Business Code				
SL		<u> </u>	900099	804.			804.
eo e	11 8	MISCELLANEOUS	300033	004.			004.
lan en	k	·					
Miscellaneous Revenue	•	·					
Mis	•	d All other revenue					
_	•	Total. Add lines 11a-11d		804.			
	12	Total revenue. See instructions		258,532.	49,882.	0.	804.

232009 12-13-22

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 111,108. 9,976. 136,398. 15,314. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 53,069. 43,632. 5,707. 3,730. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,026. 2,983. 910. 133. Other employee benefits 9 14,569. 12,758. 1,049. 762. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 74,298. 40,170. 753. 33,375. column (A), amount, list line 11g expenses on Sch O.) 5,163. 5,163. Advertising and promotion 12 24,177. 4,204. 19,973. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 83,536. 82,781. 755. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,870. 3,870. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 8,528. 3,823. 4,705. 23 Other expenses. Itemize expenses not covered 24 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.) 14,530. 14,530. PARTICIPANT EXPENSE **MISCELLANEOUS** 2,454. 2,344. 110. 1,458. RESEARCH AND SUBSCRIPTI 1,458. 157. 157. d BOARD EXPENSE e All other expenses 426,233. 322,029. 88,095. 16,109. Total functional expenses. Add lines 1 through 24e 25 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)

Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	Χ		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,648.	1	150,985.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	14,000
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B		6	
က္	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	4,267
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			169,252
	17	Accounts payable and accrued expenses	20,204.	17	21,270
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
နှ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
iab		controlled entity or family member of any of these persons		22	
-	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part	X		
		of Schedule D		25	01 000
	26	Total liabilities. Add lines 17 through 25	20,204.	26	21,270.
ű		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	266 255		145 202
alar	27	Net assets without donor restrictions			145,323.
Ä	28	Net assets with donor restrictions	49,628.	28	2,659.
ŭ.		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	1/7 000
ž	32	Total net assets or fund balances		32	147,982.
	33	Total liabilities and net assets/fund balances	335,887.	33	169,252

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,5				
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2				
3	Revenue less expenses. Subtract line 2 from line 1	3	-16		$\frac{01.}{83.}$			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10							
Pa	rt XII 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?		2b	Х				
	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	audit,						
	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 Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization CENTER FOR NEW DEMOCRATIC PROCESSES 41-1235544 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). 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 X 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	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	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	T	Т	Γ	1	r	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, 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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						
80	organization, check this box and stop ction C. Computation of Publi						
	Public support percentage for 2022 (I			oolumn (f))		14	04
	Public support percentage from 2021					15	<u>%</u>
	33 1/3% support test - 2022. If the	•		line 13 and line			
100	stop here. The organization qualifies				14 13 00 17070 01 111		
h	33 1/3% support test - 2021. If the		•				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test		• • •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	•		
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						
18	Private foundation. If the organization		-				s
			•	·			(Form 990) 2022

232022 12-09-22

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.)

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(.,, =	(3) = 2 · 2	(5) ====	(=, ===	(5) ====	(-)
	include any "unusual grants.")	563,133.	562,226.	472,717.	492,967.	207,846.	2298889.
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	264,221.	181,614.	50,622.	123,843.	49,882.	670,182.
3	Gross receipts from activities that are not an unrelated trade or business 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	827,354.	743,840.	523,339.	616,810.	257,728.	2969071.
	A Amounts included on lines 1, 2, and 3 received from disqualified persons	524,560.	394,394.	290,345.	389,990.	200,240.	1799529.
k	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						0.
c	Add lines 7a and 7b	524,560.	394,394.	290,345.	389,990.	200,240.	1799529.
8	Public support. (Subtract line 7c from line 6.)						1169542.
Se	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	827,354.	743,840.	523,339.	616,810.	257,728.	2969071.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38,648. 866,002.	43,260. 787,100.	42,140. 565,479.		25,817. 283,545.	189,719. 3158790.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th						
				•			
Se	ction C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		15	37.03 %
	Public support percentage from 2021		•			16	29.36 %
	ction D. Computation of Inves	·					
17	Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	-	-	•			
k	o 33 1/3% support tests - 2021. If the	· ·				Ť	
20	line 18 is not more than 33 1/3%, chece Private foundation. If the organization			•		•	

232023 12-09-22

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.)

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5b	4c		
5b			
5b			
5b			
5b	F-		
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
10a	9с		
10a			
10a			
	10a		
10b 10b 2000			

232024 12-09-22

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
	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		
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 in	struction	l' I	
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.	2a		
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	OI-		
•	these activities but for the organization's involvement.	2b		
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	2-		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
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.	3b		
	or no supported organizations: [[- fes. describe Fait VI the fole biaved by the organization in this regard.	UU		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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 integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

CENTER FOR NEW DEMOCRATIC PROCESSES

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

41-1235544

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CENTER FOR NEW DEMOCRATIC PROCESSES

41-1235544

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CENTER FOR NEW DEMOCRATIC PROCESSES

41-1235544

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
1	PUBLICLY-TRADED SECURITIES	\$	03/08/22
(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
		\$	Cabadada D (Faura 200) (2000)

Name of organization **Employer identification number** CENTER FOR NEW DEMOCRATIC PROCESSES 41-1235544 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 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

CENTER FOR NEW DEMOCRATIC PROCESSES

Employer identification number 41-1235544

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relatives means develor to membering, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

232051 09-01-22

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

Par	rt III Organizations Maintaining Colle	ections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Sim	ilar Asse	ets (contil	nued)	uge –
3	Using the organization's acquisition, accession, a								•		
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collec	tions and explair	n how th	ey further th	ne organizatio	on's exer	npt pu	rpose in Pa	art XIII.		
5	During the year, did the organization solicit or red	ceive donations of	of art, his	storical treas	sures, or othe	er similar	asset	S			
	to be sold to raise funds rather than to be mainta							Г	Yes		No
Pai	rt IV Escrow and Custodial Arranger	nents. Comple	ete if the	organizatio	n answered	"Yes" on	Form	990, Part I	V, line 9, or		
	reported an amount on Form 990, Part X,										
	Is the organization an agent, trustee, custodian of	or other intermed	iary for o	contributions	s or other ass	sets not i	includ	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
		•	· ·						Amoun	t	
С	Beginning balance							lc			
d	Additions during the year							ld			
е	Distributions during the year							le			
f	Ending balance							1f			
2a	Did the organization include an amount on Form							. [Yes		No
	If "Yes," explain the arrangement in Part XIII. Che						•				Ī
_	t V Endowment Funds. Complete if the										
) Current year		Prior year	(c) Two yea			ree years bad	ck (e) Fou	years	back
1a	Beginning of year balance	•						-			
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the current	vear end halance	line 1	r column (a))) held as:						
a	Board designated or quasi-endowment	year ena balane	% %	y, 001011111 (d))) Hold do.						
b	Permanent endowment	%	_′°								
C	Term endowment %										
·	The percentages on lines 2a, 2b, and 2c should 6	agual 100%									
32	Are there endowment funds not in the possessio	•	tion tha	t are held ar	nd administa	red for th	10				
Ja	organization by:	ii oi tile organiza	ilion ina	t are rielu ar	iu auriii iistei	ied ioi tii	ic			Yes	No
	· ·								3a(i)		
	(i) Unrelated organizations(ii) Related organizations										
h	(ii) Related organizations	e lietod ae roquir	od on S	chodulo D2					3a(ii)		
4	Describe in Part XIII the intended uses of the organization								30_		
	rt VI Land, Buildings, and Equipment		willelit i	urius.							
1 0	Complete if the organization answered "Y). Part IV	/. line 11a. S	See Form 990). Part X.	line 1).			
	Description of property	(a) Cost or o			or other	i	ccumi		(d) Boo	k volu	
	Description of property	basis (investn			(other)		precia		(a) 600	k valu	е
4-	Land	24010 (111003111	10111	Dasis	(50101)	ue ue	Piccia				
	Land										
b	Buildings										
C	Leasehold improvements										
d	Equipment										
	Other	1.5 000 5	V	(D) " 1	0 - 1	I					0.
ı otal	ı. Aud iirles Ta trirougri Te. ((;olumn (d) must equal	ı Form 990. Part .	x. colun	nn (B) line 1	UC)						.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CENTER FOR I	NEW DEMOCRATI	C PROCESSES	41-1235544 Page
Part VII Investments - Other Securities.	- Farma 000 Bart IV line	Adda One Ferre 200 Back V. Band 40	
Complete if the organization answered "Yes"		_	and of year market value
(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	on Form 000 Dort IV line	110 Coo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(D) BOOK Value	(c) Method of Valuation. Cost of	end-or-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" o		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

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

(8) (9)

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	258,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
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	258,532.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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 1.	2.)	5	258,532.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		ses 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	426,233.
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	0.
3	Subtract line 2e from line 1		3	426,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
_				
C	Add lines 4a and 4b	-	4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line rt XIII Supplemental Information.			0. 426,233.

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:

THE POLICY OF THE ORGANIZATIONS IS TO EVALUATE UNCERTAIN TAX POSITIONS, LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. JEFFERSON CENTER HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT STATUS, THE ORGANIZATIONS ANNUALLY FILE RETURN OF ORGANIZATION EXEMPT FORM INCOME TAX (FORM 990).

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	CENTER	FOR	NEW	DEMOCRATIC	PROCESSES	41-1235544	Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (con	tinued)					
		(COIII	unaca					
ī								
<u> </u>								

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

name of the organization					Employer Identif	ication number
CENTER FOR NEW	DEMOCRAT:	IC PROCE	SSES		41-123554	4
			side the United States. Comple	ete if the organ	ization answered "Y	'es" on
Form 990, Part I\	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers Dece	ribo in Dort V the	organization's	propedures for monitoring the use of its	granta and at	har aggistance quita	ido tho
2 For grantmakers. Desc United States.	nbe in Fait v the	e organization s	procedures for monitoring the use of its	grants and ot	ner assistance outs	ide trie
	ne following Part	: I. line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
		in the region	redipleme located in the region)	01 301 1100	(a) in the region	in the region
NORTH AMERICA -						
CANADA AND MEXICO, BUT NOT THE UNITED						
STATES						0.
3 a Subtotal	0	0				0.
b Total from continuation						<u> </u>
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				0.

232071 10-17-22

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

recipient who red	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	unization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sec			.		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

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

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	CENTER FOR N	EW DEM	OCRATIC PI	ROCESSES	41-1	235544	Į.
Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	2	200,240.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82						
						Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?		_	•		32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.	• • •		• •	•		

232141 09-09-22

LHA

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

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.

2022
Open to Public Inspection

Name of the organization

CENTER FOR NEW DEMOCRATIC PROCESSES

Employer identification number 41-1235544

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHALLENGING PUBLIC ISSUES. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, WE'RE INTERNATIONAL LEADERS IN CIVIC PARTICIPATION, DELIBERATION, AND DRIVEN TO DESIGN THE FUTURE OF DEMOCRACY. ENGAGEMENT, WE'RE PARTNERING WITH CITIZENS, AND INSTITUTIONS TO DESIGN COMMUNITIES, AND IMPLEMENT INFORMED, INNOVATIVE, AND DEMOCRATIC SOLUTIONS TO TODAY'S TOUGHEST CHALLENGES. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LIVERPOOL ANTIMICROBIAL RESISTANCE CITIZENS' IN JANUARY 2022, THE CENTER FOR NEW DEMOCRATIC PROCESSES CONDUCTED THE LIVERPOOL ANTIMICROBIAL RESISTANCE CITIZENS' JURY PROJECT. THE PROJECT WAS COMMISSIONED TO EXPLORE ATTITUDES AND PERSPECTIVES ABOUT RELATIONSHIPS AMONG PUBLIC AND PRIVATE ENTITIES COLLABORATING TO MONITOR AND DEVELOP RESPONSES TO ANTIMICROBIAL RESISTANCE IN LIVERPOOL PFIZER INC. PROVIDED FUNDING AND SUPPORT TO THE PROJECT. PFIZER INC. COLLABORATED WITH THIS PROJECT AS IT ALIGNED CLOSELY WIHT PFIZER'S COMMITMENT TO UNDERSTANDING THE PUBLIC PERCEPTION OF ANTIMICROBIAL STEWARDSHIP AND RELATED ISSUES. THE UNIVERSITY OF LIVERPOOL COMMISSIONED THE JURY AS PART OF ITS STRATEGIC COMMITMENT TO INVOLVING LOCAL CITIZENS IN THE THE CO-DESIGN OF RESEARCH AND DEVELOPMENT. THIS 6-DAY ONLINE JURY ASSESSED SCENARIOS COVERING MULTIPLE PATIENT PATHWAYS AND PROVIDED RECOMMENDATIONS FOR INFORMATION SHARING AND THE STRUCTURE Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022 Page 2

Name of the organization 41-1235544 CENTER FOR NEW DEMOCRATIC PROCESSES OF RELATIONSHIP AMONT PUBLIC AND PRIVATE ACTORS WHOSE GOAL IS TO MONITOR AND RESPOND TO ANTIMICROBIAL RISISTANCE (AMR). EVENT: JANUARY 2022, 6-DAYS, 18-PARTICIPANTS, ONLINE - PUBLICATIONS: FULL REPORT; EXECUTIVE SUMMARY; PROJECT WEBSITES - OUTCOMES: THE PROJECT SPONSORS HAVE INCORPORATED RESULTS AND FINDINS TO SHAPE THE DEVELOP; MENT OF THEIR PROPOSED DATA SHARING NETWORK ON AMR IN LIVERPOOL. THE PROJECT WAS ALSO SHORTLISTED FOR THE UK HEALTH SECURITY ANGENCY'S "ANTIBIOTIC GUARDIAN" AWARD FOR PUBLIC ENGAGEMENT ON AMR ISSUES.

REVITALIZING DEMOCRACY

REVITALIZING DEMOCRACY IS A MULT-YEAR INITIATIVE, FUNDED BY CNDP FOUNDER TO EXPAND THE USE OF DELIBERATIVE CIVIC ENGAGEMENT IN THE US, PARTICULARLY ON AN ISSUE OF NATIONAL CONCERN. ACTIVITIES: ACTIVITIES IN 2022 FOCUSED ON ONGOING EDUCATION AND OUTREACH AMONG US GOVERNMENT OFFICIALS, RESEARCHEERS, POLICY PROFESSIONALS, AND FEDERAL AGENCIES -PARTICULARLY RELATED TO EMERGING TECHNOLOGY, ARTIFICIAL INTELLIGENCE, AND ANTIMICROBIAL RESISTANCE. RESULTS: CNDP STAFF CONNECTED WITH DOZENS OF LAWMAKERS, STAFF, AND OFFICIALS FROM A VARIETY OF GOVERNMENT AGENCIES TO EXPLORE POSSIBILITIES FOR USING DELIBERATIVE METHODS TO ADDRESS NATIONAL POLICY ISUES AND DECISIONS. CNDP PRODUCED RESPONSES TO MULTIPLE REQUESTS FOR INFORMATION PUBLISHED ON THE FEDERAL REGISTER. IN 2023 CNDP WILL BE CONDUCTING A NATIONAL LEVEL DELIBERATIVE EVENT WHICH BUILDS ON THE REVITALIZING DEMOCRACY ACTIVITIES CONDUCTED IN 2022.

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

SARAH ATWOOD, HEAD OF RESEARCH AND ENGAGEMENT, IS IN DOMESTIC PARTNERSHIP

Employer identification number

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** CENTER FOR NEW DEMOCRATIC PROCESSES 41-1235544 WITH KYLE BOZENTKO, EXECUTIVE DIRECTOR FORM 990, PART VI, SECTION B, LINE 11B: PRESENTED TO EXECUTIVE DIRECTOR & BOARD CHAIR FOR REVIEW. SIGNED BY BOARD CHAIR AND ANOTHER BOARD MEMBER. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN CONFLICT OF INTEREST AND WHISTLE BLOWER POLICIES ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEW BY THE BOARD CHAIR AND EXECUTIVE DIRECTOR. THE ENTIRE BOARD TO VOTE ON RAISES. ANNUAL REVIEW BY THE BOARD CHAIR AND EXECUTIVE DIRECTOR. THE ENTIRE BOARD TO VOTE ON RAISES. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES AND CONTRACT SERVICES: PROGRAM SERVICE EXPENSES 33,375. MANAGEMENT AND GENERAL EXPENSES 40,170. FUNDRAISING EXPENSES 753. 74,298. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 74,298.

Schedule O (Form 990) 2022

Name of the organization	Employer identification number ROCESSES 41-1235544
CENTER FOR NEW DEMOCRATIC PR	ROCESSES 41-1235544
PART XII, LINE 2C	
NO CHANGE FROM 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.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Attach to Form 990.

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

(b)

Primary activity

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-1235544

(f)

Direct controlling

Schedule R (Form 990) 2022

of disregarded entity		foreign country)			e	entity	
Part II Identification of Related Tax-Exempt Or organizations during the tax year.	rganizations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	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 501(c)(3))	(f) Direct controlling entity		(g) 512(b)(13 trolled atity?
EFFERSON ACTION - 65-1213131							
25 CEDAR AVENUE, STE 700 T. PAUL, MN 55101	MAKE PEOPLE VOICE HEARD IN POLICY MAKING	MINNESOTA	501(C)(4)				Х

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

		0 11 70 1	"\ " E 000	D 1 11 / 11 O 1 1	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, becal	use it had one or more related
Part III	organizations treated as a partnership during the tax year.				
	organizations treated as a partitioning during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General emanaging partner	(k) Percentage ownership

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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Page 3

Yes No

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

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?

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

b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	X
	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
	Performance of services or membership or fundraising solicitations for related organ				11	X
	Performance of services or membership or fundraising solicitations by related organ				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X
0	Sharing of paid employees with related organization(s)				10	X
						37
	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
						37
					1r	X
	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th I	is line, including covered re	lationships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volvod.	
	Name of related organization	type (a-s)	Amount involved	Method of determining amount in	voiveu	
		71 ()				
(1)						
('')						
(2)						
,						
(3)						
(4)						
(5)						
(6)						
232163	09-14-22			Schedule	R (Form 9	90) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

232165 09-14-22 Schedule R (Form 990) 2022