The Highest Standard



20 Thornwood Drive Suite 200 Ithaca, NY 14850 (607) 272-4444

APRIL 28, 2023

2 State Street

(585) 454-6996

Suite 300

COHESION CENTRAL INC. 8635 W. SAHARA AVE. #3100 LAS VEGAS, NV 89117-5858

CLIENT COPY

COHESION CENTRAL INC .:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

INSERO & CO. CPAS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

COHESION CENTRAL INC. 8635 W. SAHARA AVE. #3100 LAS VEGAS, NV 89117-5858

PREPARED BY:

INSERO & CO. CPAS, LLP 20 THORNWOOD DRIVE ITHACA, NY 14850

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Т

Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning and ending					
B C	heck if oplicab	e: C Name of organization		D Employer identific	cation number
	Addre	COHESION CENTRAL INC.	COHESION CENTRAL INC.		
	Name	CONFECTOR		16-126190	03
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone number	
	Final returr	8635 W. SAHARA AVE. #3100		731-215-0	
	termii ated			G Gross receipts \$	167,473.
	Amer returr	d LAS VEGAS, NV 89117-5858 н		H(a) Is this a group re	turn
	Appli tion			for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u> T	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 📃 52	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Yea	r of formation: 2013 N	I State of legal domicile: ${f NV}$
Ра	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: COHE	SION	IS A CONSORTI	UM FOR
Governance		HIGHER EDUCATION. WE ARE THE ONLY INDEPEN			
erna	2	Check this box if the organization discontinued its operations or dispos			ets.
jove	3				7
Activities & G	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
	6	Total number of volunteers (estimate if necessary)			18
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year
	0	Contributions and grants (Dart) (III line 1h)		0.	0.
ne	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		33,400.	165,483.
Revenue	9 10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23.	427.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,581.	1,563.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		36,004.	167,473.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,290.	176,007.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,290.	176,007.
	19	Revenue less expenses. Subtract line 18 from line 12		7,714.	-8,534.
or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		296,356.	288,886.
t As	21	Total liabilities (Part X, line 26)		2,394.	3,458.
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		293,962.	285,428.
Pa	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	er has any knowledge.	

Sign	Signature of officer	Date				
Here	CAROLE WARDROUP, TREASURER					
	Type or print name and title					
	Print/Type preparer's name Prepare's fignature	Date Check PTIN				
Paid	LESLEY HORNER (Nolly Hour	2 04/28/2023 self-employed P00040965				
Preparer	Firm's name INSERO & CO. CPAS, LLP	Firm's EIN 47-5324570				
Use Only	Firm's address 20 THORNWOOD DRIVE					
	ITHACA, NY 14850	Phone no. (607) 272-4444				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) COHESION CENTRAL INC.	16-1261903 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in the	nis Part IIIX
1	Briefly describe the organization's mission:	EDUCATION ME ADE DUE ONLY
	COHESION IS A CONSORTIUM FOR HIGHER INDEPENDENT ASSOCIATION RUN BY AND	
		ARE KNOWLEDGEABLE. OUR MEMBERS ARE
	OUR GREATEST ASSETS. COHESION PROVI	
2	Did the organization undertake any significant program services during	
2		
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in	how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for eacl	of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the	
	revenue, if any, for each program service reported.	anount of grants and anocations to others, the total expenses, and
4a	140 400	s of \$) (Revenue \$167,046.)
та	COHESION SUMMIT 2022 RENO, NV: 255	
	OFFERED. THE COHESION SUMMIT CONFER	
	FOR HIGHER EDUCATION PROFESSIONALS	
	BUSINESS CHALLENGES, AND GLEAN BEST	· · · · · · · · · · · · · · · · · · ·
4b	(Code:) (Expenses \$ including grant	s of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grant) (Revenue \$)
4d	() () () () () () () () () ()	
A .=	(Expenses \$ including grants of \$ Total program service expenses 148,426.) (Revenue \$
4e	Total program service expenses 148,426.	Form 990 (2022)
00000	10 10 10 00	Form 330 (2022)
232002	12 12-13-22	
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Form	990	(2022)
FUIII	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X	77
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
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232003 12-13-22

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Form	990	(2022)
FUIII	330	120221

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 COHESION CENTRAL INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Yes
 No

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		- 23
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
232004	12-13-22	Form	990	(2022)
	Д			

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	990 (2022) COHESION CENTRAL INC. 16-1261	903	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
20	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).	7.		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		<u> </u>
C		7c		x
Ь		10		
	It "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	_	
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities]		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

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Form 990 (2	
Part VI	Gove

COHESION CENTRAL INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>_</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		<u>_</u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other							
	officer, director, trustee, or key employee?			2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х				
6	Did the organization have members or stockholders?			6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			·		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	e filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b										
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	′es," d	escribe							
	on Schedule O how this was done	· · · · · · · · · · · ·		12c		Х				
13	Did the organization have a written whistleblower policy?			13		Х				
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a		Х				
b	Other officers or key employees of the organization			15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain	n on Sc	chedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, an	d finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records							
	CAROLE WARDROUP - 806-787-0758									
	3601 4TH ST, STOP 6209, LUBBOCK, TX 79430									
232006	12-13-22			Forn	9 90	(2022)				
	6									

6 2022.03040 COHESION CENTRAL INC.

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Form 990 (2022)	COHESION CENTRAL INC.	16-1261903 Page 7								
Part VII Comper	sation of Officers, Directors, Trustees, Key Employees,	Highest Compensated								
Employe	Employees, and Independent Contractors									
Check if So	chedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees								
•	e for all persons required to be listed. Report compensation for the calenda anization's current officers, directors, trustees (whether individuals or org	, , , , , , , , , , , , , , , , , , , ,								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per indext of additionation of the rest of	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per weak (its any neutron at an out of an out of organizations in the internal and related organizations internal and related organizations internal internal and related organizations internal internal and related organizations internal internal and related organizations internal internal and related organizations internal internal and related organizations internal			(10	Position							
Week (bit ary organizations organizations below line) Image below line) Image below line) Image below line) Image below line) Image line line) Image line line) Image line line) Image line line) Image line line) Image line line) Image line) Image line) </td <td></td> <td>-</td> <td>box</td> <td colspan="2">box, unless person is both a</td> <td>n an</td> <td></td> <td></td> <td>amount of</td>		-	box	box, unless person is both a		n an			amount of		
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	(7) BOB LANDUYT	5.00									
	DIRECTOR		Х						0.	0.	0.
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232007 12-13-22

Form 990 (2022)

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2022.03040 COHESION CENTRAL INC.

	990 (2022) COHESION	CENTRAL	I	NC	•					16-126	51903	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	box offi	not c , unles	ss per	ition nore son i	than o s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	Estir amo	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	/ from organ and r	ensation n the nization elated zations
1b	Subtotal								0.	C		0.
с d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A	· · · · · · · ·	·····		· · · · · · · · · · · · · · · · · · ·			0.0.	0 0).	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable	Y	0 es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for se	uch individual	, 								3	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-	. 4	X
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or sı	ıch <u>r</u>	bers	on .		- 		. 5	X
1	Complete this table for your five highest con the organization. Report compensation for t										sation from	1
	(A) (B)						(C) Compens	ation				
								_				
2	Total number of independent contractors (ir	•	ot lin	nitec	to t	thos		ted	above) who received m	ore than		
	\$100,000 of compensation from the organiz	allUll				L.	,				Form 99	90 (2022)

232008 12-13-22

Form	1 990) (2			CENT	RAL INC.			16-1261	903 Page 9
Pa	rt V		Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any line		(D)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω υ	1 :	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
٦, G			Fundraising events		1c					
ifts ar A			–		1d					
s, G mila	(Government grants (contr		1e					
r Si	1	f	All other contributions, gifts,	grants, and						
ibut the			similar amounts not included	l above	1f					
ontr O	9	-	Noncash contributions included in		1g \$					
<u>ų p</u>		h	Total. Add lines 1a-1f							
						Business Code	02 025	02 025		
ice	2		REGISTRATION VENDOR			900099 900099	83,025. 67,657.	83,025. 67,657.		
serv ue		b	CONFERENCE AD	MIN FI		900099	14,801.	14,801.		
Program Service Revenue		c d	CONFERENCE AD		000	500055	14,001.	14,001.		
gra Re		u e								
Pro	1	-	All other program service	revenue						
	(Total. Add lines 2a-2f				165,483.			
	3		Investment income (includ							
			other similar amounts)				427.			427.
	4		Income from investment of	of tax-exem	pt bond p	roceeds				
	5		Royalties							
) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
			Net rental income or (loss) Gross amount from sales of		ecurities	(ii) Other				
	1	a	assets other than inventory	7a	counties					
		b	Less: cost or other basis	74						
e		~	and sales expenses	7b						
evenue		с	Gain or (loss)	7c						
Rev			Net gain or (loss)							
Other Re			Gross income from fundraisin including \$	ng events (n	not					
-			contributions reported on							
			Part IV, line 18	-						
	I	b	Less: direct expenses							
			Net income or (loss) from	-						
	9 ;	а	Gross income from gamin							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from							
	10 8	d	Gross sales of inventory, I and allowances							
		þ	Less: cost of goods sold							
			Net income or (loss) from							
		-			····· j ··	Business Code				
sno	11 :	а	MISCELLANEOUS	REVE	NUE	900099	1,563.	1,563.		
ane	I	b								
scellaneo <u>Revenue</u>		с								
Miscellaneous Revenue		d	All other revenue							
-		е	Total. Add lines 11a-11d				1,563.			
	12		Total revenue. See instruction	ons			167,473.	167,046.	0.	427.
232009	9 12-1	13-:	22				-			Form 990 (2022)

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	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	2,494.		2,494.	
d	Lobbying	2,1910			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,207.		1,207.	
13	Office expenses	9,329.	2,718.	6,611.	
13 14	Information technology	11,880.	7,050.	4,830.	
14 15	Royalties	11,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,050.	
16	Occupancy				
17					
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	120,289.	120,289.		
20	Interest				
20	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22	ſ	912.		912.	
23 24	Insurance Other expenses. Itemize expenses not covered	• • • •		, , , , , , , , , , , , , , , , , , , ,	
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) BOARD EXPENSES	9,870.		9,870.	
a b	AUDIO/VIDEO	6,700.	6,700.	5,0,0•	
u o	CONFERENCE PLANNING COM	4,261.	4,261.		
ט ה	PRESENTER HONORARIUMS	4,079.	4,079.		
d		4,079.	3,329.	1,657.	
	All other expenses	176,007.	148,426.	27,581.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±/0,00/•	170,420.	27,301.	0.
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				
000011	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)
2.32010					

COHESION CENTRAL INC. Part IX Statement of Functional Expenses

Form 990 (2022)

1

2

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

Grants and other assistance to domestic

7b, 8b, 9b, and 10b of Part VIII.

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

(A) Total expenses

(B) Program service expenses

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

23

(C) Management and general expenses

(D) Fundraising expenses

10

2022.03040 COHESION CENTRAL INC.

COHESION CENTRAL INC.

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	141,701.	1	133,805
:	2	Savings and temporary cash investments	154,655.	2	155,081
;	3	Pledges and grants receivable, net		3	
· ·	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>ν</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
S S	9	Prepaid expenses and deferred charges		9	
1	0a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1		Investments - publicly traded securities		11	
1:	2	Investments - other securities. See Part IV, line 11		12	
1:	3	Investments - program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	
1		Total assets. Add lines 1 through 15 (must equal line 33)	296,356.	16	288,886
1	7	Accounts payable and accrued expenses		17	
18		Grants payable		18	
1		Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
		Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ilia		controlled entity or family member of any of these persons		22	
<u>2</u> ן בי	3	Converse mentaneous and notes an unklate very stated third portion		23	
2		Unsecured notes and loans payable to unrelated third parties		24	
2		Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
			2,394.	25	3,458
2	6	Total liabilities. Add lines 17 through 25	2,394.	26	3,458
2	0	Organizations that follow FASB ASC 958, check here	2,554.	20	5,450
ŝ		and complete lines 27, 28, 32, and 33.			
ŭ 2	7	Net assets without donor restrictions		27	
	8	Net assets with donor restrictions		28	
8 2 7	0			20	
un		· · · · · · · · · · · · · · · · · · ·			
<u>ہ</u> ا	0	and complete lines 29 through 33.	0.	20	0
2 sta	-	Capital stock or trust principal, or current funds	0.	29	0
SS 3		Paid-in or capital surplus, or land, building, or equipment fund	293,962.	30	285,428
Net Assets or Fund Balances 2. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		Retained earnings, endowment, accumulated income, or other funds	293,962.	31	285,428
_		Total net assets or fund balances	295,962.	32	
3	3	Total liabilities and net assets/fund balances	430,330.	33	288,886 Form 990 (202

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Form	990 (2022) COHESION CENTRAL INC.	16-126	1903	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	167	',4'	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2	176	,0	07.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	, 5	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	293	, 9	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	285	, 41	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		. <u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	200	

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

T

Name of the organization

Nan	lame of the organization Employer identification number										
		COHE	SION CENTRA	AL INC.					6-1261903		
Pa	rtl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.			
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10	X	An organization that norma									
		activities related to its exem							-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Con									
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on									
а		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
a		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
		organization. You must o			majonty c				ipporting		
b		Type II. A supporting org	-		tion with its	s supporte	d organizatio	n(s) by hay	vina		
N N		control or management o	-				-		•		
		organization(s). You mus			anne peree			ge the earpr			
с		Type III functionally inte			in connect	ion with. a	and functional	lv integrate	d with.		
		its supported organization						, ,	,		
d		Type III non-functionally		-				ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	uirement and	an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a \	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			(iv) to the error	nization listed					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Tota	ul.										

Schedule	A (Form	990)	2022
Dart II		Sun	nor	t Sch

COHESION CENTRAL INC. 16-1261

16-1261903 Page 2	1	6-	-1	2	6	1	9	0	3	Page	2
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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)						
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization						
	fails to qualify under the tests listed below, please complete Part III.)						
Section A. Public Support							

		1					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
-	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
л	Total. Add lines 1 through 3						
5	The portion of total contributions						
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		•	•	•	•	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	,		,			12	
13	First 5 years. If the Form 990 is for th				-		
800	organization, check this box and stor ction C. Computation of Public						
	•		¥	[
	Public support percentage for 2022 (I					14	<u>%</u>
15	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
104	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•			•		
-	more, and if the organization meets th	-					
	organization meets the facts-and-circi				• •		
18	Private foundation. If the organization						s
							(Form 990) 2022

Schedule A (Form 990) 2022

COHESION CENTRAL INC.

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

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

Section A. Public Support (b) 2019 (c) 2020 (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 33,525 31,250. 64,775. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 254,632. 33,400. 165,483. 270,606. 23,400. 747,521. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 33,400. 304,131. 285,882. 23,400. 165,483. 812,296. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0. 812,296. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 304,131. 285,882. 23,400. 33,400. 165,483. 812,296. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 380. 427. 4,196. 1,364. 2,002. 23. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,364 2,002. 380. 23. 427. 4,196. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 4,892. 748. 2,581. 1,563. assets (Explain in Part VI.) 305,495. 288,632. 23,780. 36,004. 167,473. 821, 384. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 98.89 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 98.52 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .51 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f) 17 % 17 .49 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2022 232023 12-09-22

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COHESION CENTRAL INC.

1

2

3a

Yes No

Part IV Supporting Organizations

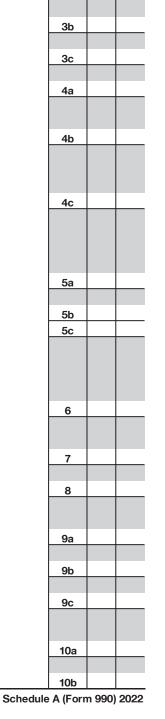
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) (ESION	-
Part IV	Support	ing Orga	nizations	(continue	ed)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section (

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during	a the vear (see instructions
	Check the box next to the method that the organization used to satisfy the integral Fart rest during	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

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

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Schedule A (Form 990) 2022
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1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sche	dule A (Form 990) 2022 COHESION CENT			1	6-1261903 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022		CENTRAL		16-1261903	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provid , 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	e the explanation , 5a, 6, 9a, 9b, 9c t IV, Section E, lir	s required by Part II, line , 11a, 11b, and 11c; Pa les 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 12; rt IV, Section B, lines 1 and 2; Part IV, Sectio b; Part V, line 1; Part V, Section B, line 1e; P nis part for any additional information.	n C,
232028 12-09-2	2				Schedule A (Form	990) 2022

SC	SCHEDULE D Supplemental Financial Statements						
(Forn	n 990)		Inization answered "Yes" on Form 990,	2022			
Depart	ment of the Treasury	Δ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public Inspection			
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizati	on COHESION CENTRAL I	NC	Employer identification number 16-1261903			
Par	t I Organiza		d Funds or Other Similar Funds or Ac				
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds (I	b) Funds and other accounts			
1	Total number at er	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fund				
-			exclusive legal control?				
6			advisors in writing that grant funds can be used or				
			or donor advisor, or for any other purpose conferring				
Par	impermissible priv		ganization answered "Yes" on Form 990, Part IV,				
1		servation easements held by the organizati					
		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	rically important land area			
		of natural habitat	Preservation of a certif	• •			
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation contribution in the form of a cor	servation easement on the last			
	day of the tax year	r.		Held at the End of the Tax Year			
а	Total number of co	onservation easements		2a			
b	Total acreage rest	2b					
d							
				2d			
3	3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
4	year	 where property subject to conservation eas	soment is located				
5		tion have a written policy regarding the per					
Ŭ	-	forcement of the conservation easements if		Yes No			
6	,		handling of violations, and enforcing conservation				
				0			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	ements during the year			
8			ve satisfy the requirements of section 170(h)(4)(B)(
9	,	6	on easements in its revenue and expense stateme				
			note to the organization's financial statements that	t describes the			
Par	t III Organization's acc	ounting for conservation easements.	f Art, Historical Treasures, or Other Si	milar Assets.			
		f the organization answered "Yes" on Form					
1a	-			nce sheet works			
	1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balance	sheet works of			
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of public service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	. ,						
2	0		asures, or other similar assets for financial gain, p	provide			
	the following amounts required to be reported under FASB ASC 958 relating to these items:						
	a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$						
<u>d</u>		o Form 990, Part X		\$ Sebedule D (Earm 000) 2022			

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Schedule D (Form 990) 2022

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21			
2022.03040	COHESION	CENTRAL	INC.

Sche		N CENTRAL INC			1	L6-12	61903	3 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Treas	sures, or Othe	r Similar	Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exchar	nge program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain how	they further the o	organization's exer	npt purpos	e in Part 3	XIII.		
5	During the year, did the organization solicit o	r receive donations of art,	historical treasure	es, or other similar	assets		-		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		the organization a	answered "Yes" on	Form 990,	Part IV, li	ine 9, or		
	reported an amount on Form 990, Par								
1 a	Is the organization an agent, trustee, custodi						1		٦
	on Form 990, Part X?					∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	ig table:				Amount		
-							Amouni		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.					······ ∟]
Par									_
					(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance (line	e 1g, column (a)) h	eld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization t	that are held and a	administered for th	ne		г		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		nt funds.						
T ai	Complete if the organization answered		t IV line 112 See	Form 990 Part X	line 10				
						al			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or basis (otl		ccumulate	a	(d) Bool	(valu	е
10	Land	,			problation				
	Land								
	Buildings Leasehold improvements								
	Equipment								
	Other								
-	Add lines 1a through 1e. (Column (d) must e		lump (R) line 10e)					0.
		<u>quari onni 330, r'ant A, CO</u>	<u>anni (ם), iirle 10C.</u>	,		Schedule	D (Form	990)	
								,	-

Dart VII	Investments -	Other Securities		
Schedule D	(Form 990) 2022	COHESION	CENTRAL	INC

(a) Description of security or category (including name of secu	urity) (b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12	.)		
Part VIII Investments - Program Related	d.		
Complete if the organization answered "	Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.			
Part IX Other Assets.	.)		
Complete if the organization answered "	Yes" on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	(a) Description		
			(D) BOOK VAIUE
(1)			(b) Book value
(1)			(D) Book value
(2)			(b) Book value
(2) (3)			(D) Book value
(2) (3) (4)			(D) BOOK Value
(2) (3) (4) (5)			(D) Book value
(2) (3) (4) (5) (6)			(D) Book value
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (b)	B) line 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities.			
(2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered "		11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (the constraints) of the constraint of the con			
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE			
(2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (b) part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (b) Part X Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered " (a) Description of liability (1) Federal income taxes (2) CREDIT CARD PAYABLE (3) (4) (5) (6) (7)			(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 COHESION CENTRAL INC.		16-1261903 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	its With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses		_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t XIII Supplemental Information.		

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

232054 09-01-22

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



16-1261903

COHESION CENTRAL INC.

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

FOR CUSTOMERS OF HIGHER EDUCATION SOFTWARE AND SERVICES. OUR MEMBERS

ARE KNOWLEDGEABLE. OUR MEMBERS ARE OUR GREATEST ASSETS. COHESION

PROVIDES OPPORTUNITIES FOR PROFESSIONAL KNOWLEDGE SHARING AND GROWTH IN

A COLLABORATIVE HIGHER EDUCATION COMMUNITY.

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

KNOWLEDGE SHARING AND GROWTH IN A COLLABORATIVE HIGHER EDUCATION

COMMUNITY.

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

THE FORM IS MADE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW THROUGH THEIR

MEMBER LOGIN ON THE ORGANIZATIONS WEBPAGE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THE ORGANIZATIONS

WEBSITE.

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