

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization COOPERATIVE HOUSING FOUNDATION		D Employer identification number 52-0846183	
	Doing business as GLOBAL COMMUNITIES		E Telephone number 301-587-4700	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 239,092,219.	
	8601 GEORGIA AVENUE	800	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: CARRIE HESSLER-RADELET		If "No," attach a list. See instructions		
SAME AS C ABOVE		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527				
J Website: ▶ WWW.GLOBALCOMMUNITIES.ORG/				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1952 M State of legal domicile: NJ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		
	2 Check this box <input type="checkbox"/> 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)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	314
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	117,401,639.	171,894,601.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,516,563.	15,351,773.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,767,492.	2,555,984.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,453.	1,004,365.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	140,745,147.	190,806,723.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	43,187,341.	48,428,795.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	49,092,690.	68,384,419.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 594,006.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,083,436.	58,849,834.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,363,467.	175,663,048.
19 Revenue less expenses. Subtract line 18 from line 12	11,381,680.	15,143,675.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	297,460,234.	309,886,108.
	22 Net assets or fund balances. Subtract line 21 from line 20	143,286,535.	146,249,772.
		154,173,699.	163,636,336.

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		
	CARRIE HESSLER-RADELET, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	RICHARD J. LOCASTRO, CPA	<i>Richard J. Locastro</i>	05/23/2023	<input type="checkbox"/>	P00288314
Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN			Firm's EIN ▶ 52-1392008		
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N			Phone no. 301-951-9090		
BETHESDA, MD 20814-2930					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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: GLOBAL COMMUNITIES BRINGS TOGETHER LOCAL INGENUITY AND GLOBAL INSIGHTS TO SAVE LIVES, ADVANCE EQUITY AND SECURE STRONG FUTURES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 142,992,712. including grants of \$ 48,428,795.) (Revenue \$ 14,539,338.) TECHNICAL ASSISTANCE: GLOBAL COMMUNITIES PROVIDES ASSISTANCE TO INDIVIDUALS AND INTERNATIONAL GOVERNMENTAL AND PRIVATE ORGANIZATIONS THAT IN TURN ASSIST THEIR CITIZENS OR MEMBERS IN IMPROVING THEIR COMMUNITIES.

4b (Code:) (Expenses \$ 1,806,296. including grants of \$) (Revenue \$ 812,435.) CAPITAL ASSISTANCE: THROUGH ITS SUBSIDIARIES, GLOBAL COMMUNITIES MAKES MICRO CREDIT AND SMALL ENTERPRISE LOANS AT PREVAILING MARKET INTEREST RATES TO LOW-INCOME INDIVIDUALS IN DEVELOPING COUNTRIES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 144,799,008.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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 [X]

Table with 3 columns: Question ID, Question Text, 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)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		15
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
MARIO JABBOUR - 301-587-4700
8601 GEORGIA AVENUE, SUITE 800, SILVER SPRING, MD 20910

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DAVID WEISS CEO	40.00			X				433,907.	0.	38,188.
(2) CARRIE HESSLER-RADELET PRESIDENT (CEO EFF. 10/22)	40.00 40.00			X				122,969.	253,335.	38,886.
(3) MARIO JABBOUR VICE PRESIDENT & CFO	40.00 40.00			X				246,891.	0.	49,452.
(4) TRAVIS GARTNER CHIEF OF PARTY	40.00					X		270,275.	0.	16,376.
(5) PIA WANEK SENIOR VP, GLOBAL PROGRAMS	40.00				X			221,787.	0.	53,305.
(6) SHEILA CROWLEY EXECUTIVE VP & COO	40.00				X			233,621.	0.	39,147.
(7) ERIC O'NEILL GEN. COUNSEL & CHIEF ETHICS OFF.	40.00				X			213,272.	0.	51,458.
(8) BRIAN KEMPLE CHIEF OF PARTY	40.00					X		243,241.	0.	15,193.
(9) LANA ABU-HIJLEH COUNTRY DIRECTOR II	40.00					X		218,496.	0.	38,931.
(10) DARWIN WARMKE FORMER HIGHLY COMPENSATED EMPLOYEE	40.00						X	221,180.	0.	28,636.
(11) WHITNEY SIMS CHIEF OF PARTY	40.00					X		223,297.	0.	22,304.
(12) BILLY BLAKE CHIEF INFORMATION OFFICER	40.00				X			200,058.	0.	44,969.
(13) RANDALL LYNESS FORMER HIGHLY COMPENSATED EMPLOYEE	40.00						X	196,581.	0.	41,481.
(14) ABU ARJA, MAJDI FAWZI CHIEF OF PARTY	40.00					X		196,026.	0.	29,922.
(15) RICHARD F. CELESTE CO-CHAIR	1.00 1.00	X		X				0.	0.	0.
(16) JOHN POTTER CO-CHAIR	1.00 1.00	X		X				0.	0.	0.
(17) PETER L. WOICKE TREASURER (THROUGH 02/22)	1.00 1.00	X		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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JOE ABBATE TREASURER (BEGIN 02/22)	1.00 1.00	X		X				0.	0.	0.
(19) HILLARY THOMAS-LAKE SECRETARY	1.00 1.00	X		X				0.	0.	0.
(20) WILLIAM C. LANE TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) W. STACY RHODES TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) JOHN HOLDSCLAW IV TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) LEOCADIA I. ZAK TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) RUDY CLINE-THOMAS TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) ERIN BARRINGER TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) JOHN DUONG TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								3,241,601.	253,335.	508,248.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,241,601.	253,335.	508,248.

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 **65**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRF CPAS & ADVISORS, 4550 MONTGOMERY AVE., STE 800 NORTH, BETHESDA, MD 20814	AUDIT SERVICES	434,035.
ACCENTURE INTERNATIONAL LTD 1 GRAND CANAL SQ, DUBLIN, IRELAND D02 P820	MERGER CONSULTING	281,000.
LAYER 8 CONSULTING, INC. P.O. BOX 1154, WESTMINSTER, MD 21158	IT CONSULTING	103,253.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Claudine Emeott, Karen Paterson, Nancy Plaxico, and Lawrence A. Weitzen.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	145,158,367.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,736,234.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 12,250.			
	h	Total. Add lines 1a-1f		171894601.			
Program Service Revenue	2 a	FEES/CONTRACTS	Business Code 900099	14,539,338.	14539338.		
	b	VITAS NET INCOME	900099	452,428.	452,428.		
	c	PROGRAM INCOME	900009	355,210.	355,210.		
	d	PROG. RELATED LOAN INC.	900099	2,556.	2,556.		
	e	WRITE UP OF RELATED ORG	900009	2,241.	2,241.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		15,351,773.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,240,801.		1240801.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	302,385.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		302,385.			
	d	Net rental income or (loss)		302,385.		302,385.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	49,600,679.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		48,285,496.			
7 c	Gain or (loss)		1,315,183.				
d	Net gain or (loss)		1,315,183.		1315183.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	701,980.		701,980.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		701,980.			
12	Total revenue. See instructions		190806723.	15351773.	0.	3560349.	

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 ...	7,372,141.	7,372,141.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,310.	17,310.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	41,039,344.	41,039,344.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,441,516.		2,441,516.	
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	47,172,528.	32,737,394.	14,131,760.	303,374.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,002,345.	1,569,386.	422,723.	10,236.
9 Other employee benefits	15,188,291.	10,788,734.	4,329,187.	70,370.
10 Payroll taxes	1,579,739.	1,114,986.	457,480.	7,273.
11 Fees for services (nonemployees):				
a Management				
b Legal	306,755.	201,246.	105,509.	
c Accounting	714,570.	359,922.	354,648.	
d Lobbying	18,010.			18,010.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	357,503.		357,503.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,612,196.	3,356,695.	1,170,828.	84,673.
12 Advertising and promotion	398,853.	349,595.	49,258.	
13 Office expenses	2,874,249.	2,472,329.	389,922.	11,998.
14 Information technology				
15 Royalties				
16 Occupancy	3,287,955.	2,089,946.	1,198,009.	
17 Travel	3,303,529.	2,538,152.	742,460.	22,917.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	832,033.	547,085.	284,948.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	246,100.		246,100.	
23 Insurance	1,165,262.	798,161.	367,101.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONSTRUCTION EXP./MAT'L	17,987,000.	17,986,592.	408.	
b PARTICIPANT TRAINING	11,931,895.	11,931,895.	-650.	650.
c EQUIP. PURCHASE/RENTAL	3,435,349.	2,513,523.	921,826.	
d VEHICLE PURCH. & EXP.	1,404,529.	1,404,529.	-2,238.	2,238.
e All other expenses	5,974,046.	3,610,043.	2,301,736.	62,267.
25 Total functional expenses. Add lines 1 through 24e	175,663,048.	144,799,008.	30,270,034.	594,006.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	18,084.	1	13,281.
	2 Savings and temporary cash investments	58,888,422.	2	56,392,073.
	3 Pledges and grants receivable, net	18,204,656.	3	34,969,149.
	4 Accounts receivable, net	6,805,114.	4	5,690,858.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	98,379,884.	7	115,193,257.
	8 Inventories for sale or use	237,089.	8	
	9 Prepaid expenses and deferred charges	3,223,153.	9	2,860,905.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,910,509.		
	b Less: accumulated depreciation	10b 6,472,796.		
	11 Investments - publicly traded securities	8,659,891.	10c	8,437,713.
	12 Investments - other securities. See Part IV, line 11	59,019,990.	11	47,164,647.
	13 Investments - program-related. See Part IV, line 11	164,790.	12	145,328.
	14 Intangible assets	26,689,497.	13	25,415,209.
	15 Other assets. See Part IV, line 11	671,985.	14	1,612,715.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,497,679.	15	11,990,973.	
	297,460,234.	16	309,886,108.	
Liabilities	17 Accounts payable and accrued expenses	21,120,737.	17	22,866,063.
	18 Grants payable		18	
	19 Deferred revenue	582,738.	19	754,906.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,819,108.	21	2,438,275.
	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	105,916,447.	23	109,518,936.
	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	12,847,505.	25	10,671,592.
	26 Total liabilities. Add lines 17 through 25	143,286,535.	26	146,249,772.
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	134,075,107.	27	127,267,731.
	28 Net assets with donor restrictions	20,098,592.	28	36,368,605.
	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	154,173,699.	32	163,636,336.
	33 Total liabilities and net assets/fund balances	297,460,234.	33	309,886,108.

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	190,806,723.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,663,048.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,143,675.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,173,699.
5	Net unrealized gains (losses) on investments	5	-10,102,031.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,420,993.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	163,636,336.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public
Inspection

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

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).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89845251.	93261535.	87653058.	117401639	171894601	560056084
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	89845251.	93261535.	87653058.	117401639	171894601	560056084
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)						
6 Public support. Subtract line 5 from line 4.						560056084

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	89845251.	93261535.	87653058.	117401639	171894601	560056084
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1763748.	3836168.	2787547.	2167979.	1543186.	12098628.
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.)	68,696.	-15,958.	11,492.	53,091.	701,980.	819,301.
11 Total support. Add lines 7 through 10						572974013
12 Gross receipts from related activities, etc. (see instructions)					12 105,020,220.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.75 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.72 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
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>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>129,272,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>23,006,258.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>12,276,124.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		18,010.
j Total. Add lines 1c through 1i			18,010.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

OUR CONGRESSIONAL OUTREACH IS FOR PURPOSES OF PROVIDING INFORMATION AND EDUCATING LEGISLATORS, NOT FOR THE PURPOSES OF INFLUENCING LEGISLATION.

GLOBAL COMMUNITIES IS A MEMBER OF THE U.S. OVERSEAS COOPERATIVE

DEVELOPMENT COUNCIL. 20% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING

EXPENSES AND ARE INCLUDED IN THE NUMBER LISTED ABOVE. GLOBAL

Part IV Supplemental Information *(continued)*

COMMUNITIES IS ALSO A MEMBER OF THE U.S. GLOBAL LEADERSHIP CAMPAIGN.

50% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING EXPENSES AND ARE

INCLUDED IN THE NUMBER LISTED ABOVE.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COOPERATIVE HOUSING FOUNDATION **Employer identification number** 52-0846183

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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	740,772.				
b Contributions		714,736.			
c Net investment earnings, gains, and losses	-19,461.	26,036.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	721,311.	740,772.			

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- 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:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		10,799,845.	4,414,523.	6,385,322.
d Equipment		1,525,404.	430,020.	1,095,384.
e Other		2,585,260.	1,628,253.	957,007.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,437,713.

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. (Col. (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) INVESTMENT IN AL TAMWEEL		
(2) ALSAREE	137,700.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN BOAFO		
(4) (LOCAL MICROFINANCE		
(5) INSTITUTION IN GHANA)	857,460.	END-OF-YEAR MARKET VALUE
(6) INVESTMENT IN ATAS DE	2,566,072.	END-OF-YEAR MARKET VALUE
(7) INVESTMENT IN EGYPT LOAN		
(8) GUARANTEE FUND	20,899.	END-OF-YEAR MARKET VALUE
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	25,415,209.	

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) INTERCOMPANY PAYABLES	6,385,508.
(3) DEFERRED RENT	1,932,665.
(4) INTRACOMPANY PAYABLES	751,748.
(5) VITAS GROUP OTHER LIABILITIES	1,601,671.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,671,592.

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

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	184,870,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-10,102,031.	
b	Donated services and use of facilities	2b	117,765.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,858,250.	
e	Add lines 2a through 2d	2e	-5,126,016.	
3	Subtract line 2e from line 1	3	189,996,792.	
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	357,503.	
b	Other (Describe in Part XIII.)	4b	452,428.	
c	Add lines 4a and 4b	4c	809,931.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	190,806,723.	

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	175,423,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	117,765.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	117,765.	
3	Subtract line 2e from line 1	3	175,305,545.	
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	357,503.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	357,503.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	175,663,048.	

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.

PART IV, LINE 2B:

ON AUGUST 4, 2016, PURSUANT TO THE SERVICE AGREEMENT WITH THE U.S. INTERNATIONAL DEVELOPMENT FINANCE CORPORATION (DFC) DATED AS OF SEPTEMBER 22, 2011, THE REMAINING AGGREGATE AMOUNT OF EXPENSES PAYABLE BY DFC OF \$6,671,387 WAS DEPOSITED IN AN ESCROW ACCOUNT. U.S. BANK NATIONAL ASSOCIATION (ESCROW AGENT) HAS AGREED TO ACCEPT, HOLD AND DISBURSE THE FUNDS DEPOSITED IN ACCORDANCE WITH THE TERMS OF THE ESCROW AGREEMENT. THE ESCROW ACCOUNT HAS A BALANCE OF \$2,438,275 AS OF SEPTEMBER 30, 2022.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS PROVIDE UNRESTRICTED FUNDING TO THE ORGANIZATION.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

FOR THE YEAR ENDED SEPTEMBER 30, 2022, GLOBAL COMMUNITIES AND RELATED ENTITIES HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

WRITE UP OF LLC ELIMINATED DURING CONSOLIDATION	4,739,497.
FOREIGN CURRENCY GAIN INCLUDED IN OTHER INCOME ON THE FINANCIAL STATEMENTS AND REPORTED AS CHANGE IN NET ASSETS ON FORM 990.	118,753.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,858,250.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET INCOME FROM THE DISREGARDED ENTITY ELIMINATED ON THE FINANCIAL STATEMENTS AND INCLUDED AS REVENUE ON FORM 990, PART VIII.	452,428.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

COOPERATIVE HOUSING FOUNDATION

52-0846183

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

1 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**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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 the 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
CENTRAL AMERICA AND THE CARIBBEAN	9	459	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	21,328,772.
EUROPE (INCLUDING ICELAND & GREENLAND)	3	154	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	24,273,417.
MIDDLE EAST AND NORTH AFRICA	7	339	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	1,827,721.
RUSSIA AND NEIGHBORING STATES	9	47	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	5,445,905.
SOUTH AMERICA	2	27	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	903,538.
SOUTH ASIA	4	29	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	1,989,875.
SUB-SAHARAN AFRICA	14	264	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	18,474,262.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS IN REGION		857,460.
3 a Subtotal	48	1319			75,100,950.
b Total from continuation sheets to Part I	0	0			63,031,022.
c Totals (add lines 3a and 3b)	48	1319			138,131,972.

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

Schedule F (Form 990) 2021

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	INVESTMENTS IN REGION		21,991,678.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,118,019.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		16,497,539.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		14,693,660.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		52,500.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		81,284.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,023,523.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,572,819.
Totals					63,031,022.

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)
		EUROPE	TECHNICAL ASSISTANCE	3248530.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	2413197.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	2394695.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	2318470.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	2191232.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	1453951.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	1400234.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	1034877.	BANK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **100**

3 Enter total number of other organizations or entities **179**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	101,398.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	998,319.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	905,212.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	761,925.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	674,165.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	623,555.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	621,517.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	582,374.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	476,975.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	457,122.	BANK	0.		
		CENTRAL AMERICA AND THE CARRIBEAN	TECHNICAL ASSISTANCE	452,705.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	445,398.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	408,856.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	396,891.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	354,189.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	350,538.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	344,345.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	336,128.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	331,735.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	317,105.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	289,762.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	287,284.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	285,908.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	269,985.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	256,301.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	253,555.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	246,924.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	238,397.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	237,424.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	227,186.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	226,483.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	219,815.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	216,199.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	209,901.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	207,664.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	203,200.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARRIBEAN	TECHNICAL ASSISTANCE	202,423.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	198,621.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	197,991.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	195,180.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	191,349.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	189,003.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	177,604.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	164,448.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	163,720.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	163,084.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	156,551.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	154,915.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	151,250.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	137,760.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	137,165.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	132,400.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	131,879.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	128,826.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	128,823.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	128,384.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	127,537.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	122,815.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	122,476.	BANK	0.		
		CENTRAL AMERICA AND THE CARRIBEAN	TECHNICAL ASSISTANCE	121,201.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	119,069.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	118,967.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	108,528.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	107,500.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	104,626.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	103,899.	BANK	0.		
		CENTRAL AMERICA AND THE CARRIBEAN	TECHNICAL ASSISTANCE	103,251.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	102,462.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	102,316.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	101,468.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	98,289.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	97,795.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	94,780.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	94,513.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	93,939.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	90,397.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	88,461.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	86,428.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	84,741.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	81,542.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	81,050.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	79,330.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	74,810.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	74,278.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	73,667.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	73,632.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	73,416.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	73,323.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	72,000.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	70,000.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	68,088.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	67,500.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	65,546.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	65,316.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	63,050.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	59,661.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	59,605.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	56,530.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	55,000.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	52,847.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	49,996.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	49,925.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	49,064.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	46,400.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	46,203.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	45,970.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	45,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	44,020.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	43,990.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	43,700.	BANK	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	42,500.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	41,860.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	37,666.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	36,000.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	32,124.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	31,153.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	30,844.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	29,690.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	28,600.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	28,063.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	24,877.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	23,496.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	23,208.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	23,100.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	21,631.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	20,948.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	20,117.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	20,000.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	19,399.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	19,386.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	18,623.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	18,032.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	17,923.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	17,809.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	17,671.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	17,304.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	17,069.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	16,889.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	16,815.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	16,076.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	15,638.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,400.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	15,273.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,877.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	14,877.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,876.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,876.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,876.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,872.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,871.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,871.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,870.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,868.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	14,816.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,813.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,797.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,787.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,708.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,680.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,589.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,548.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,545.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	14,322.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,204.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,161.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,146.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	14,092.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,034.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	14,000.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,977.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,965.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	13,821.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,779.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,708.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,630.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,556.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,411.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,323.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,236.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,219.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	13,165.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,101.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,095.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	13,076.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	12,930.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	12,789.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	12,732.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	12,620.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	12,316.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	12,112.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	12,102.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,984.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,941.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,688.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,535.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,533.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,469.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,423.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	11,276.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,969.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,937.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,768.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,620.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,595.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	10,560.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,259.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,256.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	10,246.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	10,181.	BANK	0.		
		NORTH AMERICA	TECHNICAL ASSISTANCE	10,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	10,000.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	9,902.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,900.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	9,814.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,700.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,698.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	9,697.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	9,684.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,596.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,570.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	9,519.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,244.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,069.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,899.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,835.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	8,797.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	8,686.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,651.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,592.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,513.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	8,393.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	7,961.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,941.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,892.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	7,788.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,693.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,693.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,689.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,630.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,426.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,373.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,298.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,195.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	7,152.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,076.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,064.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	7,055.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,826.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,816.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,649.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,647.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	6,629.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	6,364.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,273.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,156.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	6,000.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,694.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,687.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	5,616.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,599.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,430.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	5,312.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,280.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	5,280.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,124.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,122.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,110.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,093.	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	5,080.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	5,075.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	5,014.	BANK	0.		

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)

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.

PART I, LINE 2:

FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED A-133 AUDIT REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2021

**Open to Public
Inspection**

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3STRANDS GLOBAL FOUNDATION 3941 PARK DRIVE, STE 20-200 EL DORADO HILLS, CA 95762	27-4594317	501(C)(3)	202,191.	0.			TECHNICAL ASSISTANCE
ACUTE INCITE, LLC. 8600 SUNDALE DRIVE SILVER SPRING, MD 20910	83-1674989	OTHER	8,775.	0.			TECHNICAL ASSISTANCE
ASK GLOBAL HEALTH 12784 VIA CORTINA DEL MAR, CA 92014	88-0591727	OTHER	10,868.	0.			TECHNICAL ASSISTANCE
BEGIRL 1355 SHEPHERD STREET NW #3 WASHINGTON, DC 20011	47-1402428	501(C)(3)	121,818.	0.			TECHNICAL ASSISTANCE
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST. BALTIMORE, MD 21201	13-5563422	501(C)(3)	520,423.	0.			TECHNICAL ASSISTANCE
CULTURAL PRACTICE LLC 4300 MONTGOMERY AVENUE, SUITE 305 BETHESDA, MD 20814	52-2236285	OTHER	14,820.	0.			TECHNICAL ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **27.**
- 3** Enter total number of other organizations listed in the line 1 table **18.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELOITTE CONSULTING LLP 1919 N.LYNN STREET ARLINGTON, VA 22209	06-1454513	OTHER	405,447.	0.			TECHNICAL ASSISTANCE
DEMOCRACY AT WORK INSTITUTE 1904 FRANKLIN STREET, SUITE 400 OAKLAND, CA 94612	27-5265123	501(C)(3)	129,003.	0.			TECHNICAL ASSISTANCE
DREAMSTART LABS, INC. 2907 SHELTER ISLAND DRIVE, SUITE 10 SAN DIEGO, CA 92106	81-2470920	OTHER	44,150.	0.			TECHNICAL ASSISTANCE
EQUIMUNDO: CENTER FOR MASCULINITIES & SOCIAL JUSTICE - 1367 CONNECTICUT AVENUE NW, SUITE 310 - WASHINGTON, DC 20036	26-1931968	501(C)(3)	75,603.	0.			TECHNICAL ASSISTANCE
EXPONENT PARTNERS DEPT LA 24960 PASADENA, CA 91185	20-2515856	OTHER	60,000.	0.			TECHNICAL ASSISTANCE
FAMILY HEALTH INTERNATIONAL 360 359 BLACKWELL STREET, SUITE 200 DURHAM, NC 27701	23-7413005	501(C)(3)	39,520.	0.			TECHNICAL ASSISTANCE
FOR THE VILLAGE, INC. 2400 PARKLNAD DR. UNIT 316 ATLANTA, GA 30324	85-1888230	501(C)(3)	128,015.	0.			TECHNICAL ASSISTANCE
HOW TO BUILD UP, INC. 554 RHODE ISLAND STREET SAN FRANCISCO, CA 94107	83-1982842	501(C)(3)	47,763.	0.			TECHNICAL ASSISTANCE
IDE 1031 33RD STREET, SUITE 270 DENVER, CO 80205	23-2220051	501(C)(3)	796,527.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTIGLIO INC 1880 BRICKELL AVENUE MIAMI, FL 33129	45-5015494	501(C)(3)	7,500.	0.			TECHNICAL ASSISTANCE
INTERNATIONAL ADVISORY PRODUCTS AND SYSTEMS - 5805 GOVERNORS VIEW LANE - ALEXANDRIA, VA 22310	46-0703206	OTHER	48,325.	0.			TECHNICAL ASSISTANCE
INTRAHEALTH INTERNATIONAL INCORPORATED - 6340 QUADRANGLE DRIVE, SUITE 200 - CHAPEL HILL, NC 27517	55-0825466	501(C)(3)	66,289.	0.			TECHNICAL ASSISTANCE
JUAREZ AND ASSOCIATES, INC. 12139 NATIONAL BLVD. LOS ANGELES, CA 90064	95-2750512	OTHER	462,498.	0.			TECHNICAL ASSISTANCE
LEAVES OF CHANGE 111 GILCRIST RD STOWE, VT 05672	83-3795821	OTHER	5,440.	0.			TECHNICAL ASSISTANCE
LINC LLC 667 F ST NE WASHINGTON, DC 20002	46-2573007	OTHER	173,823.	0.			TECHNICAL ASSISTANCE
NATIONAL DEMOCRATIC INSTITUTE 455 MASS AVE WASHINGTON, DC 20001	52-1338892	501(C)(3)	639,392.	0.			TECHNICAL ASSISTANCE
NEW YORK UNIVERSITY 105 E. 17TH STREET NEW YORK, NY 10003	13-5562308	501(C)(3)	83,412.	0.			TECHNICAL ASSISTANCE
ONA SYSTEMS INC 46 BREWER PARKWAY SOUTH BURLINGTON, VT 05403	38-3940780	OTHER	9,671.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DR. SAN DIEGO, CA 92106	95-1644035	501(C)(3)	151,365.	0.			TECHNICAL ASSISTANCE
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - CAMBRIDGE, MA 22410	04-2103580	501(C)(3)	50,000.	0.			TECHNICAL ASSISTANCE
PROXIMITY INTERNATIONAL LLC 911 N BUFFALO DRIVE STE 209 LAS VEGAS, NV 89138	47-1451606	OTHER	65,394.	0.			TECHNICAL ASSISTANCE
PURDUE UNIVERSITY 24025 NETWORK PLACE CHICAGO, IL 60673	35-6042701	501(C)(3)	217,219.	0.			TECHNICAL ASSISTANCE
RE: WILD PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	116,470.	0.			TECHNICAL ASSISTANCE
SAFE WATER NETWORK (SWN) 122 EAST 42ND STREET, SUITE 2800 NEW YORK, NY 10168	51-0570455	501(C)(3)	60,345.	0.			TECHNICAL ASSISTANCE
SAN DIEGO BREASTFEEDING CENTER FOUNDATION - 8325 UNIVERSITY AVE - LA MESA, CA 91942	81-1935497	501(C)(3)	12,037.	0.			TECHNICAL ASSISTANCE
SAN DIEGO COMMUNITY BIRTH CENTER 2801 FOURTH AVE SAN DIEGO, CA 92103	83-3160175	501(C)(3)	43,700.	0.			TECHNICAL ASSISTANCE
SAN DIEGO COUNTY BREASTFEEDING COALITION - 3665 KEARNY VILLA RD - SAN DIEGO, CA 92123	33-0710251	501(C)(3)	6,000.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE CHILDREN FEDERATION INC. 501 KINGS HIGHWAY EAST, SUITE 400 FAIRFIELD, CT 68250	06-0726487	501(C)(3)	442,889.	0.			TECHNICAL ASSISTANCE
SOCIAL SCIENCE & RESEARCH CONSULTANTS - PO BOX 814358 - HOLLYWOOD, FL 33081	47-4591794	OTHER	8,260.	0.			TECHNICAL ASSISTANCE
THE AQUAYA INSTITUTE PO BOX 1603 SAN ANSELMO, CA 94979	20-2977578	501(C)(3)	79,290.	0.			TECHNICAL ASSISTANCE
THE ASIA FOUNDATION 465 CALIFORNIA STREET, 9TH FLOOR SAN FRANCISCO, CA 94104	91-1194016	OTHER	245,310.	0.			TECHNICAL ASSISTANCE
THE KAIZEN COMPANY 1775 PENNSYLVANIA AVE. NW., 11TH FL WASHINGTON, DC 20006	90-0435352	OTHER	267,270.	0.			TECHNICAL ASSISTANCE
THE KHANA GROUP LLC 1441 BROADWAY 3RD FL NEW YORK, NY 10018	26-4017810	OTHER	11,388.	0.			TECHNICAL ASSISTANCE
THE MANOFF GROUP INC 4301 CONNECTICUT AVE NW STE 454 WASHINGTON, DC 20008	04-3030192	OTHER	332,876.	0.			TECHNICAL ASSISTANCE
URBAN RESTORATIVE COUNSELING CENTER - 1925 EUCLID AVE. SUITE 108 - SAN DIEGO, CA 92105	38-4104888	501(C)(3)	15,040.	0.			TECHNICAL ASSISTANCE
WATER4 2405 NW 10TH STREET OKLAHOMA CITY, OK 73107	26-3260581	501(C)(3)	339,305.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERAID AMERICA, INC. 233 BROADWAY #2705 NEW YORK, NY 10279	30-0181674	501(C)(3)	48,501.	0.			TECHNICAL ASSISTANCE
WILLIS NORTH AMERICA INC. ONE WORLD FINANCIAL CENTER, 200, LIBERTY STREET - NEW YORK, NY 10281	98-0352587	OTHER	633,870.	0.			TECHNICAL ASSISTANCE
WORLD VISION, INC. P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	101,896.	0.			TECHNICAL ASSISTANCE

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TECHNICAL ASSISTANCE AWARD	1	17,310.	0.		

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

PART I, LINE 2:

FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED COMPLIANCE REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" 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 indemnification 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 (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) DAVID WEISS CEO	(i)	433,907.	0.	0.	38,188.	0.	472,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CARRIE HESSLER-RADELET PRESIDENT (CEO EFF. 10/22)	(i)	122,969.	0.	0.	0.	0.	122,969.	0.
	(ii)	253,335.	0.	0.	38,886.	0.	292,221.	0.
(3) MARIO JABBOUR VICE PRESIDENT & CFO	(i)	240,891.	6,000.	0.	28,204.	21,248.	296,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRAVIS GARTNER CHIEF OF PARTY	(i)	185,604.	1,500.	83,171.	1,183.	15,193.	286,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PIA WANER SENIOR VP, GLOBAL PROGRAMS	(i)	217,787.	4,000.	0.	32,057.	21,248.	275,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHEILA CROWLEY EXECUTIVE VP & COO	(i)	227,121.	6,500.	0.	31,429.	7,718.	272,768.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIC O'NEILL GEN. COUNSEL & CHIEF ETHICS OFF.	(i)	207,272.	6,000.	0.	30,210.	21,248.	264,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRIAN KEMPLE CHIEF OF PARTY	(i)	181,773.	1,500.	59,968.	0.	15,193.	258,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LANA ABU-HIJLEH COUNTRY DIRECTOR II	(i)	179,796.	1,500.	37,200.	23,738.	15,193.	257,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DARWIN WARMKE FORMER HIGHLY COMPENSATED EMPLOYEE	(i)	147,880.	0.	73,300.	20,618.	8,018.	249,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WHITNEY SIMS CHIEF OF PARTY	(i)	168,183.	4,000.	51,114.	17,417.	4,887.	245,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BILLY BLAKE CHIEF INFORMATION OFFICER	(i)	195,058.	5,000.	0.	23,721.	21,248.	245,027.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RANDALL LYNESS FORMER HIGHLY COMPENSATED EMPLOYEE	(i)	156,394.	0.	40,187.	22,058.	19,423.	238,062.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ABU ARJA, MAJDI FAWZI CHIEF OF PARTY	(i)	128,445.	4,000.	63,581.	14,729.	15,193.	225,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION PAID HOUSING ALLOWANCES TO EXPATS & TCNS PER OUR POLICY WHICH WAS GUIDED BY THE U.S. STATE DEPARTMENT'S POLICY. HOUSING ALLOWANCE AMOUNTS WERE INCLUDED IN THE EMPLOYEES W-2 AS TAXABLE WAGES INCLUDED ON FORM 990, PART VII, SECTION A. THE AMOUNTS HAVE BEEN BROKEN OUT IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINES 4A-B:

4A- DARWIN WARMKE AND RANDALL LYNESS RECEIVED \$6,667 AND \$40,187, RESPECTIVELY, IN SEVERANCE.

4B- DAVID WEISS RECEIVED A 457F PAYMENT OF \$16,500.

PART I, LINE 7:

SEE SCHEDULE J, PART II FOR BONUSES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

ARGENTINA, BRAZIL, COLOMBIA, CONGO, DEM REP,

EGYPT, GHANA, HAITI, HONDURAS,

IRAQ, JORDAN, KENYA, KOSOVO,

MALAWI, SERBIA, SRI LANKA, SYRIA,

TANZANIA, TURKEY, UKRAINE, YEMEN (ADEN),

NICARAGUA, OTHER COUNTRY, BOTSWANA, ETHIOPIA,

GUATEMALA, ZAMBIA

FORM 990, PART V, LINE 4B, OTHER COUNTRY:

THE OTHER COUNTRY INDICATED ABOVE IS WEST BANK/GAZA.

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

THE FINALIZED FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS AT
ITS MARCH 23, 2023 BOARD MEETING PRIOR TO ITS SUBMISSION TO THE IRS.

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

GLOBAL COMMUNITIES HAS CONFLICT OF INTEREST POLICIES FOR BOTH THE BOARD AND
EMPLOYEES, BOTH OF WHICH REQUIRE COMPLETION OF AN ANNUAL DISCLOSURE FORM
IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES THAT COULD
CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. DEPENDING ON THE NATURE OF
THE VIOLATION, THE OFFENDING INDIVIDUAL CAN BE SUBJECT TO DISCIPLINARY
ACTION UP TO AND INCLUDING TERMINATION.

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

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

Schedule O (Form 990) 2021

Name of the organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
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THE BOARD ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING COMPANY TO COMPUTE THE CEO'S SALARY AND BENEFITS COMPARED TO THE COMPENSATION PAID TO CEOS OF SIMILAR AGENCIES OF SIMILAR SIZE WORKING IN THIS GEOGRAPHIC REGION. THE CONSULTANT ISSUES A SANCTION LETTER ADVISING THE BOARD OF A CEILING TO THE TOTAL COMPENSATION PACKAGE WHICH RECOMMENDATION THE BOARD ALWAYS FOLLOWS.

GLOBAL COMMUNITIES USES AN INDEPENDENT SALARY SURVEY TO ESTABLISH THE SALARY RANGE FOR ALL EMPLOYEES INCLUDING SENIOR STAFF OTHER THAN THE CEO. ON THE BASIS OF THE CONSULTANT'S REPORT, GLOBAL COMMUNITIES REVIEWS ITS CURRENT COMPENSATION AND ROLE LEVELS ADJUSTING AS APPROPRIATE AND PUBLISHES THE GLOBAL COMMUNITIES COMPENSATION GUIDE. THE LAST REVIEW TOOK PLACE ON JUNE 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY VALUATION GAIN	118,753.
INCREASE IN SHARE CAPITAL	5,134,693.
CONTRIBUTION TO CAPITAL	-832,453.
TOTAL TO FORM 990, PART XI, LINE 9	4,420,993.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

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
CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC - 20-5526009, 8601 GEORGIA AVE. SUITE 300, SILVER SPRING, MD 20910	HOLDING COMPANY	MARYLAND	32,533,097.	159,082,503.	GLOBAL COMMUNITIES

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
ENTIQUAL FOR TRAINING - 66-6666666 SWIFIEH, FARAH COMPLEX 3RD FLOOR, #309 AMMAN, JORDAN 1189	TECHNICAL ASSISTANCE	JORDAN	N/A	N/A	GLOBAL COMMUNITIES	X	
GLOBAL COMMUNITIES BRAZIL - 66-6666666 RUA URUGUAI NO 1120 SEGUNDO ANDAR CENTRO HORIZONTINA, RIO GRANDE DO SUL, BRAZIL	TECHNICAL ASSISTANCE	BRAZIL	N/A	N/A	GLOBAL COMMUNITIES	X	
PROJECT CONCERN INTERNATIONAL - 95-2248462 5151 MURPHY CANYON RD, STE 320 SAN DIEGO, CA 92123	TECHNICAL ASSISTANCE	CALIFORNIA	501(C)(3)	LINE 7	GLOBAL COMMUNITIES	X	

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

Schedule R (Form 990) 2021

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	
AL TAMWEEL AL SAREE, LLC (ATAS-DE) - 45-4597580, 8601 GEORGIA AVE. SUITE 300, SILVER SPRING, MD 20910	CAPITAL ASSISTANCE	DE	GLOBAL COMMUNITIES	INVESTMENT RELATED	18,148,708.	79,259,711.		X	N/A		X	98.00%
BELL FINANCE LLC - 20-3149349 1209 ORANGE STREET WILMINGTON, DE 19801	CAPITAL ASSISTANCE	DE	GLOBAL COMMUNITIES	INVESTMENT RELATED				X	N/A		X	100%

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
VITAS S.A.L. - 66-6666666 ABU-EZZIDEEN BLDG. 5TH FLOOR, EL HUSSEIN ST. BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	CHF DEVELOPMNENT FINANCE	C CORP	6,389,977.	25,091,213.	51.00%	X	
VITAS INSTITUTIE FINANCIARA NEBANCARA S.A. - 66-6666666, STR. LIVIU REBREANU NR. 13, TIMISOARA, ROMANIA 300479	CAPITAL ASSISTANCE	ROMANIA	CHF DEVELOPMNENT FINANCE	C CORP	3,864,359.	17,570,621.	100%	X	
ATAS M - 66-6666666 AL SALAM BUILDING, 3RD FLOOR BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	GLOBAL COMMUNITIES	C CORP	1,509,084.	1,640,365.	99.23%	X	
PARTNERS FOR FINANCE DBA VITAS JORDAN - 66-6666666, WAKALAT STR, FARAH COMPLEX, AMMAN, JORDAN	CAPITAL ASSISTANCE	JORDAN	CHF DEVELOPMNENT FINANCE	C CORP	17,007,450.	90,327,077.	100%	X	
MCSE - 66-6666666 NILE CITY TOWERS, 22ND FL NORTH TOWER, CORNIC CAIRO, EGYPT	CAPITAL ASSISTANCE	EGYPT	GLOBAL COMMUNITIES	C CORP	165,474.	47,103.	99.92%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
VITAS PALESTINE - 66-6666666 ABU IYAD STREET, NEAR RED CROSS AL BIREH, PALESTINE, OTHER COUNTRY	CAPITAL ASSISTANCE	OTHER COUNTRY	GLOBAL COMMUNITIES	C CORP	9,474,030.	63,064,155.	97.00%	X	

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.

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?

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

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
(1) CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC	B	832,454.	FMV
(2) ATAS DE CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC	D	3,000,000.	FMV
(3) GLOBAL COMMUNITIES BRAZIL	P	485,284.	FMV
(4) MCSE	P	165,606.	FMV
(6) ENTIQUAL FOR TRAINING	P	254,205.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ATAS DE	Q	2,686,939.	FMV
(8) GLOBAL COMMUNITIES BRAZIL	Q	71,312.	FMV
(9) ENTIQUAL FOR TRAINING	Q	301.	FMV
(10) CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC	Q	589,107.	FMV
(11) VITAS - S.A.L	Q	327,732.	FMV
(12) VITAS - INSTITUTIE FINANCIARA NEBANCARA S.A.	Q	177,220.	FMV
(13) VITAS JORDAN	Q	349,103.	FMV
(14) VITAS PALESTINE	Q	261,139.	FMV
(15) PROJECT CONCERN INTERNATIONAL	Q	277,909.	FMV
(16) PROJECT CONCERN INTERNATIONAL	C	3,309,230.	FMV
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

VITAS S.A.L.

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

VITAS INSTITUTIE FINANCIARA NEBANCARA S.A.

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

PARTNERS FOR FINANCE DBA VITAS JORDAN

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

Name COOPERATIVE HOUSING FOUNDATION Identifying number 52-0846183

Number, street, and room or suite no. If a P.O. box, see instructions.
8601 GEORGIA AVENUE, SUITE 800

City or town, state, and ZIP code
SILVER SPRING, MD 20910

Address of service center where your tax return is filed
OGDEN, UT

Type of filer (check one):
 Individual Partnership Corporation Trust Estate Other

1 Individuals - Enter adjusted gross income from your tax return (see instructions)

2 Partnerships and corporations:

- a Partnerships - Enter each partner's name and identifying number.
- b Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line

4b the name and employer identification number of the corporation whose tax year is designated.

Name	Identifying number
<u>SEE STATEMENT 1</u>	

If more space is needed, attach additional sheets and check this box

Code	Description
<u>522291</u>	<u>CONSUMER LENDING</u>

3 Partnerships - Each partnership filing Form 5713 must give the following information:

- a Partnership's total assets (see instructions)
- b Partnership's ordinary income (see instructions)

4 Corporations - Each corporation filing Form 5713 must give the following information:

- a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) FORM 990
- b Common tax year election (see instructions)
 - (1) Name of corporation ▶ COOPERATIVE HOUSING FOUNDATION
 - (2) Employer identification number 52-0846183
 - (3) Common tax year beginning _____, and ending _____

- c Corporations filing this form enter:
 - (1) Total assets (see instructions) 309,886,108.
 - (2) Taxable income before net operating loss and special deductions (see instructions)

5 Estates or trusts - Enter total income (Form 1041, page 1)

6 Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

- a Foreign tax credit
- b Deferral of earnings of controlled foreign corporations
- c Deferral of IC-DISC income
- d FSC exempt foreign trade income
- e Foreign trade income qualifying for the extraterritorial income exclusion

Please Sign Here Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature _____ Date _____ Title _____

7 a Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
	X	
b If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?	X	
c Do you own any stock of an IC-DISC?		X
d Do you claim any foreign tax credit?		X
e Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?		X
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
f Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?		X
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
g Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
h Are you a partner in a partnership that has reportable operations under section 999(a)?	X	
i Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
j Are you excluding extraterritorial income (defined in section 114(e)) as in effect before its repeal) from gross income?		X

Part I Operations in or Related to a Boycotting Country (See instructions)

8 Boycott of Israel - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See Boycotting Countries in the instructions.)	Yes	No
	X	
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>		

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a LEBANON	52-0846183	624200	COMMUNITY FOOD & HOUSING, & EMERGENCY	
b LEBANON	20-5526009	522291	CONSUMER LENDING	
c YEMEN (ADEN)	52-0846183	624200	COMMUNITY FOOD & HOUSING, & EMERGENCY	
d IRAQ	52-0846183	624200	COMMUNITY FOOD & HOUSING, & EMERGENCY	
e IRAQ	52-0846183	522291	CONSUMER LENDING	
f SYRIA	52-0846183	624200	COMMUNITY FOOD & HOUSING, & EMERGENCY	
g				
h				
i				
j				
k				
l				
m				
n				
o				

9 Nonlisted countries boycotting Israel - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?
 If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Yes	No
	X

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

10 Boycotts other than the boycott of Israel - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?
 If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Yes	No
	X

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

11 Were you requested to participate in or cooperate with an international boycott?
 If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

Yes	No
	X

12 Did you participate in or cooperate with an international boycott?
 If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

Note: If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

Part II	Requests for and Acts of Participation in or Cooperation With an International Boycott	Requests		Agreements	
		Yes	No	Yes	No
13 a Did you receive requests to enter into, or did you enter into, any agreement (see instructions):					
(1)	As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -				
(a)	Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		X		X
(b)	Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country?		X		X
(c)	Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?		X		X
(d)	Refrain from employing individuals of a particular nationality, race, or religion?		X		X
(2)	As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott?		X		X

b Requests and agreements - If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only - Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								

<u>NAME</u>	<u>IDENTIFYING NUMBER</u>
VITAS GROUP	20-5526009
MEMCC	
VITAS SAL	
VITAS IFN S.A	
ATAS	
EGYPT MCSE	
PARTNERS FOR FINANCE	
MCSE	
GLOBAL COMMUNITIES BRASIL	
MICRO LIDER	
VITAS PALESTINE	