

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMITTEE OF 100 INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
257 PARK AVENUE SOUTH 19TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10010

D Employer identification number
13-3627542

E Telephone number
(212) 371-6565

G Gross receipts \$ 5,062,746

F Name and address of principal officer:
JOHN CHIANG
257 PARK AVENUE SOUTH 19TH FLOOR
NEW YORK, NY 10010

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.COMMITTEE100.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE COMMITTEE'S PURPOSE IS TO PROVIDE LEADERSHIP AND ACT AS A CONSTRUCTIVE FORCE IN THE DUAL MISSION OF: 1) PROMOTING THE FULL PARTICIPATION OF CHINESE AMERICANS IN AMERICAN SOCIETY AND ACTING AS A PUBLIC POLICY RESOURCE FOR THE CHINESE-AMERICAN COMMUNITY, 2) PROMOTING CONSTRUCTIVE DIALOGUE AND RELATIONSHIPS BETWEEN THE PEOPLES AND LEADERS OF THE UNITED STATES AND GREATER CHINA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | |
|--|----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 18 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 18 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 7 |
| 6 Total number of volunteers (estimate if necessary) | 25 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 3,121,278 | 5,059,633 |
| 9 Program service revenue (Part VIII, line 2g) | 103,000 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 9,715 | 3,113 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,233,993 | 5,062,746 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 733,500 | 3,839,473 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 514,449 | 714,030 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 20,000 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,895 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,703,634 | 1,482,427 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,971,583 | 6,035,930 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 262,410 | -973,184 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 16,932,454 | 13,318,067 |
| 21 Total liabilities (Part X, line 26) | 41,498 | 168,508 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 16,890,956 | 13,149,559 |

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2021-05-13
JOHN CHIANG CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2021-05-13
Firm's name: ▶ BAKER TILLY US LLP Check if self-employed PTIN: P01225144
Firm's address: ▶ 135 MAIN STREET 9TH FLOOR Firm's EIN: ▶ 39-0859910
SAN FRANCISCO, CA 94105 Phone no. (415) 781-2500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMITTEE'S PURPOSE IS TO PROVIDE LEADERSHIP AND ACT AS A CONSTRUCTIVE FORCE IN THE DUAL MISSION OF: 1) PROMOTING THE FULL PARTICIPATION OF CHINESE AMERICANS IN AMERICAN SOCIETY AND ACTING AS A PUBLIC POLICY RESOURCE FOR THE CHINESE-AMERICAN COMMUNITY, 2) PROMOTING CONSTRUCTIVE DIALOGUE AND RELATIONSHIPS BETWEEN THE PEOPLES AND LEADERS OF THE UNITED STATES AND GREATER CHINA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,940,923 including grants of \$ 3,810,323) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 658,226 including grants of \$ 14,575) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 458,226 including grants of \$ 14,575) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 271,963 including grants of \$) (Revenue \$)

NEXT GENERATION LEADERSHIP DEVELOPMENT - THE COMMITTEE MEMBERS ACTIVELY MENTOR AND CULTIVATE NEXT GENERATION LEADERS THROUGH THIS PROGRAM. IN LOS ANGELES, SAN FRANCISCO, NEW YORK, WASHINGTON D.C., AND BEIJING, MEMBERS VOLUNTEER THEIR TIME TO PROVIDE EMERGING LEADERS OPPORTUNITIES TO LEARN DIRECTLY FROM THEIR PATHS TO SUCCESS. IN 2005, THE COMMITTEE LAUNCHED THE LEADERSHIP SCHOLARSHIP PROGRAM IN PARTNERSHIP WITH OVER 10 UNIVERSITIES IN CHINA TO PROVIDE SCHOLARSHIP OPPORTUNITIES TO CHINESE POST-GRADUATES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 271,963 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,329,338

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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | Yes | |
| 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 | | No |
| 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 | | No |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | Yes | |
| 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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | Yes | |
| 11b | 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 | | No |
| 11c | 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 | | No |
| 11d | 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 | | No |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | Yes | |
| 11f | 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | Yes | |
| 12b | 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | No |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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 | Yes | |

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

| | | | | |
|--|-------------------|---------------|----|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a _____ 7 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b Yes | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . | | 3a | No | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | 4a | No | |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | 5a | No | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | No | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | | 6a | No | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | No | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | No | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d _____ | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | No | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | 7f | No | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a _____ | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b _____ | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | |
| a Gross income from members or shareholders | 11a _____ | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b _____ | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b _____ | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | 13a | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b _____ | | | |
| c Enter the amount of reserves on hand | 13c _____ | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | No | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . | | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Note. See instructions and file Form 4720, Schedule N. | | 15 | No | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O. | | 16 | No | |

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17, 18, 19, 20.

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) H ROGER WANG CHAIRMAN | 0.05 | X | | X | | | 0 | 0 | 0 | |
| (2) WILSON CHU GENERAL COUNSEL & SECRETARY | 0.10 | X | | X | | | 0 | 0 | 0 | |
| (3) CHI-FOON CHAN DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (4) GUOQING CHEN DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (5) KENNETH FONG DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (6) ROBERT GEE DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (7) MING HSIEH DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (8) HOWARD LI DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (9) PAUL LIN DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (10) PHILIP MA DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (11) ANNA MOK THROUGH APR 2019 DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (12) DAZONG WANG DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (13) DENNIS WU DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (14) JEREMY WU DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (15) JAY XU DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (16) X RICK NIU DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (17) DAVID CHANG DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KEN XIE DIRECTOR | 0.10 | X | | | | | 0 | 0 | 0 | |
| (19) FRANK H WU THROUGH SEPT 2019 PRESIDENT | 20.00 | | | X | | | 260,000 | 0 | 0 | |
| (20) LAWRENCE B LOW CFO | 0.10 | | | X | | | 0 | 0 | 0 | |
| (21) NYX HE HEAD OF THE NY OFFICE | 40.00 | | | X | | | 100,000 | 0 | 0 | |
| (22) ZHENG HUANG EFF MARCH 2020 PRESIDENT | 40.00 | | | X | | | 0 | 0 | 0 | |
| (23) CHARLIE WOO VICE CHAIRMAN | 0.10 | | | X | | | 0 | 0 | 0 | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 360,000 | 0 | 0 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | No |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| SHARON OWYANG 153 S SPALDING DRIVE 3 BEVERLY HILLS, CA 90212 | CONSULTING | 112,935 |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-f, including a 2a Business Code column.

Table for Other Revenue with 5 columns (A-D) and rows 3-12, including sub-rows for rental income (6a-c), securities gain (7a-c), fundraising events (8a-c), gaming activities (9a-c), and inventory sales (10a-c).

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 3,839,473 | 3,839,473 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 365,980 | 301,186 | 43,196 | 21,598 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 261,809 | 129,699 | 116,351 | 15,759 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 47,802 | 28,222 | 15,826 | 3,754 |
| 10 Payroll taxes | 38,439 | 22,694 | 12,726 | 3,019 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 26,313 | | 26,313 | |
| c Accounting | 65,039 | | 65,039 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 649,063 | 433,433 | 206,290 | 9,340 |
| 12 Advertising and promotion | 62,295 | 12,844 | 8,566 | 40,885 |
| 13 Office expenses | 59,604 | 11,398 | 48,172 | 34 |
| 14 Information technology | 10,957 | 338 | 8,374 | 2,245 |
| 15 Royalties | | | | |
| 16 Occupancy | 95,780 | 56,550 | 31,984 | 7,246 |
| 17 Travel | 22,357 | 20,793 | 1,549 | 15 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 387,268 | 382,823 | 4,445 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,574 | | 1,574 | |
| 23 Insurance | 9,468 | | 9,468 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a BAD DEBT | 80,000 | 80,000 | | |
| b OTHER | 12,709 | 9,885 | 2,824 | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 6,035,930 | 5,329,338 | 602,697 | 103,895 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 132,146 | 1 | 270,000 |
| | 2 Savings and temporary cash investments | 1,512,735 | 2 | 900,449 |
| | 3 Pledges and grants receivable, net | 5,577,694 | 3 | 3,693,005 |
| | 4 Accounts receivable, net | 11,694 | 4 | 3,855 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 68,795 | 9 | 64,630 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 91,610 | | |
| | b Less: accumulated depreciation | 83,684 | 9,501 | 10c 7,926 |
| | 11 Investments—publicly traded securities | 9,619,889 | 11 | 8,378,202 |
| | 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 34) | 16,932,454 | 16 | 13,318,067 | |
| Liabilities | 17 Accounts payable and accrued expenses | 41,498 | 17 | 68,508 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 23,000 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 0 | 25 | 77,000 |
| | 26 Total liabilities. Add lines 17 through 25 | 41,498 | 26 | 168,508 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 2,115,449 | 27 | 1,705,743 |
| | 28 Net assets with donor restrictions | 14,775,507 | 28 | 11,443,816 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 16,890,956 | 32 | 13,149,559 | |
| 33 Total liabilities and net assets/fund balances | 16,932,454 | 33 | 13,318,067 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 5,062,746 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 6,035,930 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -973,184 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,890,956 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,788,213 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -980,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 13,149,559 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 13-3627542

Name: COMMITTEE OF 100 INC

Form 990 (2019)

Form 990, Part III, Line 4a:

IN RESPONSE TO THE COVID-19 PANDEMIC, THE COMMITTEE FUNDRAISED, PROCURED, AND DISTRIBUTED TO US HOSPITALS, CLINICS, AND OTHER FRONTLINE HEALTHCARE WORKERS PERSONAL PROTECTIVE EQUIPMENT THAT WAS SOURCED FROM CHINA AND WAS IN SHORT SUPPLY DURING THE INITIAL SPREAD. WITH PERSONAL PROTECTIVE EQUIPMENT PROCUREMENT CHANNELS STABILIZING, THE COMMITTEE DOES NOT ENVISION FURTHER SUPPORT FOR THIS PROGRAM.

Form 990, Part III, Line 4b:

CHINESE AMERICANS FOR GREATER INCLUSION IS COMPRISED OF THE INITIAL STAGES OF "FROM FOUNDATIONS TO FRONTIERS" A STUDY AND PUBLICATION THAT PRESENTS A NEW NARRATIVE BACKED BY DATA AND RESEARCH ABOUT CHINESE AMERICANS FOCUSED ON OUR ENDURING LEGACY OF CONTRIBUTIONS TO AMERICA OVER THE LAST 175+ YEARS. THE RESEARCH FINDINGS CONSIST OF A WHITE PAPER AND SEVEN PILLAR REPORTS (ARTS & CULTURE; CIVIL RIGHTS, PUBLIC SERVICE & POLITICS; ENTREPRENEURSHIP & BUSINESS LEADERSHIP; INFRASTRUCTURE; MILITARY & NATIONAL SECURITY; PUBLIC HEALTH; SCIENCE & TECHNOLOGY) ALL HOUSED ON THE "CONTRIBUTING ACROSS AMERICA" MICROSITE. AS PART OF THE EFFORTS TO SHARE THIS NEW NARRATIVE, C100 HAS BEGUN HOSTING FROM FOUNDATIONS TO FRONTIERS VIRTUAL TALKS FOR GROUPS IN THE CHINESE AMERICAN COMMUNITY. IN ADDITION, C100 HELD A SILICON VALLEY CONFERENCE AS PART OF CONCERTED PROGRAMMING ADDRESSING CHALLENGES FACING AMERICAN RESEARCHERS. OVER 300 ATTENDEES IN SCIENCE, TECHNOLOGY, GOVERNMENT, BUSINESS, EDUCATION, AND CIVIL RIGHTS CONVENED TO ADDRESS THE IMPACTS OF GEOPOLITICS ON THE WORKING ENVIRONMENT. C100 PARTNERED WITH 20+ CHINESE AMERICAN SCIENTIFIC AND COMMUNITY ORGANIZATIONS, DEVELOPED SUPPORT NETWORKS AMONG SCIENTIFIC GROUPS AND CIVIL RIGHTS ORGANIZATIONS, ENGAGED MEDIA AND KEY OPINION LEADERS TO RAISE AWARENESS AND GUIDE PUBLIC DISCOURSE, AND ESTABLISHED RELATIONSHIPS WITH INDIVIDUALS AND ORGANIZATIONS THAT STRIVE TO PROMOTE CONSTRUCTIVE DIALOGUE BETWEEN THE U.S. AND GREATER CHINA.

Form 990, Part III, Line 4c:

IN ADVANCING U.S. - CHINA RELATIONS, THE GREATER CHINA CONFERENCE CONVENED 500+ LEADERS IN GOVERNMENT, BUSINESS, EDUCATION, AND TECHNOLOGY IN SHANGHAI, CHINA WHERE C100 ORGANIZED VARIOUS PANEL DISCUSSIONS ON MARKET ACCESS, FINTECH, HEALTHCARE AND CONSUMER ACTIVITY. THE 2019 C100 LIFE ACHIEVEMENT AWARD FOR ADVANCING U.S.-CHINA RELATIONS WAS AWARDED TO THE LATE U.S. PRESIDENT GEORGE H.W. BUSH, WHOSE SON NEIL MELLON BUSH, ACCEPTED THE AWARD ON HIS BEHALF. IN ADDITION, THE C100 SCHOLARS PROGRAM LAUNCHED IN COORDINATION WITH 50 AMERICAN SCHOLARS ACROSS SCHWARZMAN COLLEGE AT TSINGHUA UNIVERSITY, YENCHING ACADEMY AT PEKING UNIVERSITY, DUKE KUNSHAN UNIVERSITY, NYU SHANGHAI, AND THE NANJING-HOPKINS CENTER.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMITTEE OF 100 INC

Employer identification number
13-3627542

Employer identification number
13-3627542

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|------------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 1,019,399 | 2,193,038 | 14,922,256 | 2,978,278 | 5,059,663 | 26,172,634 |
| 2 Tax revenues levied for the organization'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 | 1,019,399 | 2,193,038 | 14,922,256 | 2,978,278 | 5,059,663 | 26,172,634 |
| 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) . . . | | | | | | 16,758,338 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 9,414,296 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|------------|-----------|-----------|------------|
| 7 Amounts from line 4. . . | 1,019,399 | 2,193,038 | 14,922,256 | 2,978,278 | 5,059,663 | 26,172,634 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | 2,804 | 13,568 | 625 | 9,715 | 3,113 | 29,825 |
| 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.). . . | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 26,202,459 |

12 Gross receipts from related activities, etc. (see instructions) **12** 885,000

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 35.930 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 36.180 % |

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 3a | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| | 4b | | |
| 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)? <i>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.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 5a | | |
| 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? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 8 | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 9c | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID:

Software Version:

EIN: 13-3627542

Name: COMMITTEE OF 100 INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
COMMITTEE OF 100 INC

Employer identification number
13-3627542

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 9,715,625 | 10,000,000 | | | |
| b Contributions | | | 10,000,000 | | |
| c Net investment earnings, gains, and losses | -1,855,048 | -284,375 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 7,860,577 | 9,715,625 | 10,000,000 | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶ 100.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | Yes | |
| 3b | Yes | |

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 23,617 | 23,617 | 0 |
| d Equipment | | 41,762 | 40,624 | 1,138 |
| e Other | | 26,231 | 19,443 | 6,788 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 7,926 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------------|
| (1) Federal income taxes | |
| (2) FORGIVABLE LOAN PAYABLE | 77,000 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 77,000 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|------------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,274,533 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,788,213 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | -1,788,213 |
| 3 | Subtract line 2e from line 1 | | 3 | 5,062,746 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 5,062,746 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|-----------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 7,015,930 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 980,000 | |
| e | Add lines 2a through 2d | | 2e | 980,000 |
| 3 | Subtract line 2e from line 1 | | 3 | 6,035,930 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 6,035,930 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 13-3627542

Name: COMMITTEE OF 100 INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART V, LINE 4: | ON MAY 21, 2018, THE COMMITTEE RECEIVED A STOCK CONTRIBUTION FROM A COMMITTEE MEMBER TO ESTABLISH A TERM ENDOWMENT FUND. FOR A PERIOD OF 10 YEARS FROM THE DATE OF THE CONTRIBUTION, THE COMMITTEE SHALL NOT DIRECTLY OR INDIRECTLY, SELL, TRANSFER, ASSIGN, PLEDGE, ENCUMBER, HYPOTHECATE OR SIMILARLY DISPOSE OF, EITHER VOLUNTARILY OR INVOLUNTARILY, OR TO ENTER INTO ANY CONTRACT, OPTION OR OTHER ARRANGEMENT OR UNDERSTANDING WITH RESPECT TO THE SALE, TRANSFER, ASSIGNMENT, PLEDGE, ENCUMBRANCE, HYPOTHECATION OR SIMILAR DISPOSITION OF ANY OF THE SHARES. DURING THE RESTRICTED PERIOD, THE COMMITTEE MEMBER WILL HAVE THE OPTION TO REPLACE THE SHARES WITH CASH IN THE SUM OF \$10,000,000. AT THE CONCLUSION OF THE RESTRICTED PERIOD, THE COMMITTEE MEMBER WILL REPLACE THE SHARES WITH THE SUM OF \$10,000,000 TO PRESERVE THE NET VALUE OF THE ENDOWMENT AND HAVE THE ENDOWMENT FUND FULLY AVAILABLE TO THE COMMITTEE REGARDLESS OF MARKET CONDITIONS AND/OR ANY TRANSACTION COSTS AT THAT TIME. UNDER THE TERMS OF THE ENDOWMENT AGREEMENT, THE INCOME FROM THE ENDOWMENT FUND WILL BE APPLIED AGAINST THE GRANTS RECEIVABLE. NET UNREALIZED LOSSES ON INVESTMENTS OF \$-1,788,213 REFLECT A REDUCTION IN MARKET VALUE OF THIS STOCK CONTRIBUTION. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | U.S. GAAP PROVIDES DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE TO FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED. |

Supplemental Information

| Return Reference | Explanation |
|--|---------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | PLEDGE WRITE OFF 980,000. |

Supplemental Information

| Return Reference | Explanation |
|---|--|
| IN 2017, THE COMMITTEE ENTERED INTO A MULTI-YEAR PLEDGE | AGREEMENT WHICH AMOUNTED TO \$1,500,000 TO BE PAID OF \$500,000 INCREMENTS OVER THE COURSE OF THREE YEARS ENDING IN DECEMBER 2019. THE PLEDGE AIMED TO PROVIDE UNRESTRICTED GENERAL SUPPORT AND HAD BEEN COLLECTED FOR 2017 AND 2018. AS OF JUNE 30, 2020, THE COMMITTEE'S MANAGEMENT DETERMINED THE BALANCE TO BE UNCOLLECTIBLE AND TO PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE REMAINING \$500,000. IN ADDITION, THE COMMITTEE ENTERED INTO A MULTI-YEAR PLEDGE WHICH AMOUNTED TO \$600,000 TO BE PAID OVER \$120,000 INCREMENTS OVER THE COURSE OF FIVE YEARS ENDING IN 2021. THE PURPOSE OF THE PLEDGE WAS TO SUPPORT THE COMMITTEE'S SPEAKER SERIES WHICH WAS LATER DISCONTINUED. AS OF JUNE 30, 2020, THE COMMITTEE'S MANAGEMENT DETERMINED TO PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE REMAINING \$480,000. |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMITTEE OF 100 INC

Employer identification number

13-3627542

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| EAST ASIA AND THE PACIFIC | 0 | 0 | PROGRAM SERVICES | ENGAGE REGIONAL STAKEHOLDERS WITH PROGRAMS, MEETINGS AND SCHOLARSHIPS. | 227,812 |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 0 | | | 227,812 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 227,812 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | | | | | | |
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| | | | | | | | | |

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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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 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 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 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 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 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 No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMITTEE OF 100 INC

Employer identification number

13-3627542

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 78
3 Enter total number of other organizations listed in the line 1 table 13

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2: | THE PROCEDURE OF MONITORING GRANT FUNDS IS CONDUCTED OVER SITE VISITS AND EXAMINING THE INTERIM AND FINAL NARRATIVE AND FINANCIAL REPORTS PROVIDED BY THE GRANTEEES. |

Additional Data

Software ID:
Software Version:
EIN: 13-3627542
Name: COMMITTEE OF 100 INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GIVE2ASIA 2201 BROADWAY 4TH FLR OAKLAND, CA 94612 | 94-3373670 | 501(C)(3) | 50,000 | | | | SUPPORT PROGRAMS |
| THE US ASSOCIATION OF FORMER MEMBERS OF CONGRESS 1401 K STREET NW SUITE 503 WASHINGTON, DC 20005 | 54-0883744 | 501(C)(3) | 25,000 | | | | SPONSOR STATESMANSHIP GALA DINNER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOSPITAL FOR SPECIAL SURGERY (HSS) 535 EAST 70TH STREET NEW YORK, NY 10021 | 13-1624135 | 501(C)(3) | | 29,454 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| WESTCHESTER MEDICAL CENTER 100 WOODS ROAD VALHALLA, NY 10595 | 13-4095845 | 501(C)(3) | | 43,762 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MOUNT SINAI HOSPITAL IN NYC 1165 5TH AVE NEW YORK, NY 10029 | 13-1624096 | 501(C)(3) | | 50,476 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| CHINESE HOSPITAL 845 JACKSON STREET SAN FRANCISCO, CA 94133 | 94-0382780 | 501(C)(3) | | 19,386 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOAG HOSPITAL 1 HOAG DRIVE NEWPORT BEACH, CA 92663 | 95-3222343 | 501(C)(3) | | 11,975 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| KAISER | | | | 43,336 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASIAN HEALTH SERVICES (AHS) 101 8TH STREET OAKLAND, CA 94607 | 94-2235908 | 501(C)(3) | | 36,153 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| DMC-HARPER HOSPITAL 3990 JOHN R STREET DETROIT, MI 48201 | 38-2391807 | 501(C)(3) | | 32,475 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEAUMONT DEARBORN 18181 OAKWOOD BOULEVARD DEARBORN, MI 48124 | 38-1459362 | 501(C)(3) | | 30,759 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| HARTFORD HEALTHCARE 75 JEFFERSON STREET HARTFORD, CT 06115 | 22-2672834 | 501(C)(3) | | 33,876 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UT HEALTH 6431 FANNIN ST HOUSTON, TX 77030 | 74-1761309 | | | 39,459 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| KAHAL 1000 TERMINAL RD STE 100 FORT WORTH, TX 76106 | 13-6262272 | 501(C)(3) | | 134,234 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| US HEARTLAND CHINA ASSOCIATION 1329 ROBERTSON STREET FORT COLLINS, CO 80524 | 20-1361557 | 501(C)(3) | | 40,417 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MOUNT SINAI MORNINGSIDE 1111 AMSTERDAM AVENUE NEW YORK, NY 10025 | 13-1624096 | 501(C)(3) | | 8,291 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WEILL CORNELL MEDICAL CENTER 413 EAST 69TH STREET NEW YORK, NY 10021 | 13-1623978 | 501(C)(3) | | 35,851 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MOUNT SINAI WEST 1000 10TH AVENUE NEW YORK, NY 10019 | 13-1624096 | 501(C)(3) | | 18,086 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JACOBI MEDICAL HOSPITAL 109 BREELEY BLVD MELVILLE, NY 11747 | 13-2655002 | 501(C)(3) | | 10,318 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| BEAUMONT HOSPITAL WAYNE 33155 ANNAPOLIS STREET WAYNE, MI 48184 | 38-1459362 | 501(C)(3) | | 18,654 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHILDREN'S HOSPITAL LA 4650 SUNSET BLVD LOS ANGELES, CA 90027 | 95-1690977 | 501(C)(3) | | 5,182 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| USC KECK 1500 SAN PABLO STREET LOS ANGELES, CA 90033 | 95-1642394 | 501(C)(3) | | 51,633 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UCSF 777 MARIPOSA STREET SAN FRANCISCO, CA 94107 | 94-6036493 | 501(C)(3) | | 13,427 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| CEDARS-SINAI MEDICAL CENTER 4100 W 190TH STREET TORRANCE, CA 90504 | 95-1644600 | 501(C)(3) | | 39,484 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OVERLAKE HOSPITAL BELLEVUE WA 1035 116TH AVE NE BELLEVUE, WA 98004 | 91-0652651 | 501(C)(3) | | 24,749 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| NYU LANGONE 250 FULTON AVE NEW HYDE PARK, NY 11040 | 47-2613531 | 501(C)(3) | | 41,453 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIV OF WASHINGTON MEDICAL CENTER WA 7527 63RD AVE NE SEATTLE, WA 98115 | 94-3079432 | 501(C)(3) | | 11,328 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| ROCKEFELLER UNIVERSITY HOSPITAL 1230 YORK AVENUE NEW YORK, NY 10065 | 13-1624158 | 501(C)(3) | | 9,369 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARLEM HOSPITAL 1641 THIRD AVE APT 10C NEW YORK, NY 10128 | 13-3092676 | 501(C)(3) | | 24,372 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| UCLA HEALTH 16001 STRATHERN STREET VAN NUYS, CA 91406 | 95-3701255 | 501(C)(3) | | 17,107 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLARA MAASS MEDICAL CENTER - RWJBARNABAS HEALTH 615 MONTROSE AVENUE SOUTH PLAINFIELD, NJ 07080 | 22-1500556 | 501(C)(3) | | 24,721 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MONTEFIORE HOSPITAL 901 PENHORN AVENUE SECAUCUS, NJ 07094 | 13-1740114 | 501(C)(3) | | 67,566 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JUPITER MEDICAL CENTER 1210 S OLD DIXIE HWY JUPITER, FL 33458 | 59-1460239 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| JOHNS HOPKINS HEALTH SYSTEM 5300 HOLABIRD AVENUE SUITE A BALTIMORE, MD 21224 | 52-1465301 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIENCE 1731 EAST 120TH ST LOS ANGELES, CA 90059 | 95-6151774 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| NORTHWELL HEALTH FOUNDATION LENOX 1001 SOUTH OYSTER BAY RD BETHPAGE, NY 11714 | 13-1624070 | 501(C)(3) | | 11,535 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VAN NUYS URGENT CARE FAMILY MEDICINE 7211 VAN NUYS BLVD VAN NUYS, CA 91405 | | | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| TALLAHATCHIE GENERAL HOSPITAL P O BOX 230 CHARLESTON, MS 38921 | 45-1284016 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOS BARRIOS UNIDOS COMMUNITY CLINIC 809 SINGLETON BLVD DALLAS, TX 75212 | 75-1378664 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| NORTH TEXAS AREA COMMUNITY HEALTH CENTER 2332 BEVERLY HILLS DR FORT WORTH, TX 76114 | 54-2117989 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY MEDICAL CENTER OF EL PASO 4815 ALAMEDA AVENUE EL PASO, TX 79905 | 74-6000756 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| YUMA REGIONAL MEDICAL CENTER (YRMC) 2400 S AVENUE A YUMA, AZ 85364 | 86-6007596 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SENATOR CAROL ALVARADO DISTRICT OFFICE 4450 HARRISBURG BLVD HOUSTON, TX 77011 | | | | 180,232 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| EAST ORANGE GENERAL HOSPITAL 300 CENTRAL AVENUE ORANCE, NJ 07018 | 22-1487166 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NOVANT HEALTH 1578 ROGER DALE CARTER BLVD KANNAPOLIS, NC 28117 | 56-1376950 | 501(C)(3) | | 43,256 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MINNESOTA ASSOCIATION OF COMMUNITY HEALTH CENTERS 3927 PERRY AVE N ROBBINSDALE, MN 55422 | 41-1390018 | 501(C)(3) | | 72,093 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCRIPPS HEALTH 10010 CAMPUS POINT DRIVE SAN DIEGO, CA 92121 | 95-1684089 | 501(C)(3) | | 21,628 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| SANTA BARBARA NEIGHBORHOOD CLINICS 414 E COTA ST 1ST FLOOR SANTA BARBARA, CA 93101 | 77-0496382 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HEALTH CENTERS INC 2050 S BLOSSER RD SANTA MARIA, CA 93458 | 95-3253302 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| BEEBE HEALTHCARE 424 SAVANNAH RD LEWES, DE 19958 | 51-0319455 | 501(C)(3) | | 72,093 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRISTIANA CARE HEALTH SYSTEM 11 BOULDEN CIRCLE NEW CASTLE, DE 19720 | 52-1479538 | 501(C)(3) | | 72,093 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 19947 | 14-1850828 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLARA BALDWIN STOCKER HOME 527 S VALINDA AVE WEST COVINA, CA 91790 | 95-1268400 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| EMANATE HEALTH FOUNDATION PO BOX 2499 WEST COVINA, CA 91793 | 95-2534063 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EASTLAND SUBACUTE & REHABILITATION 3825 DURFEE AVE EL MONTE, CA 91732 | | | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| PENNMAR THERAPEUTIC CENTER 3938 COGSWELL RD EL MONTE, CA 917322404 | | | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GLENDDORA CANYON TRANSITIONAL CARE UNIT 401 W ADA AVE GLENDDORA, CA 93021 | | | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| PARKLAND HEALTH & HOSPITAL SYSTEM 5223 TEX OAK DALLAS, TX 75235 | 75-1662084 | 501(C)(3) | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| METHODIST HEALTH SYSTEM 1441 NORTH BECKLEY AVENUE DALLAS, TX 75203 | 72-1003934 | 501(C)(3) | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| LA CLNICA DE LA RAZA 1601 FRUITVALE AVE OAKLAND, CA 94601 | 94-1744108 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102 | 95-2833205 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| SAN YSIDRO HEALTH 1601 PRECISION PARK LANE SAN DIEGO, CA 92173 | 95-2801772 | 501(C)(3) | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALUD PARA LA GENTE 45 NIELSON ST WATSONVILLE, CA 95076 | 94-2705747 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MIAMI BEACH COMMUNITY HEALTH CENTER 11645 BISCAYNE BLVD SUITE 207 MIAMI, FL 33181 | 59-1829984 | 501(C)(3) | | 20,186 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONE WORLD COMMUNITY HEALTH CENTER 4920 S 30TH ST SUITE 103 OMAHA, NE 68107 | 47-0548990 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| COMUNILIFE INC 1020 GRAND CONCOURSE 4TH FLOOR BRONX, NY 10451 | 13-3530299 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BORIKEN NEIGHBORHOOD HEALTH CENTER 2265 THIRD AVENUE NEW YORK, NY 10035 | 13-6213532 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| LA COMUNIDAD HISPANA 741 W CYPRESS ST KENNETT SQUARE, PA 19348 | 23-2041915 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROWNSVILLE COMMUNITY HEALTH CENTER 191 E PRICE RD BROWNSVILLE, TX 78521 | 74-2176836 | 501(C)(3) | | 7,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| COMMUNICARE HEALTH CENTERS 3066 E COMMERCE ST SAN ANTONIO, TX 78220 | 94-2188574 | 501(C)(3) | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SEA MAR COMMUNITY HEALTH CENTER 1040 S HENDERSON ST SEATTLE, WA 98108 | 91-1020139 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| LOS ANGELES COMMUNITY HOSPITAL 4081 E OLYMPIC BLVD LOS ANGELES, CA 90023 | | | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DIGNITY HEALTH CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S GRAND AVENUE - LEAVEY HALL LOS ANGELES, CA 90015 | 94-1196203 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| SWOPE HEALTH 3801 BLUE PARKWAY KANSAS CITY, MO 64130 | 43-0957840 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VIBRANT HEALTH 21 N 12TH ST SUITE 300 KANSAS CITY, KS 66102 | 48-1151382 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC) 3175 EAST CARSON ST PITTSBURGH, PA 15203 | 20-8295721 | 501(C)(3) | | 28,837 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOLY CROSS HOSPITAL 4896 NE 20TH AVENUE FT LAUDERDALE, FL 33308 | 59-0791028 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| BROWARD COMMUNITY HEALTH AND FAMILY CTR 5010 HOLLYWOOD BLVD 2ND FLOOR HOLLYWOOD, FL 33021 | 59-3489664 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEHARRY MEDICAL COLLEGE 1005 DR D B TODD BLVD NASHVILLE, TN 37208 | 62-0488046 | 501(C)(3) | | 14,419 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| WATTS HEALTHCARE CORPORATION (WHCC) 10300 COMPTON AVE LOS ANGELES, CA 90002 | 75-3046480 | 501(C)(3) | | 21,628 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARTNERSHIP WITH NATIVE AMERICANS 1310 E RIVERVIEW DR PHOENIX, AZ 85034 | 44-0659517 | 501(C)(3) | | 252,324 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| PEOPLE TO PEOPLE INTERNATIONAL 2405 GRAND BLVD SUITE 500 KANSAS CITY, MO 64108 | 44-0659517 | 501(C)(3) | | 121,116 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RICHMOND CITY HEALTH DEPARTMENT 400 E CARY STREET RICHMOND, VA 23219 | | | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| CENTRAL VIRGINIA HEALTHCARE COALITION 7818 E PARHAM ROAD HENRICO, VA 23294 | | | | 72,093 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHWELL HEALTH 1001 SOUTH OYSTER BAY RD BETHPAGE, NY 11714 | 11-3418133 | 501(C)(3) | | 131,209 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATION (AAPCHO) 310 8TH STREET SUITE 220 OAKLAND, CA 94607 | 94-3050247 | 501(C)(3) | | 50,465 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN FEDERATION OF TEACHERS (AFT) 555 NEW JERSEY AVENUE NW WASHINGTON, DC 20001 | 36-0725240 | 501(C)(5) | | 360,463 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| NEW YORK CITY MAYOR'S OFFICE 253 BROADWAY 10 NEW YORK, NY 10007 | | | | 180,232 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WHITTIER STREET HEALTH CENTER 1290 TREMONT STREET ROXBURY, MA 02120 | 04-2619517 | 501(C)(3) | | 17,302 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MCKINNEY MEDICAL CENTER 218 QUARTERMAN ST WAYCROSS, GA 31501 | 58-2101260 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EASTOVER MEDICAL PRACTICE 3041 OLD EASTOVER ROAD EASTOVER, SC 29044 | | | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| GRACE MEDICAL CENTER 2000 W BALTIMORE STREET BALTIMORE, MD 21223 | 52-0591555 | 501(C)(3) | | 36,046 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FROEDTERT HOSPITAL 9200 W WISCONSIN AVE MILWAUKEE, WI 53226 | 39-6105970 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| BROWNSVILLE MEDICAL CLINIC 2565 N WASHINGTON AVE BROWNSVILLE, TN 38012 | | | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MLK JR COMMUNITY HOSPITAL 1680 E 120TH STREET LOS ANGELES, CA 90059 | 27-4658935 | 501(C)(3) | | 37,488 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| MOUNTAIN PARK HEALTH CENTER MARYVALE CLINIC 6601 W THOMAS RD PHOENIX, AZ 85033 | 86-0498020 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HENRY FORD HEALTH SYSTEM 1 FORD PLACE DETROIT, MI 48202 | 38-1357020 | 501(C)(3) | | 37,488 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| BETTY JEAN KERR PEOPLES HEALTH CENTERS 5701 DELMAR BLVD ST LOUIS, MO 63112 | 43-1036785 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IOWA METHODIST MEDICAL CENTER 1200 PLEASANT STREET DES MOINES, IA 50309 | 42-0680452 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| JACKSON MEMORIAL HOSPITAL 1611 NW 12TH AVENUE MIAMI, FL 33136 | 65-0077727 | 501(C)(3) | | 37,488 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AARON E HENRY COMMUNITY HEALTH SERVICES CENTER INC 510 HWY 322 CLARKSDALE, MS 38614 | 64-0624495 | 501(C)(3) | | 20,186 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| RIVERSIDE GENERAL HOSPITAL CORPORATE FACILITY 3204 ENNIS ST HOUSTON, TX 77004 | 74-1297210 | 501(C)(3) | | 37,488 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKE CHARLES MEMORIAL HOSPITAL 1701 OAK PARK BLVD LAKE CHARLES, LA 70601 | 72-1103249 | 501(C)(3) | | 18,744 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |
| DELTA HEALTH CENTER 702 MARTIN LUTHER KING ROAD MOUND BAYOU, MS 38762 | 64-0443928 | 501(C)(3) | | 5,767 | PURCHASE PRICE | PERSONAL PROTECTIVE EQUIPMENT | COVID 19 SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMITTEE OF 100 INC

Employer identification number

13-3627542

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|--|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 FRANK H WU THROUGH SEPT 2019 PRESIDENT | (i) | 260,000 | 0 | 0 | 0 | 0 | 260,000 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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Part III **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization
COMMITTEE OF 100 INC

Employer identification number

13-3627542

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| FORM 990, PART III, LINE 2 | THE COMMITTEE, IN RESPONSE TO THE COVID-19 PANDEMIC, HAS PROVIDED SUPPORTING EFFORTS TO US HOSPITALS, CLINICS, AND OTHER FRONTLINE HEALTHCARE WORKERS THROUGH PROCURING AND DISTRIBUTING PERSONAL PROTECTIVE EQUIPMENT THAT WAS SOURCED FROM CHINA AND THAT WAS IN SHORT SUPPLY DURING THE INITIAL SPREAD. WITH PERSONAL PROTECTIVE EQUIPMENT PROCUREMENT CHANNELS STABILIZING, THE COMMITTEE CURRENTLY DOES NOT ENVISION FURTHER DEVELOPMENTS IN THIS PROGRAM AND WILL REDIRECT FUTURE DONATIONS TO OTHER COMMITTEE PROGRAMS AS NEEDED. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE ORGANIZATION IS A MEMBER-LED ORGANIZATION WITH A CURRENT MEMBERSHIP OF 132 INDIVIDUALS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 7A | MEMBERS ELECT DIRECTORS AND RATIFY OFFICERS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7B | CHANGES TO THE ORGANIZATION'S BYLAWS ARE SUBJECT TO RATIFICATION BY THE MEMBERS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 11B | A COPY OF THE DRAFT FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | EACH BOARD MEMBER, OFFICER, DIRECTOR AND KEY EMPLOYEE SHALL ANNUALLY COMPLETE THE DISCLOSURE FORM AND TIMELY UPDATE THE PRESIDENT AND CHAIR OF ANY CHANGES DURING THE CURRENT YEAR. IF A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON WILL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. HOWEVER HE/SHE SHOULD NOT PARTICIPATE IN DISCUSSIONS AND SHOULD NOT VOTE ON THE MATTER. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15A | PRESIDENT SALARY IS REVIEWED AND APPROVED BY THE PERSONNEL COMMITTEE. COMPENSATION IS DETERMINED BY USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE ORGANIZATION KEEPS DOCUMENTATION WITH RESPECT TO THE ABOVE PROCESS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART IX, LINE 11G | OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 213,164. MANAGEMENT AND GENERAL EXPENSES 13,343. FUNDRAISING EXPENSES 90. TOTAL EXPENSES 226,597. CONSULTANTS: PROGRAM SERVICE EXPENSES 220,269. MANAGEMENT AND GENERAL EXPENSES 192,947. FUNDRAISING EXPENSES 9,250. TOTAL EXPENSES 422,466. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|----------------------------|
| FORM 990, PART XI, LINE 9: | PLEDGE WRITE OFF -980,000. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| IN 2017, THE COMMITTEE ENTERED INTO A MULTI-YEAR PLEDGE AGREEMENT WHICH | AMOUNTED TO \$1,500,000 TO BE PAID OF \$500,000 INCREMENTS OVER THE COURSE OF THREE YEARS ENDING IN DECEMBER 2019. THE PLEDGE AIMED TO PROVIDE UNRESTRICTED GENERAL SUPPORT AND HAD BEEN COLLECTED FOR 2017 AND 2018. AS OF JUNE 30, 2020, THE COMMITTEE'S MANAGEMENT DETERMINED THE BALANCE TO BE UNCOLLECTIBLE AND TO PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE REMAINING \$500,000. IN ADDITION, THE COMMITTEE ENTERED INTO A MULTI-YEAR PLEDGE WHICH AMOUNTED TO \$600,000 TO BE PAID OVER \$120,000 INCREMENTS OVER THE COURSE OF FIVE YEARS ENDING IN 2021. THE PURPOSE OF THE PLEDGE WAS TO SUPPORT THE COMMITTEE'S SPEAKER SERIES WHICH WAS LATER DISCONTINUED. AS OF JUNE 30, 2020, THE COMMITTEE'S MANAGEMENT DETERMINED TO PROVIDE AN ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR THE REMAINING \$480,000. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMITTEE OF 100 INC

Employer identification number

13-3627542

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) C100 DONOR FUND LLC 257 PARK AVE SOUTH 19TH FLOOR NEW YORK, NY 10010 83-0625884 | MANAGE CONTRIBUTIONS, AND GRANTS | NY | 18,444 | 8,129,539 | COMMITTEE OF 100 INC |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) 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 | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 country) | (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 | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----------|----|
| 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 | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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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) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |