401 E. State St., Suite 500 Ithaca, NY 14850 (607) 272-4444

39 Church St. Cortland, NY 13045 (607) 753-7439

2 N. Franklin St., Suite 330 Watkins Glen, NY 14891 (607) 535-4443 / insero&co The Highest Standard

Certified Public Accountants | Business Advisors

2 State St., Suite 300 Rochester, NY 14614 (585) 454-6996 (800) 232-9547 www.inserocpa.com

JULY 29, 2021

COHESION CENTRAL INC. PO BOX 12107 JACKSON, TN 38308

CLIENT COPY

COHESION CENTRAL INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2020 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,

- Horrer

INSERO & CO. CPAS, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2020

PREPARED FOR:

COHESION CENTRAL INC. PO BOX 12107 JACKSON, TN 38308

PREPARED BY:

INSERO & CO. CPAS, LLP 401 E. STATE STREET, SUITE 500 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-EO 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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit extension request must be sent to the IRS in paper format (see instructions).

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	r identification numb	er (TIN)	
print	COHESION CENTRAL INC.				16-126190	3	
File by the due date fo filing your return. See		ee instruct	ions.			<u> </u>	
instructions	City, town or post office, state, and ZIP code. For a for JACKSON, TN 38308	oreign addı	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applicat	oplication Return Application				Return		
Is For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99		04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	D-T (trust other than above) CAROLE WARDROUT	06	Form 8870			12	
Telep If the If this box 1 I re the 2 If t	ooks are in the care of ▶ 3601 4TH ST, ST hone No. ▶ 949-341-7647 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (C . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization tax year beginning he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	in the Uni Group Exer and attac NOVEM unization's , and neck reaso	Fax No. ▶ ted States, check this box mption Number (GEN) If ch a list with the names and TINs of a IBER 15, 2021 , to file return for: d ending n: Initial return F	this is fo all memb	r the whole group, c ers the extension is t npt organization retu 	or.	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less			0	
	his application is for Forms 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	- 3a	\$	0.	
	imated tax payments made. Include any prior year overpa			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pay					0.	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal (ns.	direct deb	it) with this Form 8868, see Form 845				
LHA F	or Privacy Act and Paperwork Reduction Act Notice, s	see instrue	ctions.		Form 8868 (Re	v. 1-2020)	

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	000
Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 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.



AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	c Name of organization		D Employer identific	cation number
	Addre	Se COHESION CENTRAL INC.			
	 Name			16-126190	03
	Initial		Room/suite	E Telephone number	
	 returr	DO BOY 12107		731-215-0	
	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,780.
	Amer returr	ded JACKSON, TN 38308		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: ROBERT NIISOS		for subordinates	? Yes X No
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) (or 🗌 527	lf "No," attach a	list. See instructions
		te: VWW.COHESIONCENTRAL.ORG		H(c) Group exemption	
	_	forganization: 🔀 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨	L Year	of formation: 2013 N	I State of legal domicile: ${f NV}$
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: COHE			
u c		HIGHER EDUCATION. WE ARE THE ONLY INDEPEN	DENT A	SSOCIATION	RUN BY AND
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
0 N	3				7
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
iti	6	Total number of volunteers (estimate if necessary)			21
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		31,250.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		254,632.	23,400.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,002.	380.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		748.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		288,632.	23,780.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ЧХ	d b	Total fundraising expenses (Part IX, column (D), line 25)	0.	277,272.	22,698.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		277,272.	22,698.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,360.	1,082.
	19	Revenue less expenses. Subtract line 18 from line 12		,	
Net Assets or	00	Tatal accests (Dart V. Vine 10)		ginning of Current Year 285 , 166 •	End of Year 286,453.
Asse Bala	20	Total assets (Part X, line 16)		205,100.	200,453.
let ∕ ind	21	Total liabilities (Part X, line 26)		285,166.	286,248.
	22 11 11	Net assets or fund balances. Subtract line 21 from line 20		203,100.	200,240.
- 6	acn				

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

Sign Here	Signature of officer CAROLE WARDROUP, TREASURER	Date
	Type or print name and title	
Paid	Print/Type preparer's name Preparer's signature Date Date 07/29/2	2021 Check PTIN if self-employed P00040965
Preparer	Firm's name 🕨 INSERO & CO. CPAS, LLP()	Firm's EIN 🕨 47-5324570
Use Only	Firm's address 401 E. STATE STREET, SUITE 500	
	ITHACA, NY 14850	Phone no. (607) 272-4444
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)
a a	THE COMPANY TO THE OPEN OPEN MICH AND MICH AND MENTING OF	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) 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 this Part III	<u></u>	X
1	Briefly describe the organization's mission: COHESION IS A CONSORTIUM FOR HIGHER EDUCATION. WE ARE	THE ONLY	
	INDEPENDENT ASSOCIATION RUN BY AND FOR CUSTOMERS OF H		
	SOFTWARE AND SERVICES. OUR MEMBERS ARE KNOWLEDGEABLE		
	OUR GREATEST ASSETS. COHESION PROVIDES OPPORTUNITIES		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		T7
	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$11,746. including grants of \$) COHESION SUMMIT 2020 WAS HELD VIRTUALLY AND FREE TO PA		$\frac{400.}{110}$
	REGISTERED ATTENDEES, 16 EXHIBITORS, 3 SPONSORS, 167 S		119
		LIKE IN-PERSON	
	CONFERENCES, THE VIRTUAL CONFRERENCE OFFERS USER- AND		
	SESSIONS THROUGHOUT A VARIETY OF TRACKS, AND PROVIDES	AN OPPORTUNITY	ТО
	GLEAN BEST-PRACTICE ADVISE AND DISCUSS SIMILAR BUSINES	3S CHALLENGES	
	THROUGH BIRDS OF A FEATHER BREAKOUT SESSIONS.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 11,746.)	
4e	Total program service expenses ► 11,746.	Q	90 (2020)
032004	2 12-23-20	Form 3	
552002	3		

2020.04010 COHESION CENTRAL INC. 090441_1

 Form 990 (2020)
 COHESION CENTRAL INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 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			37
_	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,			77
_	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			77
•	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<u>.</u>		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X (2020)
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032003 12-23-20

4 2020.04010 COHESION CENTRAL INC.

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FUIII	330	120201

Form		261903	P	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	23		x
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
210	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?			
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		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	<u>25b</u>		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	d		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		v
00	"Yes," complete Schedule L, Part IV			X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	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			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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)?	<u>35a</u>		X 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			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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 in Schedule O for Part VI, lines 11b and 19?	57		
00	• • • • • •	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance		-	-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included in 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	(0000)
032004	۶ 12-23-20 ۶	Form	990	(2020)

2020.04010 COHESION CENTRAL INC. 090441_1

Form	990 (2020) COHESION CENTRAL INC. 16-1261	903	P	_{age} 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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 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		X
	If "Yes," complete Form 4720, Schedule O.		000	
		-	C AC 37 3	(0000)

Form **990** (2020)

032005 12-23-20

Form 990 (2020
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COHESION CENTRAL INC.

 Form 990 (2020)
 COHESION CENTRAL INC.
 16-1261903
 Page

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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	7		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		·····		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6					x
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				
1a	more members of the governing body?	-	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		<u>1a</u>		
D					x
•	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	5		v	
а	The governing body?			X	
	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	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	/ before filing the form	? 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done	,	12c		X
13	Did the organization have a written whistleblower policy?				X
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approva				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	n by independent			
•	The organization's CEO, Executive Director, or top management official		150		x
			<u>15a</u> 15b		X
D	Other officers or key employees of the organization				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen		40-		x
	taxable entity during the year?		<u>16a</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
2	exempt status with respect to such arrangements?		16b		
	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) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and finar	icial	
	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 records			
20	CAROLE WARDROUP - 949-341-7647				
	3601 4TH ST, STOP 6209, LUBBOCK, TX 79430				

Form 990 (2	2020) COHESION CENTRAL INC.	16-1261903	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization?	s tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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 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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ox, unless person is both an		compensation	compensation	amount of			
	week		fficer and a director/trustee)		tee)	from	from related	other		
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	_			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) ROBERT NITSOS	10.00				-					
PRESIDENT		x		x				0.	0.	0.
(2) CAROLE WARDROUP	10.00									
TREASURER		х		x				0.	0.	0.
(3) COLETTE WILLIAMS	10.00									
SECRETARY		x		x				0.	0.	0.
(4) BOBBIE BROWN	10.00									
VICE PRESIDENT		x		x				0.	0.	0.
(5) ALI PENTON	5.00									
DIRECTOR		х						0.	0.	0.
(6) LINDA GRIFFIN	5.00									
DIRECTOR		х						0.	0.	0.
(7) LARRY HOLDER	5.00									
DIRECTOR		х						0.	0.	0.
		1								
		L								
032007 12-23-20										Form 990 (2020)

8

032007 12-23-20

	990 (2020) COHESION									16-12	619	03	Page 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp (B)	oloy	ees,			ghes	t C		s (continued)			
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ı an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	nated unt of ner	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe from organi and re organiz	the zation elated
	Subtotal								0.		0.		0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0.		0.		0.
2	Total number of individuals (including but no compensation from the organization							o re	-	000 of reportable			0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oye	e, or	hig	hest compensated emp	oyee on		Y	es No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services		4	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or sl	ich <u>r</u>	bers	on .					5	
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensatic	n from	
	(A) (B) Name and business address NONE Description of services									Co	(C) Compensation		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nited	d to f	thos (ted	above) who received mo	ore than			
		7				-					F	orm 99	0 (2020)

032008 12-23-20

			Check if Schedule O	contai	ns a respo	onse o	or note to any line		(B)	(C)	
								(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
S, G		с	Fundraising events		1c						
Gift lar /		d	Related organizations		1d						
)s, (imi			Government grants (contr								
er S			All other contributions, gifts,	-							
đđ			similar amounts not included								
onti nd (-	Noncash contributions included in								
<u></u> \overline{O} <u></u>		n	Total. Add lines 1a-1f				Business Code				
	~		VENDOR				900099	23,400.	23,400.		
Program Service Revenue	2	a b					500055	23,400.	23,400.		
Ser		c									
		d									
Be		e									
Pro		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f					23,400.			
	3	•	Investment income (includ	-							
			other similar amounts)				►	380.			380.
	4		Income from investment of			•	· · ·				
	5	5	Royalties	· · · · · ·							
	~		a		(i) Rea	1	(ii) Personal				
	6		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	60 60							
			Net rental income or (loss)								
	7		Gross amount from sales of	″ <u> </u>	(i) Securit	ties	(ii) Other				
	•		assets other than inventory	7a	()						
		b	Less: cost or other basis								
en			and sales expenses	7b							
Revenue		с	Gain or (loss)	7c							
Be			Net gain or (loss)				▶				
Other	8	a	Gross income from fundraisi	ng eve	nts (not						
ð			including \$								
			contributions reported on		-						
		b	Part IV, line 18			8a 8b					
			Less: direct expenses Net income or (loss) from								
	9		Gross income from gamin								
	Ū		Part IV, line 19								
		b	Less: direct expenses			9b					
			Net income or (loss) from			s	►				
	10	a	Gross sales of inventory, I	ess re	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
$ \rightarrow $		с	Net income or (loss) from	sales	of invento	ry					
ŝ							Business Code				
eou	11	a									
Miscellaneous Revenue		b									
sce Bev		с С									
Ë			All other revenue								
	40		Total. Add lines 11a-11d Total revenue. See instruction					23,780.	23,400.	0.	380.
	12							- ,			Form 990 (2020

COHESION CENTRAL INC.

15110729 769695 090441

Form 990 (2020)

2020.04010 COHESION CENTRAL INC.

16-1261903 Page 9

⁰⁹⁰⁴⁴¹_1

	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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):				
а	Management				
b	Legal	<u> </u>			
С	Accounting	2,155.		2,155.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	E 4 0		E 4 0	
12	Advertising and promotion	549.		549.	
13	Office expenses	2,042. 4,703.	292. 3,326.	1,750.	
14	Information technology	4,/03.	3,320.	1,377.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	500.	500.		
19 00	Conferences, conventions, and meetings	500.	.000		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	934.		934.	
23 24	Other expenses. Itemize expenses not covered	554.		554.	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATIONS	4,280.	4,280.		
a h	BOARD EXPENSES	3,630.	1,200.	3,630.	
5	GIFTS	2,948.	2,948.		
с Н	AWARDS	489.	2,510.	489.	
e	All other expenses	468.	400.	68.	
25	Total functional expenses. Add lines 1 through 24e	22,698.	11,746.	10,952.	0.
26	Joint costs. Complete this line only if the organization	,	, • •		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	• ···· · · · · · · · · · · · · · · · ·			I	000

032010 12-23-20

Form **990** (2020)

15110729 769695 090441

2020.04010 COHESION CENTRAL INC.

11

090441_1

(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

COHESION CENTRAL INC.

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

(A) Total expenses

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

Form 990 (2020) Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

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

1

12

3	Pledges and grants receivable, net	edges and grants receivable, net							
4	Accounts receivable, net			4					
5	Loans and other receivables from any current or								
	trustee, key employee, creator or founder, subst	antial contributor, or 35%							
	controlled entity or family member of any of the	se persons		5					
6	Loans and other receivables from other disqualit	fied persons (as defined							
	under section 4958(f)(1)), and persons described		6						
7	Notes and loans receivable, net		7						
8	Inventories for sale or use		8						
9	Prepaid expenses and deferred charges			9					
10a	Land, buildings, and equipment: cost or other								
	basis. Complete Part VI of Schedule D	10a							
b	Less: accumulated depreciation	10b		10c					
11	Investments - publicly traded securities		11						
12	Investments - other securities. See Part IV, line 1		12						
13	Investments - program-related. See Part IV, line	11		13					
14	Intangible assets			14					
15				15					
16	Total assets. Add lines 1 through 15 (must equa	al line 33)		16	286				
17	Accounts payable and accrued expenses			17					
18	Grants payable			18					
19	Deferred revenue			19					
20	The second state of the se			20					
21	Escrow or custodial account liability. Complete I		21						

COHESION CENTRAL INC.

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

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

of Schedule D

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here 🕨 🗴

Cash - non-interest-bearing

Savings and temporary cash investments

16-1261903 Page 11

(A) Beginning of year

130,914.

154,252.

1

2

22

23

24

25

26

27

28

29

31

32

33

0.

0.

0.

0. 30

285,166.

285,166.

285,166.

(B)

End of year

131,821.

154,632.

453.

205.

205.

0.

0.

286,453. Form **990** (2020)

286,248.

286,248.

Form 990 (2020)
Part X Balance Sheet

1

2

Assets

22

23

24

25

26

27

28

29

30

31

32

33

Liabilities

Net Assets or Fund Balances

Form	990 (2020) COHESION CENTRAL INC.	16-1261	903	Pad	_{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			80.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	, 69	98.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 08	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	285	,10	56.
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	286	, 24	<u>48.</u>
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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	_	X
	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	-			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		_X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

Department of the Treasury Internal Revenue Service

	(Form	990	or	990-EZ)
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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
2020
Open to Public Inspection

1

-

Nan		the organization	GTON GENED						Identification number			
Da	rt I		SION CENTR						6-1261903			
		Reason for Public C					ee instruction	IS.				
	organ	ization is not a private found										
1		A church, convention of chu	•			• • •	I)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					•					
4		A medical research organiza	ation operated in col	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		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
_		section 170(b)(1)(A)(iv). (C										
6		A federal, state, or local gov	-									
7		An organization that normal	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	bublic described in			
-		section 170(b)(1)(A)(vi). (C										
8		A community trust describe										
9		An agricultural research org										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
40	v	university:		11 00 1 /00/					I and a state for a			
10	X	An organization that normal	•				-	•	•			
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
		See section 509(a)(2). (Complete Part III.)										
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12	\square	An organization organized and operated exclusively to test for public safety. See Section 505(a)(4).										
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting orga	• ·			-		-	aivina			
-			-	-	• • • •	-						
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b		Type II. A supporting orga	-		tion with it:	s supporte	ed organizatio	n(s), by hav	ing			
		control or management o	-				-		-			
		organization(s). You mus	t complete Part IV,	Sections A and C.	-							
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,			
		its supported organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppor	ted organiz	ation(s)			
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	I an attentiv	reness			
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount								(ui) Amount of other				
	(i) Name of supported organization 	(ii) EIN	(described on lines 1-10	in your governi	ing document?	support (see ir	-	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No						
Tota	ıl											
		Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020			

14

Schedule A (Form 990 or 990-EZ) 2020 COHESION CENTRAL INC.

16-1261903 Page 2

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

	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") Image: Construction of the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Construction of the organization is the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (n). Image: Construction of the organization is form included and include and inclu	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, ▶	<u> </u>	organization, check this box and stor	<u>o here</u>					>
 15 Public support percentage from 2019 Schedule A, Part II, line 14 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 				-				
 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 				•				%
 stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 								%
 b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 	16a		•					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,				-				
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	b					l line 15 is 33 1/3%	or more, check th	is box
				•••				
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	17a							
		Ū		-	•	•	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	organization		▶∟
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the		more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	v supported organiz	zation	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s ▶□

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	30,600.	24,675.	33,525.	31,250.		120,050.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	216,440.	198,309.	270,606.	254,632.	23,400.	963,387.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	247,040.	222,984.	304,131.	285,882.	23,400.	1083437.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
8	Public support. (Subtract line 7c from line 6.)						1083437.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	247,040.	222,984. 517.	304,131. 1,364.	285,882.	23,400.	1083437. 5,797.
b	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c	Add lines 10a and 10b	1,534.	517.	1,364.	2,002.	380.	5,797.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			·	·		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	040 554	5,417.		748.	0.2 700	6,165.
	Total support. (Add lines 9, 10c, 11, and 12.)	248,574.	228,918.	305,495.	288,632.	23,780.	1095399.
14	First 5 years. If the Form 990 is for th	0					
Sa	check this box and stop here ction C. Computation of Publi	c Support Per					X
	•					45	
	Public support percentage for 2020 (I			.,,		15 16	<u>%</u>
-	Public support percentage from 2019 ction D. Computation of Inves					10	%
	•			20.12. oolump (f))		17	04
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	►
L.	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
	23 01-25-21			., 2. 100, 01001 11		edule A (Form 990	or 990-EZ) 2020

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1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

	_		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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		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(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</i>	1		
2	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	•		
-	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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the meth	nod that the organization u	used to satisfy the li	ntegral Part Test during	ig the year (see instructions).
---	--------------------------------	-----------------------------	------------------------	--------------------------	---------------------------------

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

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

18

- 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 in 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Schedule A (Form 990 or 990 EZ) 2020 COHESION CENTRAL INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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-functiona	Ilv integrated	Type III supporting orga	nization (see

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 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 COHESION CENTRAL INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	d)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	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	
	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 th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020	COHESION	CENTRAL	INC.	16-1261903 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanation 5a, 6, 9a, 9b, 9c IV, Section E, lir	s required by Part II, line 10; Part II , 11a, 11b, and 11c; Part IV, Sectio	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,
	· · · · · · · · · · · · · · · · · · ·				
032028 01-25-2	1			21	Schedule A (Form 990 or 990-EZ) 2020

SC	SCHEDULE D Supplemental Financial Statements							OMB No.	1545-0047	
	n 990)	Complete if the org	anization answered	"Yes"	on Form 990	,			- 20	20
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, Attach to Form 990.		1f, 12a, or 12	2b.				o Public
	I Revenue Service	Go to www.irs.gov/Form9			latest inform	nation.			Inspec	tion
Nam	e of the organization	on COHESION CENTRAL II	NC.				Emp		dentification	on number ୨೧२
Par	t I Organiza	ations Maintaining Donor Advise		r Sim	ilar Funds	or Ac	coun			
		n answered "Yes" on Form 990, Part IV, lin						-		
	(a) Donor advised funds (b) Funds and o									
1	Total number at er	nd of year								
2	Aggregate value o	f contributions to (during year)								
3		f grants from (during year)								
4		t end of year								
5	-	on inform all donors and donor advisors in	-					г		
		n's property, subject to the organization's						L	Yes	└── No
6	•	on inform all grantees, donors, and donor a	•	•			-			
		oses and not for the benefit of the donor o					Ũ	Г	Yes	
Par	t II Conserv	ate benefit? ation Easements. Complete if the org	nanization answered	"Yes" (on Form 990	Part IV	line 7	L	res	No
1		servation easements held by the organization			<u>, , , , , , , , , , , , , , , , , , , </u>	r art rv,				
•		of land for public use (for example, recrea	· · ·	ř.	Preservation of	f a histo	ricallv	importa	ant land are	ea
	Protection o	f natural habitat	,		Preservation o		-			
	Preservation	of open space								
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation con	tributic	on in the form	of a cor	servat	ion eas	ement on	the last
	day of the tax year							Held at	the End of t	the Tax Year
а	Total number of co	onservation easements					2a			
b	•						2b			
С		vation easements on a certified historic stru					2c			
d		vation easements included in (c) acquired a								
		nal Register					2d			
3		vation easements modified, transferred, rel	eased, extinguished,	or tern	ninated by the	organiz	zation	during t	the tax	
4	year		amont is located							
4 5		where property subject to conservation eas tion have a written policy regarding the per	-		handling of					
J		orcement of the conservation easements it			, nanoling of			Γ	Yes	No
6	•	r hours devoted to monitoring, inspecting,								
	•	с, т с,	0		Ũ				0	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and	d enfor	cing conserva	tion eas	ement	s durin	g the year	
	▶\$									
8		vation easement reported on line 2(d) abov	e satisfy the requirem	nents o	f section 170(h)(4)(B)(i)	-		
	and section 170(h)								Yes	No
9		be how the organization reports conservation								
		d include, if applicable, the text of the footr	note to the organization	on's fin	ancial statem	ents tha	t desc	ribes th	ie	
Par		ounting for conservation easements. ations Maintaining Collections of	Art. Historical T	reas	ures, or Ot	her Si	mila	Asse	ets	
		the organization answered "Yes" on Form		1040			a	/ 1000		
1 a		elected, as permitted under FASB ASC 95		revenu	e statement a	nd bala	nce sh	leet wo	rks	
	•	easures, or other similar assets held for put	· ·							
		Part XIII the text of the footnote to its finar								
b	· -	elected, as permitted under FASB ASC 95					sheet	works o	of	
	-	ures, or other similar assets held for public								
	provide the followi	ng amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1									
	.,							\$		
2	If the organization	received or held works of art, historical treat	asures, or other simila	ar asse	ts for financia	l gain, p	orovide	1		
	-	unts required to be reported under FASB A	-							
		on Form 990, Part VIII, line 1								
b	Assets included in	Form 990, Part X						\$		

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22 2020.04010 COHESION CENTRAL INC.

Sche		N CENTRAL						16-12	61903	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t make się	gnificant u	ise of its	·	,	
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar :	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1 a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7		
	Did the organization include an amount on Fe						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i										
_		(a) Current year	(b) l	Prior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
-	End of year balance			. ,							
2	Provide the estimated percentage of the curr			g, column (a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
-	The percentages on lines 2a, 2b, and 2c show	-									
за	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held al	nd administer	red for the	e organiza	ation	Г		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of thet VILand, Buildings, and Equipm		wment	tunds.							
. a	Complete if the organization answere) Part II	/ line 11a S	See Form 990) Part X I	ine 10				
	Description of property	(a) Cost or c			t or other		cumulate	d	(d) Book	value	
	bescription of property	basis (investr			(other)		preciation	,u	(u) Door	value	C
1 a	Land		,	1	. ,						
b	Buildings										
	Leasehold improvements			1							
	Equipment			1							
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	() ()	•					0.
				<u>, e,, mie 1</u>				Schedule	D (Form	990)	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes CREDIT CARD PAYABLE 205 (2)(3) (4) (5)

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. 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) 2020

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032053 12-01-20

(6) (7) (8)

Sche	dule D (Form 990) 2020 COHESION CENTRAL INC.		16-1261903 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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.))	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	<u>_</u>
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
Pa	rt 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.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



COHESION CENTRAL INC.

16-1261903

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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26 2020.04010 COHESION CENTRAL INC.