

<b>efile Public Visual Render</b>	<b>ObjectID: 202333179349100048 - Submission: 2023-11-10</b>	<b>TIN: 61-1913297</b>
Form <b>990-PF</b> Department of the Treasury Internal Revenue Service	<b>Return of Private Foundation</b> <b>or Section 4947(a)(1) Trust Treated as Private Foundation</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <a href="http://www.irs.gov/Form990PF">www.irs.gov/Form990PF</a> for instructions and the latest information.	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; color: green;">2022</div> Open to Public Inspection

**For calendar year 2022, or tax year beginning 01-01-2022 , and ending 12-31-2022**

Name of foundation EVERY ORG		<b>A Employer identification number</b> 61-1913297
% TINA ROH Number and street (or P.O. box number if mail is not delivered to street address) 58 WEST PORTAL AVENUE 781		<b>B Telephone number (see instructions)</b>
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94127		<b>C If exemption application is pending, check here</b> <input type="checkbox"/>
<b>G Check all that apply:</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1. Foreign organizations, check here.....</b> <input type="checkbox"/> <b>2. Foreign organizations meeting the 85% test, check here and attach computation ...</b> <input type="checkbox"/>
<b>H Check type of organization:</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E If private foundation status was terminated under section 507(b)(1)(A), check here .....</b> <input type="checkbox"/>
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16)</b> ▶ \$ <u>4,245,377</u>	<b>J Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
<b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....</b> <input type="checkbox"/>		

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	18,459,824			
	<b>2</b> Check <input type="checkbox"/>				
	<b>3</b> Interest on savings and temporary cash investments	19,023	19,023		
	<b>4</b> Dividends and interest from securities	0	0	0	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	0			
	<b>b</b> Gross sales price for all assets on line 6a	0			
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications			0	
	<b>10a</b> Gross sales less returns and allowances	0			
<b>Operating and Administrative Expenses</b>	<b>b</b> Less: Cost of goods sold	0			
	<b>c</b> Gross profit or (loss) (attach schedule)	0		0	
	<b>11</b> Other income (attach schedule)	0	0	0	
	<b>12 Total.</b> Add lines 1 through 11	18,478,847	19,023	0	
	<b>13</b> Compensation of officers, directors, trustees, etc.	173,314	3,466	0	169,847
	<b>14</b> Other employee salaries and wages	620,158	12,403	0	607,755
	<b>15</b> Pension plans, employee benefits	81,030	1,621	0	79,410
	<b>16a</b> Legal fees (attach schedule)	47,811	0	0	47,811
	<b>b</b> Accounting fees (attach schedule)	28,493	0	0	28,493
	<b>c</b> Other professional fees (attach schedule)	487,087	7,727	0	479,360
	<b>17</b> Interest	0	0	0	0
	<b>18</b> Taxes (attach schedule) (see instructions)	70,268	1,405	0	68,863
	<b>19</b> Depreciation (attach schedule) and depletion	1,603	0	0	
	<b>20</b> Occupancy	0	0	0	0
	<b>21</b> Travel, conferences, and meetings	7,858	0	0	7,858
	<b>22</b> Printing and publications	2,446	0	0	2,446
	<b>23</b> Other expenses (attach schedule)	406,782	0	0	406,782
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,926,850	26,622	0	1,898,625
	<b>25</b> Contributions, gifts, grants paid	17,427,495			17,427,495
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	19,354,345	26,622	0	19,326,120

<b>27</b>	Subtract line 26 from line 12:			
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-875,498		
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		0	
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)			0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2022)

Page 2

Form 990-PF (2022)

Page **2**

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	4,906,081	3,181,280	3,181,280
	<b>2</b>	Savings and temporary cash investments . . . . .		1,015,870	1,015,870
	<b>3</b>	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b>	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____	98,600		
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .	0	0	
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____	0	0	
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	44,662	26,544	26,544
	<b>10a</b>	Investments—U.S. and state government obligations (attach schedule)		0	
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .		0	
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .		0	
	<b>11</b>	Investments—land, buildings, and equipment: basis ▶ _____ 0 Less: accumulated depreciation (attach schedule) ▶ _____ 0	0	0	0
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .		0	
	<b>14</b>	Land, buildings, and equipment: basis ▶ _____ 8,017 Less: accumulated depreciation (attach schedule) ▶ _____ 1,737	7,883	6,280	6,280
	<b>15</b>	Other assets (describe ▶ _____)	145,237	15,403	15,403
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,202,463	4,245,377	4,245,377
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	427,623	49,841	
	<b>18</b>	Grants payable . . . . .	0	0	
	<b>19</b>	Deferred revenue . . . . .	0	296,194	
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	<b>21</b>	Mortgages and other notes payable (attach schedule) . . . . .		0	
	<b>22</b>	Other liabilities (describe ▶ _____)	0	0	
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	427,623	346,035	
Net Assets or Fund Balances		<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b>	Net assets without donor restrictions . . . . .	4,515,190	3,899,342	
	<b>25</b>	Net assets with donor restrictions . . . . .	259,650	0	
		<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>27</b>	Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	4,774,840	3,899,342	
	<b>30</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	5,202,463	4,245,377	

## Part III Analysis of Changes in Net Assets or Fund Balances

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	4,774,840
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-875,498
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	3,899,342
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	<b>6</b>	3,899,342

Form **990-PF** (2022)

Form 990-PF (2022)

Page 3

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		<b>3</b>	

Form 990-PF (2022)

Form 990-PF (2022)

Page 4

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	<b>1</b>	0
All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations enter 4% (0.04) of Part I, line 12, col. (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b> Add lines 1 and 2.	<b>3</b>	
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	
<b>6</b> Credits/Payments:		
<b>a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022	<b>6a</b>	0
<b>b</b> Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b> Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b> Total credits and payments. Add lines 6a through 6d.	<b>7</b>	
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2221 is attached.	<b>8</b>	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.	<b>9</b>	0
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	<b>10</b>	
<b>11</b> Enter the amount of line 10 to be: Credited to 2023 estimated tax 0 Refunded	<b>11</b>	0

**Part VI-A Statements Regarding Activities**

<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>	Yes	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<b>1b</b>		No
<b>c</b> Did the foundation file Form 1120-POL for this year?	<b>1c</b>		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0			

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0</u>			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities.	2	No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
4b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T.	5	No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: around bullet By language in the governing instrument, or around bullet By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV. . . . .	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶CA		
8b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the taxable year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII . . . . .	9	No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .	10	No

Form **990-PF** (2022)

Page 5

Form 990-PF (2022)

Page 5

**Part VI-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . .	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶WWW.EVERY.ORG	13	No
14	The books are in care of ▶EASY OFFICE dba JITASA Telephone no. ▶(208) 287-4777 Located at ▶1120 S RACKHAM WAY SUITE 300 MERIDIAN ID ZIP+4 ▶83642		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15	15	
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes No

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

<b>File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.</b>			Yes	No
1a	During the year did the foundation (either directly or indirectly):			
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	1a(1)		No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	1a(2)		No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	1a(3)		No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	1a(4)	Yes	
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	1a(5)		No
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .	1a(6)		No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	1b		No
c	Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? . . . . .	1d		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? . . . . . If "Yes," list the years ▶ 20____, 20____, 20____, 20____	2a		No

<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<b>3a</b>		<b>No</b>
<b>b</b>	If "Yes," did it have excess business holdings in 2022 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2022.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? . . . . .	<b>4b</b>		<b>No</b>







Form **990-PF** (2022)

Form 990-PF (2022)

Page **6****Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	<b>5a(1)</b>		<b>No</b>
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .	<b>5a(2)</b>		<b>No</b>
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<b>5a(3)</b>		<b>No</b>
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .	<b>5a(4)</b>		<b>No</b>
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<b>5a(5)</b>		<b>No</b>
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>5b</b>		
<b>c</b>	Organizations relying on a current notice regarding disaster assistance check . . . . . <input type="checkbox"/>			
<b>d</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<b>5d</b>		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>6a</b>		<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . If "Yes" to 6b, file Form 8870.	<b>6b</b>		<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<b>7a</b>		<b>No</b>
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<b>7b</b>		
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<b>8</b>		<b>No</b>

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation. See instructions**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GARRETT CAMP  58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	CHAIR 1.00	0	0	0
LARA GILMAN  58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	SECRETARY 1.00	0	0	0
ARTHUR MIN  58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	TREASURER 1.00	0	0	0
MARK ULRICH  58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	CEO 50.00	173,314	7,936	0
RAHUL GUPTA IWASAKI  58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	CPO 50.00	174,985	10,272	0
ALLISON FINE  58 WEST PORTAL AVENUE 781	PRESIDENT 50.00	40,212	0	0

SAN FRANCISCO, CA 94127

<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID SHARP 58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	SR PRODUCT DESIGNER 40.00	136,365	12,426	0
TINA ROH 58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	COO 50.00	95,705	7,336	0
MARIA FRANCESKA ROLDA 58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	PARTNERSHIPS MANAGER 40.00	66,905	8,322	0
CASSANDRA DAY 58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127	OPERATIONS MANAGER 40.00	57,549	30,126	0
<b>Total</b> number of other employees paid over \$50,000. . . . .				0

Form 990-PF (2022)

Form 990-PF (2022)

Page 7

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
UPWORK 475 BRANNAN ST SUITE 430 SAN FRANCISCO, CA 94107	IT CONSULTING	145,931
SANTIAGO HERNANDEZ D F SARMIENTO 1857 VINCENTE LOPEZ, BUENOS AIRES 1602 AR	IT CONSULTING	135,600
CARL JOHN SPENCER LTD 106 MALTHOUSE LANE EARLSWOOD, SOLIHULL 945 UK	DESIGN SERVICES	84,000
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 EVERY.ORG IS A NONPROFIT PROVIDING ACCESSIBLE GIVING INFRASTRUCTURE TO ENABLE A MORE GENEROUS WORLD. IT OFFERS FREE TOOLS FOR NONPROFITS TO ACCEPT DIGITAL DONATIONS OF CRYPTO STOCK AND CASH WHILE PROVIDING A ONE-STOP PLATFORM FOR DONORS TO GIVE TO OVER 1 MILLION ORGANIZATIONS. SINCE LAUNCHING IN 2020 EVERY.ORG HAS HELPED NONPROFITS RAISE OVER \$36 MILLION TO IMPROVE OUR WORLD.	19,139,807
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	

All other program-related investments. See instructions.

3

Total. Add lines 1 through 3


Form 990-PF (2022)

Page 8

Form 990-PF (2022)

Page 8


**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities. . . . .	1a	889
b	Average of monthly cash balances. . . . .	1b	3,629,973
c	Fair market value of all other assets (see instructions). . . . .	1c	48,227
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	3,679,089
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  . . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	3,679,089
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . .	4	55,186
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3.. . . .	5	3,623,903
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	6	181,195

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6. . . . .	1	181,195
2a	Tax on investment income for 2022 from Part V, line 5. . . . .	2a	0
b	Income tax for 2022. (This does not include the tax from Part V.) . . . . .	2b	0
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	181,195
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	181,195
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . .	7	181,195

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	19,326,120
b	Program-related investments—total from Part VIII-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	0
b	Cash distribution test (attach the required schedule)  . . . . .	3b	0
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.. . . .	4	19,326,120


Form 990-PF (2022)

Page 9

Form 990-PF (2022)

Page 9

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7			181,195
2	Undistributed income, if any, as of the end of 2022:			
a	Enter amount for 2021 only. . . . .		0	
b	Total for prior years: 20____, 20____, 20____			
3	Excess distributions carryover, if any, to 2022:			
a	From 2017. . . . .			0
b	From 2018. . . . .			0
c	From 2019. . . . .			412,904
d	From 2020. . . . .			2,456,394
e	From 2021. . . . .			7,673,011
f	<b>Total</b> of lines 3a through e. . . . .	10,542,309		
4	Qualifying distributions for 2022 from Part XI, line 4:  \$ 19,326,120			
a	Applied to 2021, but not more than line 2a			
b	Applied to undistributed income of prior years (Election required—see instructions). . . . .			
c	Treated as distributions out of corpus (Election			



required—see instructions).			
<b>d</b> Applied to 2022 distributable amount.			181,195
<b>e</b> Remaining amount distributed out of corpus	19,144,925		
<b>5</b> Excess distributions carryover applied to 2022. (If an amount appears in column (d), the same amount must be shown in column (a).)			
<b>6</b> Enter the net total of each column as indicated below:			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	29,687,234		
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b.		0	
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.			
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions.		0	
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions.			0
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.			0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).			
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions).			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a.	29,687,234		
<b>10</b> Analysis of line 9:			
<b>a</b> Excess from 2018.			
<b>b</b> Excess from 2019.	412,904		
<b>c</b> Excess from 2020.	2,456,394		
<b>d</b> Excess from 2021.	7,673,011		
<b>e</b> Excess from 2022.	19,144,925		

Form 990-PF (2022)

<b>Part XIII Private Operating Foundations</b> (see instructions and Part VI-A, question 9)					
<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling. <span style="float: right;">▶</span>					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed.	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2022	<b>(b)</b> 2021	<b>(c)</b> 2020	<b>(d)</b> 2019	
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4 for each year listed.					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed.					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

<b>1</b> Information Regarding Foundation Managers:
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation



before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

GARRETT CAMP

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

- b** The form in which applications should be submitted and information and materials they should include:

- c** Any submission deadlines:

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2022)

Page 11

Form 990-PF (2022)

Page **11**

### Part XIV Supplementary Information (continued)



### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year NETWORK FOR GOOD  1140 CONNECTICUT AVE NW NO 700 WASHINGTON, DC 20036	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	2,905,359
MULTIDISCIPLINARY ASSOCIATION FOR PSYCHEDELIC STUDIES  3141 STEVENS CREEK BOULEVARD NO 40563 SAN JOSE, CA 95117	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	2,662,055
ICHOR RESEARCH INSTITUTE  275 GREENE STREET NEW HAVEN, CT 06511	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	1,505,986
INTERNATIONAL RESCUE COMMITTEE  122 EAST 42ND STREET NEW YORK, NY 10168	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	1,105,540
STICHTING AFLATOUN INTERNATIONAL  IJSABAANPAD 9 11 AMSTERDAM, AMSTERDAM 1076 CV AF	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	969,942
UNITED COMMUNITY ACTION PARTNERSHIP  1400 S SARATOGA STREET MARSHALL, MN 56258	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	740,000
THE CHILDRENS HOSPITAL OF BUFFALO FOUNDATION  818 ELLICOTT STREET BUFFALO, NY 14203	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	700,000
FOUNDERS PLEDGE INC  17 JOHN STREET 6TH FLOOR NEW YORK, NY 10038	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	624,342

NEW YORK, NY 10009 OCEAN CONSERVANCY	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	550,000
1300 19TH STREET NW 8TH FLOOR WASHINGTON, DC 20036				
GRANTS TO ALL OTHER ORGANIZATIONS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	450,955
58 WEST PORTAL AVENUE 781 SAN FRANCISCO, CA 94127				
INTERNATIONAL COMMITTEE OF THE RED CROSS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	447,438
1100 CONNECTICUT AVENUE NW SUITE 500 WASHINGTON, DC 20036				
UNITED NATIONS FOUNDATION INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	264,228
320 EAST 43RD STREET 3RD FLOOR NEW YORK, NY 10017				
LIVEBETTER CORP	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	241,483
1732 1ST AVE 20940 NEW YORK, NY 10128				
GIVEDIRECTLY INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	183,750
PO BOX 3221 NEW YORK, NY 10008				
SAVE THE CHILDREN USA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	160,870
201 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825				
OUR WORLD IN DATA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	157,947
7 THE VILLAS OXFORD, RUTHERWAY OX26QY AF				
GLOBAL GLIMPSE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	153,196
490 LAKE PARK AVE 16039 OAKLAND, CA 94610				
STREET LIFE MINISTRIES	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	146,600
901 MADISON AVENUE REDWOOD CITY, CA 94061				
AMERICARES FOUNDATION INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	142,746
88 HAMILTON AVE STAMFORD, CT 06902				
ARC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	138,385
135 OLD POST ROAD STRAATSBURG, NY 12580				
INSIGHT MEDITATION SOCIETY INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	122,240
1230 PLEASANT STREET BARRE, MA 01005				
CLEAN AIR TASK FORCE INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	122,096
114 STATE STREET 6TH FLOOR BOSTON, MA 02109				
AGAINST MALARIA FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	114,974
PO BOX 7247 6370 PHILADELPHIA, PA 19170				
ANIMAL CHARITY EVALUATORS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	110,076
440 N BARRANCA AVE NO 3480 COVINA, CA 91723				
LIL BUB'S BIG FUND	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	106,824

			CHARITABLE PURPOSES	
1021 S WALNUT ST BLOOMINGTON, IN 47401 THE CHURCH IN MCKINNEY	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	104,307
3460 ELDORADO PARKWAY MCKINNEY, TX 75070 BOYS AND GIRLS CLUB OF PASADENA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	100,010
3230 E DEL MAR BLVD PASADENA, CA 91107 TUESDAY'S CHILDREN	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	100,000
390 PLANDOME ROAD SUITE 215 MANHASSET, NY 11030 FOUNDATION FOR APPALACHIAN OHIO	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	95,000
35 PUBLIC SQUARE NELSONVILLE, OH 45764 RAZOM INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	94,561
140 2ND AVE SUITE 305 NEW YORK, NY 10003 ARBOR DAY FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	88,024
211 N 12TH STREET LINCOLN, NE 68508 SHARED RESOURCE CENTER	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	86,867
6450 POE AVENUE SUITE 110 DAYTON, OH 45414 PLAYERS PHILANTHROPY FUND	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	82,173
1122 KENILWORTH DRIVE 201 TOWSON, MD 21204 AMBER INITIATIVE FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	81,180
5244 LIVE OAK VIEW AVE LOS ANGELES, CA 90041 INTERNATIONAL MEDICAL CORPS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	74,735
12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025 FUNGI FOUNDATION INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	65,220
716 MARCY AVENUE BROOKLYN, NY 11216 GATOR WILDERNESS CAMP SCHOOL	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	57,359
44930 FARABEE ROAD PUNTA GORDA, FL 33982 PROJECT HOPE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	57,299
1220 19TH STREET NW SUITE 800 WASHINGTON, DC 20036 CARE ORG	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	56,152
151 ELLIS STREET NE ATLANTA, GA 30303 SUNFLOWER PEACE FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	55,288
PO BOX 391044 CAMBRIDGE, MA 02139 TASIS DORADA EDUCATIONAL FOUNDATION INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	54,830
11 CARR 693 SABANERA, DORADO 00646 AF				

MAHIBERE KIDUSAN COORDINATING CENTER IN NORTH AMERICA  2312 ARCOLA AVENUE SILVER SPRING, MD 20902 TERRAPRAXIS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	52,517
120 LAKE VIEW AVE CAMBRIDGE, MA 02138 THE LIFE YOU CAN SAVE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	52,209
975 WARD RD SEQUIM, WA 98382 EMERGENCE BENEFACTORS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	51,457
PO BOX 2087 HUNTSVILLE, AL 35804 EQUALITY COMMUNITY CENTER	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	51,326
15 CASCO STREET PORTLAND, ME 04101 UNICEF USA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	49,753
125 MAIDEN LANE NEW YORK, NY 10038 THE VINEYARD	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	49,558
2700 NEILSON WAY 327 SANTA MONICA, CA 90405 KRYSLIS FOUNDATION FOR ARTS AND MEDIA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	49,067
2700 NEILSON WAY SANTA MONICA, CA 90405 THE LATINA MUSLIM FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	48,394
CRISTOBAL COLON 274 ZONA NTE TIJUANA, BAJA CALIFORNIA 22000 AF PARTNERS IN HEALTH	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	44,892
808 BOYLSTON STREET SUITE 300 BOSTON, MA 02199 WORLD CENTRAL KITCHEN	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	40,714
200 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20001 FRIENDS OF PARIAMAN	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	38,962
8566 FLAGSTAFF ROAD BOULDER, CO 80302 PODSIE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	36,739
1553 ALICE STREET OAKLAND, CA 94607 GOLESTAN CENTER FOR LANGUAGE IMMERSION AND CULTURE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	34,256
320 SAN CARLOS AVE E EL CERRITO, CA 94530 TOMMIE SMITH YOUTH INITIATIVE INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	31,431
PO BOX 870010 STONE MOUNTAIN, GA 30087 USA FOR UNHCR	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	29,184
1775 K STREET NW SUITE 580 WASHINGTON, DC 20006 SIPA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	26,940
420 WEST 118TH STREET	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	26,771

NEW YORK, NY 10021 CAN DO KIDS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	26,153
PO BOX 35 EL PASO, IL 61738 AUTISM SCIENCE FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	24,163
3 CONTINENTAL ROAD SCARSDALE, NY 10583 POWER RISING	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	23,500
700 7TH ST SW APT 723 WASHINGTON, DC 20024 ARTEEAST INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	23,388
370 7TH AVE NO 182 BROOKLYN, NY 11215 MAKER NEXUS	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	22,952
1330 ORLEANS DRIVE SUNNYVALE, CA 94089 PRISON JOURNALISM PROJECT	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	20,138
3501 SOUTHPORT AVE NO 204 CHICAGO, IL 60657 THE HOWARD SCHOOL	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	19,664
1192 FOSTER ST NW ATLANTA, GA 30318 ROMANIAN LEAGUE IN DEFENSE OF ANIMALS INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	19,626
PO BOX 4674 CROFTON, MD 21114 GIRLS IN TECH INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	18,728
575 MARKET STREET SAN FRANCISCO, CA 94105 AMAZON WATCH	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	18,598
520 3RD STREET SUITE 108 OAKLAND, CA 94607 WVMA	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	18,479
12370 SARATOGA SUNNYVALE RD SARATOGA, CA 950703084 PROJECT CITIZENSHIP	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	18,127
11 BEACON ST SUITE 720 BOSTON, MA 02108 GLOBAL EMPOWERMENT MISSION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	18,004
1850 NW 84TH AVE SUITE 200 DORAL, FL 33126 HELEN WOODWARD ANIMAL CENTER	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	17,729
PO BOX 64 RANCHO SANTA FE, CA 92067 SURGE FOR WATER INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	17,321
1658 N MILWAUKEE AVE NO 100 14070 CHICAGO, IL 60647 GOSHALA BJ ANIMAL CARE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	17,005
3240 S WHITE ROAD PMB 137 SAN JOSE, CA 95148 ETHOS PROJECT	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	16,606

PO BOX 5259 EL DORADO HILLS, CA 95762				
PLYMOUTH HOUSING	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	16,319
2113 3RD AVENUE SEATTLE, WA 98121				
NEW STORY	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	16,150
182 HOWARD ST 101 SAN FRANCISCO, CA 94105				
THE SAN FRANCISCO SCHOOL	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	15,908
300 GAVEN ST SAN FRANCISCO, CA 94134				
ONE FOR THE WORLD INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	15,752
808 THIRD AVE FLOOR 12 NEW YORK, NY 10022				
TAIMAKA PROJECT	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	14,978
1676 21ST STREET N ARLINGTON, VA 22209				
CHIMPANZEE SANCTUARY NORTHWEST	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	14,750
PO BOX 952 CLE ELUM, WA 98922				
AMERICAN FRIENDS OF YESHIVAT KOL TZOFAYICH	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	14,473
25050 TWICKENHAM DR BEACHWOOD, OH 44122				
WIKIMEDIA FOUNDATION INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	13,849
1 MONTGOMERY STREET SAN FRANCISCO, CA 94104				
MARY'S PLACE SEATTLE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	13,050
PO BOX 1711 SEATTLE, WA 98111				
MANTRA4CHANGE	No Relationship	PC	JP NAGAR	12,984
733 17TH CROSS ROAD KR LAYOUT PHASE JP NAGAR BANGALORE, KARNATAKA 560078 AF				
IMPACT COLLECTIVE	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	12,600
340 SOUTH LEMON AVENUE 4637 WALNUT, CA 91789				
BUILD UP INC	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	12,395
5 COMMERCE RD UNIT 3051 NEWTON, CT 06470				
EMPOWERING THE TURKISH AMERICAN COMMUNITY	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	12,153
3170 DE LA CRUZ BLVD NO 119 SANTA CLARA, CA 95054				
YTBRN ORG	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	11,535
PO BOX 474 CLARKSBURG, NJ 08510				
THE WINNICK FOUNDATION	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	11,459
269 S BEVERLY DRIVE NO 338 BEVERLY HILLS, CA 90212				
SOCCER CHAPLAINS UNITED	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	11,446
PO BOX 102081 DENVER, CO 80250				

PRATHAM USA  9703 RICHMOND AVENUE SUITE 102 HOUSTON, TX 77042	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	11,100
SELF ENQUIRY LIFE FELLOWSHIP  1807 E CABRILLO BLVD SUITE D SANTA BARBARA, CA 93108	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,996
BELLWETHER HOUSING  433 MINOR AVE SEATTLE, WA 98109	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,607
PROVEG INTERNATIONAL INCORPORATED  712 H STREET NE SUITE 2123 WASHINGTON, DC 20002	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,308
CALIFORNIA YIMBY EDUCATION FUND  717 K STREET SUITE 221 SACRAMENTO, CA 95814	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,244
ONE WORLD MEDICINE CLINIC  121 TUSCARORA ST HARRISBURG, PA 17104	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,051
SALT LAKE TRIBUNE INC  90 S 400 WEST SUITE 700 SALT LAKE CITY, UT 84101	No Relationship	PC	ONLINE SUPPORT FOR CHARITABLE PURPOSES	10,000
<b>Total . . . . .</b>			<b>3a</b>	<b>17,427,495</b>

**b** *Approved for future payment*

<b>Total . . . . .</b>	<b>3b</b>
------------------------	-----------

Form **990-PF** (2022)**Part XV-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		<b>(e)</b> Related or exempt function income (See instructions.)
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____		0		0	0
<b>b</b> _____		0		0	0
<b>c</b> _____		0		0	0
<b>d</b> _____		0		0	0
<b>e</b> _____		0		0	0
<b>f</b> _____		0		0	0
<b>g</b> Fees and contracts from government agencies		0		0	0
<b>2</b> Membership dues and assessments . . . . .		0		0	0



## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2022)

<b>Part XVI</b>	<b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b>
-----------------	--

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below?  
 See instructions.   ☐ **Yes**   ☐ **No**

Form **990-PF** (2022)

**Return to Form**

**Form 990PF - Special Condition Description:**

Special Condition Description	
1	Special Condition 1
2	Special Condition 2
3	Special Condition 3
4	Special Condition 4
5	Special Condition 5
6	Special Condition 6
7	Special Condition 7
8	Special Condition 8
9	Special Condition 9
10	Special Condition 10
11	Special Condition 11
12	Special Condition 12
13	Special Condition 13
14	Special Condition 14
15	Special Condition 15
16	Special Condition 16
17	Special Condition 17
18	Special Condition 18
19	Special Condition 19
20	Special Condition 20
21	Special Condition 21
22	Special Condition 22
23	Special Condition 23
24	Special Condition 24
25	Special Condition 25
26	Special Condition 26
27	Special Condition 27
28	Special Condition 28
29	Special Condition 29
30	Special Condition 30
31	Special Condition 31
32	Special Condition 32
33	Special Condition 33
34	Special Condition 34
35	Special Condition 35
36	Special Condition 36
37	Special Condition 37
38	Special Condition 38
39	Special Condition 39
40	Special Condition 40
41	Special Condition 41
42	Special Condition 42
43	Special Condition 43
44	Special Condition 44
45	Special Condition 45
46	Special Condition 46
47	Special Condition 47
48	Special Condition 48
49	Special Condition 49
50	Special Condition 50
51	Special Condition 51
52	Special Condition 52
53	Special Condition 53
54	Special Condition 54
55	Special Condition 55
56	Special Condition 56
57	Special Condition 57
58	Special Condition 58
59	Special Condition 59
60	Special Condition 60
61	Special Condition 61
62	Special Condition 62
63	Special Condition 63
64	Special Condition 64
65	Special Condition 65
66	Special Condition 66
67	Special Condition 67
68	Special Condition 68
69	Special Condition 69
70	Special Condition 70
71	Special Condition 71
72	Special Condition 72
73	Special Condition 73
74	Special Condition 74
75	Special Condition 75
76	Special Condition 76
77	Special Condition 77
78	Special Condition 78
79	Special Condition 79
80	Special Condition 80
81	Special Condition 81
82	Special Condition 82
83	Special Condition 83
84	Special Condition 84
85	Special Condition 85
86	Special Condition 86
87	Special Condition 87
88	Special Condition 88
89	Special Condition 89
90	Special Condition 90
91	Special Condition 91
92	Special Condition 92
93	Special Condition 93
94	Special Condition 94
95	Special Condition 95
96	Special Condition 96
97	Special Condition 97
98	Special Condition 98
99	Special Condition 99
100	Special Condition 100

<b>efile Public Visual Render</b>		<b>ObjectID: 202333179349100048 - Submission: 2023-11-10</b>	<b>TIN: 61-1913297</b>
<b>Schedule B</b> (Form 990) Department of the Treasury Internal Revenue Service		<b>Schedule of Contributors</b> ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No. 1545-0047 <b>2022</b>
Name of the organization EVERY ORG			<b>Employer identification number</b> 61-1913297

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)( ) (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 other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)


Page 2

Schedule B (Form 990) (2022)

Page 2

Name of organization EVERY ORG	<b>Employer identification number</b> 61-1913297
-----------------------------------	---

**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
	CAMP ORG LLC		 Person

<u>1</u>	7111 SANTA MONICA BLVD SUITE B485 WEST HOLLYWOOD, CA 90046	\$ 2,080,725	<input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	BLOCK INC 1455 MARKET ST SUITE 600 SAN FRANCISCO, CA 94103	\$ 1,742,048	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	EXPA ORG 220 MONTGOMERY STREET SUITE 300 SAN FRANCISCO, CA 94104	\$ 1,000,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	ORCA CREATIVE LLC 16192 COASTAL HWY LEWES, DE 19958	\$ 550,000	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	D RASSI 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 193,349	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>	C CHEN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 105,556	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

 Name of organization  
 EVERY ORG

 Employer identification number  
 61-1913297

 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
<u>7</u>	B BINA 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 98,647	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	L IVY 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 85,035	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

9	SCALABLE PATH INC 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 82,723	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	V PHUNKS 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 78,596	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	L PRICE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 64,464	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	E EDDEBBARH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 58,470	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

 Name of organization  
 EVERY ORG

 Employer identification number  
 61-1913297

## 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
13	M MILAN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 55,524	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	S GRIFFIN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 52,520	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	R GOWEN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 50,526	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	S JAFFE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 50,150	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

<u>17</u>	J DOUGLAS 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 40,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
<u>18</u>	V STEVERLYNCK 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 30,716	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## Part I

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

<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
<u>19</u>	E TC 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 30,160	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>20</u>	J DAVIS 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 30,000	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>21</u>	G VISWANATHAN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 30,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>22</u>	ARTWRLD LLC 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 25,456	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>23</u>	I DIAB 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 25,280	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>24</u>	S BEHBEHANI 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 25,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

## 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
<u>25</u>	L EURE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 24,640	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>26</u>	A RICH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 24,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>27</u>	M NGUYEN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 24,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>28</u>	B HIGDON 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 23,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>29</u>	J KAO 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 22,998	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>30</u>	U ASHRAF 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 22,500	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
<u>31</u>	D ROTH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 21,552	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>32</u>	J WASSON 58 WEST PORTAL AVE		<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash



	NO 781 SAN FRANCISCO, CA 94127	\$ 21,350	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	S APES 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 21,129	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
34	S MCCARTHY 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 20,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
35	T ALPHA 58 WEST PORTAL AV E NO 781 SAN FRANCISCO, CA 94127	\$ 20,000	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
36	D FARMER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 19,865	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<b>Schedule B (Form 990) (2022)</b>			
Name of organization EVERY ORG		Employer identification number 61-1913297	

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
37	S KOSS 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 18,598	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
38	T MORGAN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 18,495	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
39	CY LIN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 18,435	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
40	J KILGO		<input type="checkbox"/> Person

—	58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 16,968	<input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	M BAUER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 16,081	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
42	C FRATRIK 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 15,931	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
43	C SILVER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 14,986	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
44	D YING 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 14,831	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
45	K BERNARD 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 14,655	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
46	T ENDIHNEW 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 14,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
47	J MARK 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 14,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
—	J TRUJILLO		<input type="checkbox"/> Person

<u>48</u>	58 WEST PORTAL AVE NO 781	\$ 13,531	<input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	SAN FRANCISCO, CA 94127		

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

Name of organization EVERY ORG	<b>Employer identification number</b> 61-1913297
-----------------------------------	---

<b>Part I</b> <b>Contributors</b> (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
<u>49</u>	F CAPITAL	\$ 13,451	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		
<u>50</u>	L HARADA	\$ 13,138	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		
<u>51</u>	L ALEXANDER	\$ 12,544	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		
<u>52</u>	C KRISHNAN	\$ 12,510	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		
<u>53</u>	J NAUGLE	\$ 11,640	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		
<u>54</u>	V ILTCHEV	\$ 11,105	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
	58 WEST PORTAL AVE NO 781		
	SAN FRANCISCO, CA 94127		

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

Name of organization EVERY ORG	<b>Employer identification number</b> 61-1913297
-----------------------------------	---

<b>Part I</b> <b>Contributors</b> (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
<u>55</u>	P MCCLUSKEY	\$ 11,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
	58 WEST PORTAL AVE NO 781		

	SAN FRANCISCO, CA 94127		<input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>	D HEISER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,715	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>57</u>	W FONG 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,605	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>58</u>	W CLARK 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,490	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>59</u>	K GIAMPAOLO 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,199	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>60</u>	D WENGERT 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

## 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
<u>61</u>	A CHOW 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>62</u>	C TOWNSEND 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>63</u>	D MEDIA INC 58 WEST PORTAL AVE NO 781	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b>

	NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	N RITTER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
65	T CLUB 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 10,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
66	A RAHIMI 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,997	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
67	F TRIBE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,977	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
68	E SUN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,678	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
69	J WARREN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,200	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
70	Y KASSIE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,035	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
71	S SPILLER 58 WEST PORTAL AVE NO 781		<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b>

	NO 781 SAN FRANCISCO, CA 94127	\$ 9,000	<input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>72</u>	J WOLCOWITZ 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 9,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

## Part I

## Contributors

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
<u>73</u>	SOPHIA C 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,850	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>74</u>	P SAUERBECK 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,400	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>75</u>	P AHYA 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,350	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>76</u>	J BARTLETT 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,195	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>77</u>	A HELLER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,072	<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<u>78</u>	L BALESTRI 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 8,000	<input checked="" type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

## 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
<u>79</u>	H RYDER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,860	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>80</u>	A GARTH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,830	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>81</u>	S DOGE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,707	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>82</u>	B SNYDER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,551	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>83</u>	W JORDAN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,517	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>84</u>	J BARBERA 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
<u>85</u>	C STEINER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,475	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>86</u>	W CROTHERS 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	F ULRICH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,230	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
88	L LAM 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,200	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
89	BUSSOLA GROUP LLC 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 7,000	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
90	S WALKER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,900	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

 Name of organization  
 EVERY ORG

 Employer identification number  
 61-1913297

## Part I

## Contributors

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
91	T GRANT 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,600	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
92	A BERG 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
93	MIKE D 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
94	MM 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,383	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>95</u>	R GUPTA-IWASAKI 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,291	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>96</u>	S BEDARD 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,200	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## Part I

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

## Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>97</u>	G GIRLZ 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,105	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>98</u>	N DUSHMAN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,050	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>99</u>	R MUELLER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>100</u>	J MITCHELL 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,955	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>101</u>	D LE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,875	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
<u>102</u>	M SHINGLEDECKER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,762	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

SAN FRANCISCO, CA 94127

(Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
103	V HONG 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,559	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
104	M ULRICH 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,503	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
105	B HUBER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
106	K TOHYAMA 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,500	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
107	P FORNIA 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,400	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
108	L BURKE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,300	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

## Schedule B (Form 990) (2022)

Name of organization  
EVERY ORGEmployer identification number  
61-1913297

## 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
109	A MARTIN 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,278	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	E PASTORE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,195	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
111	J TITTLE 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,130	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
112	S BEEMILLER 58 WEST PORTAL AVE NO 781 SAN FRANCISCO, CA 94127	\$ 5,048	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 3

## Schedule B (Form 990) (2022)

Page 3

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

**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
2	42.302 SHRS BTC	\$ 1,742,048	2022-12-31
4	550,000 SHRS USDC-SOL	\$ 550,000	2022-12-31
6	80.1 SHRS ETH	\$ 105,556	2022-12-31
7	5.916 SHRS BTC	\$ 98,647	2022-12-31

Part I	Description of noncash property given	(See instructions)	Date received
<u>10</u>	<u>50.745 SHRS ETH</u>	<u>\$ 78,596</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>11</u>	<u>14.1 SHRS ETH 0.6 SHRS BTC</u>	<u>\$ 64,464</u>	<u>2022-12-31</u>

Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

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
<u>12</u>	<u>1.5 SHRS BTC</u>	<u>\$ 58,470</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>13</u>	<u>2.75 SHRS BTC</u>	<u>\$ 55,524</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>14</u>	<u>43.046 SHRS ETH 1,000 SHRS USDC</u>	<u>\$ 52,520</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>15</u>	<u>1.3 SHRS BTC</u>	<u>\$ 50,526</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>19</u>	<u>24.963 SHRS ETH</u>	<u>\$ 30,160</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>20</u>	<u>30,000 SHRS USDC</u>	<u>\$ 30,000</u>	<u>2022-12-31</u>

Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

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
<u>29</u>	<u>0.554 SHRS BTC</u>	<u>\$ 22,998</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>30</u>	<u>0.587 SHRS BTC</u>	<u>\$ 22,500</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>31</u>	<u>7.401 SHRS ETH</u>	<u>\$ 21,552</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>33</u>	<u>235 SHRS SOL</u>	<u>\$ 21,129</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>35</u>	<u>20,000 SHRS USDC</u>	<u>\$ 20,000</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	<u>150 SHRS AADI</u>	<u>\$ 10,865</u>	<u>2022-12-31</u>

36	100 SHRS BATE	\$ 18,000	2022-12-31
----	---------------	-----------	------------

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

**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
37	1.105 SHRS BTC	\$ 18,598	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
40	120 SHRS WMT	\$ 16,968	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
41	0.962 SHRS BTC	\$ 16,081	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
42	13.367 SHRS ETH	\$ 15,931	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
43	12.5 SHRS ETH	\$ 14,986	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
48	8.7 SHRS ETH	\$ 13,531	2022-12-31

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

**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
49	4.539 SHRS ETH	\$ 13,451	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
54	0.472 SHRS BTC	\$ 11,105	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
59	7.646 SHRS ETH	\$ 10,199	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
66	3.54 SHRS ETH	\$ 9,997	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
67	2.9 SHRS ETH	\$ 9,977	2022-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
68	250 SHRS SOL	\$ 9,678	2022-12-31

## Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

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

(a)		(c)	
-----	--	-----	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>77</u>	<u>1,255 SHRS DOT</u>	<u>\$ 8,072</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>81</u>	<u>2.5 SHRS ETH</u>	<u>\$ 7,707</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>83</u>	<u>1,282.7 SHRS LINK</u>	<u>\$ 7,517</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>89</u>	<u>7,000 SHRS USDC</u>	<u>\$ 7,000</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>91</u>	<u>0.309 SHRS BTC</u>	<u>\$ 6,600</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>97</u>	<u>3.1 SHRS ETH</u>	<u>\$ 6,105</u>	<u>2022-12-31</u>

Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--

**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
<u>103</u>	<u>4.68 SHRS ETH</u>	<u>\$ 5,559</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>111</u>	<u>3.1 SHRS ETH</u>	<u>\$ 5,130</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>22</u>	<u>16.702 SHRS ETH</u>	<u>\$ 25,456</u>	<u>2022-12-31</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2022)

Name of organization EVERY ORG	Employer identification number 61-1913297
-----------------------------------	--



**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 information once. See instructions.) ► \$ \_\_\_\_\_  
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 B (Form 990) (2022)

Additional Data

Return to Form

Software ID:

Software Version:

**efile Public Visual Render** | **ObjectID: 202333179349100048 - Submission: 2023-11-10** | **TIN: 61-1913297**

## TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG

**EIN:** 61-1913297

**Software ID:** 21013404

**Software Version:** V1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	28,493	0	0	28,493

**efile Public Visual Render** | **ObjectID: 202333179349100048 - Submission: 2023-11-10** | **TIN: 61-1913297**

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

## TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG

**EIN:** 61-1913297

**Software ID:** 21013404

**Software Version:** V1.0

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER EQUIPMENT	2021-11-18	8,017	378	SL	5.000000	1,603	0	0	

**efile Public Visual Render** | **ObjectID: 202333179349100048 - Submission: 2023-11-10** | **TIN: 61-1913297**

## TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG

**EIN:** 61-1913297

**Software ID:** 21013404

**Software Version:** V1.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER EQUIPMENT	7,883	1,737	6,280	6,280

**efile Public Visual Render** | **ObjectID: 202333179349100048 - Submission: 2023-11-10** | **TIN: 61-1913297**

## TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG

**EIN:** 61-1913297

**Software ID:** 21013404

**Software Version:** V1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	47,811	0	0	47,811

<b>efile Public Visual Render</b>	<b>ObjectId: 202333179349100048 - Submission: 2023-11-10</b>	<b>TIN: 61-1913297</b>
-----------------------------------	--	------------------------

### TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG**EIN:** 61-1913297**Software ID:** 21013404**Software Version:** V1.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
CRYPTOCURRENCY	0	15,403	15,403

<b>efile Public Visual Render</b>	<b>ObjectId: 202333179349100048 - Submission: 2023-11-10</b>	<b>TIN: 61-1913297</b>
-----------------------------------	--	------------------------

### TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG**EIN:** 61-1913297**Software ID:** 21013404**Software Version:** V1.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK AND MERCHANT FEES	229,131	0	0	229,131
PROGRAM EXPENSES AND SUPPORT	110,329	0	0	110,329
COMPUTER AND INTERNET	56,949	0	0	56,949
INSURANCE	7,995	0	0	7,995
OFFICE AND MISCELLANEOUS	2,378	0	0	2,378

<b>efile Public Visual Render</b>	<b>ObjectId: 202333179349100048 - Submission: 2023-11-10</b>	<b>TIN: 61-1913297</b>
-----------------------------------	--	------------------------

### TY 2022 IRS 990 e-File Render

**Name:** EVERY ORG**EIN:** 61-1913297**Software ID:** 21013404**Software Version:** V1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IT CONSULTANT	375,456	7,509	0	367,947
DESIGN CONSULTANT	84,351	0	0	84,351
GENERAL CONTRACTORS	27,280	218	0	27,062

[efile Public Visual Render](#)

ObjectID: 202333179349100048 - Submission: 2023-11-10

TIN: 61-1913297

**TY 2022 IRS 990 e-File Render****Name:** EVERY ORG**EIN:** 61-1913297**Software ID:** 21013404**Software Version:** V1.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL AND BUSINESS TAXES	70,268	1,405	0	68,863