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TIN: 86-1543050OMB No. 1545-0047

Form **990**

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.

2022

Department of the Treasury

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

Interna	l Rever	nue Service						Inspection		
A F	or th	e 2022 c	alendar year, or tax year beginning 01-01-2022 ,and ending	12-31-20	22					
O Ad		applicable: change nange	C Name of organization COMMON SENSE SOCIETY			D Employe 86-1543		ication number		
	itial re	-	Doing business as							
_		rn/terminated				E Telephone	number			
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) R 1455 PENNSYLVANIA AVE NW 400	Room/suite		(202) 94	9-7900			
_ ′			City or town, state or province, country, and ZIP or foreign postal code			. (202) 5				
			WASHINGTON, DC 20004			G Gross rec	eipts \$ 7	,424,976		
			F Name and address of principal officer:	H(a) Is this	s a group reti	urn for			
			MARION SMITH 1455 PENNSYLVANIA AVE NW 400			dinates?		□Yes <a>✓ No		
			WASHINGTON, DC 20004	H(I	Are a (o	ll subordinate led?	!S	☐ Yes ☐No		
I Ta	x-exei	mpt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.) □ 4947(a)(1) or □	527	If "No	o," attach a lis	st. See i	instructions.		
J W	ebsi	te:▶ COI	MMONSENSESOCIETY.ORG	H(d	Group	exemption r	number	>		
K For	m of o	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Yea	er of forma	ation: 2021	M State	of legal domicile: VA		
Pi	art I	Sum	marv							
	1	Briefly des	cribe the organization's mission or most significant activities:							
e		COMMON	SENSE SOCIETY'S MISSION IS TO PROMOTE THE PRINCIPLES OF LI	BERTY, PROS	SPERITY,	AND BEAUTY	<u>/. </u>			
ē										
Governance										
9	_		s box $ ightharpoonup igsquare$ sof the governing body (Part VI, line 1a)				3	3		
	4		of independent voting members of the governing body (Part VI, line				4	1		
des	5		nber of individuals employed in calendar year 2022 (Part V, line 2a)	=			5	0		
Activities &	6	Total nun	nber of volunteers (estimate if necessary)				6	1		
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0		
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11 .				7b	0		
					Pri	or Year		Current Year		
9	8	Contribut	ions and grants (Part VIII, line 1h)			3,513,15	55	7,410,118		
Revenue	9	Program	service revenue (Part VIII, line 2g)				0	0		
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)			-69	-	0		
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			4,20		14,858		
	+		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		3,516,66		7,424,976		
			nd similar amounts paid (Part IX, column (A), lines 1–3)			147,51	-	591,313		
			paid to or for members (Part IX, column (A), line 4)	<u> </u>		1 440 0	0	0		
S68		•	other compensation, employee benefits (Part IX, column (A), lines 5			1,440,94	0	2,824,513		
Expenses			nal fundraising fees (Part IX, column (A), line 11e)				-			
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	_ -		1,780,64	19	3,483,876		
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					-	6,899,702		
		-	less expenses. Subtract line 18 from line 12			3,369,11	_	525,274		
e o	†		,	Be	ginning	of Current Ye		End of Year		
Net Assets or Fund Balances										
Ass		Total assets (Part X, line 16)					14	3,290,154		
und			ilities (Part X, line 26)	·		397,19		2,622,156		
- LL	22	Net asset	s or fund balances. Subtract line 21 from line 20			147,55	4ز	667,998		

Part II Signature Block

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

	\							2023-10-02				
Sign	·	gnature of officer						Date				
Here	- P	AIGE HANSON CHIEF FINANCIAL (OFFICER									
	y .,	Print/Type preparer's name		Preparer's s	signature		Date		PTIN			
Paid	d	Trung Type proparer a name			orginatal c		2023-09-27	Check if self-employed	P0008672	16		
_	parer	Firm's name WEGNER CP	PAS LLP					Firm's EIN > 3	9-0974031			
Use	Firm's address • 419 N LEE ST Phone no. (703) 519-099)		
		ALEXANDRI <i>A</i>	A, VA 22314	2301				,				
Mav t	he IRS dis	cuss this return with the prep	arer shown	above? S	ee Instructions.				. V v	es/	□ No	
		Reduction Act Notice, see						No. 11282Y				0 (2022)
					— Page 2 -							
Form	990 (2022)										Page 2
		atement of Program Se	ervice Ac	complish	nments							
	Ch	eck if Schedule O contains a	response o	r note to a	ny line in this P	art III .						
1	•	scribe the organization's miss										
COM	MON SENSI	SOCIETY'S MISSION IS TO	PROMOTE 1	THE PRINC	IPLES OF LIBER	TY, PROSPI	ERITY, AND	BEAUTY.				
2	Did the or	ganization undertake any sig	nificant pro	ogram serv	rices during the	year which	were not lis	sted on				
	the prior	Form 990 or 990-EZ?								□ Y	es 🔽	No
	•	lescribe these new services o										
3		ganization cease conducting,	, or make si	ignificant c	changes in how	it conducts	, any progra	ım			Yes	N.
	services?	lescribe these changes on Sci	hedule O						•		res	MO
4	·	the organization's program se		mplishmen	ts for each of its	s three larg	est program	n services, as m	neasured	bv ex	openses	i.
	Section 5	01(c)(3) and $501(c)(4)$ organue, if any, for each program	nizations are	e required								
4a	(Code:) (Expenses \$		2.739.875	including grants	of \$	579.740) (Revenue \$			0)	
	CIVIC ENG	AGEMENT - ACTIVITIES WHICH U					•		Y'S WORK	WHIC	•	ORTS
	LOCAL CIT	IZENS AND COMMUNITIES.										
4b	(Code:) (Expenses \$		1,798,830	including grants	of \$	11.573	3) (Revenue \$			0)	
	EDUCATIO	N - ACTIVITIES WHICH EDUCATE					•	, ,	MISSION (OF CO		ENSE
	SOCIETY.											
4c	(Code:) (Expenses \$		504,727	including grants	of \$	() (Revenue \$			0)	
	RESEARCH	& PUBLICATIONS - ACTIVITIES W			3 3				ARTICLES,	воо	•	ORTS,
	OP-EDS, Al	ND OTHER MEDIA.										
4d	Other pro	gram services (Describe in S	chedule O.))								
	(Expense	•	•	grants of s	\$) (Revenue	\$)		
4e	Total pro	ogram service expenses▶		5,043,43	32							
										F	orm 99	0 (2022)
					— Page 3 -							
					— rage 5 –							
Form	990 (2022	<u> </u>										Page 3
Pai	rt IV <u>Cl</u>	necklist of Required Scl	hedules								Yes	No
1	Is the ora	anization described in section	n 501(c)(3)	or 4947(a	ı)(1) (other thar	n a private	foundation)	? If "Yes." comi	nlete -		Yes	100
_	Schedule	A 🕵						. 1		1	. 00	
2	Is the org	anization required to complet	te <i>Schedule</i>	B, Schedu	ule of Contributo	ors? See in	structions.	🕵		2	Yes	
3		ganization engage in direct of office? <i>If "Yes," complete Sci</i>					of or in opp	osition to cand	idates	3		No
_	·	, ,	,						-	-		
4		501(c)(3) organizations. Do effect during the tax year?								4		No
_		-		•						4		No
5		anization a section 501(c)(4) nts, or similar amounts as de										

	· · · · · · · · · · · · · · · · · · ·	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
		F	orm 99	0 (2022
	Page 4			
orm	990 (2022)			Page (
	tiv Checklist of Required Schedules (continued)			i age

Га	Checkist 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

Nο

3/10/25	, 7:24 PM Common Sense Society - Full Filing - Nonprofit Explorer - ProPublica			
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country: \[\ \] See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
А	Form 8282?	7c		No
u	The standard the number of Forms 5252 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
9	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:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
125	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	2. 100/ Complete Form Coopi	F	orm 99	0 (2022)

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Se	ection A. Governing Body and Management	ı	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		res	No
	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			
b	similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	Did the approximation have been been bounded on official 2	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe on Schedule O the process, if any, used by the organization to review this Form 990	114	163	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC , VA			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: PAIGE HANSON 1455 PENNSYLVANIA AVE NW SUITE 400 WASHINGTON, DC 20004 (202) 949-7900			
		F	orm 99 ((2022)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is r/tru	both a	in an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) THOMAS PETERFFY DIRECTOR	1.00	х						0	0	C
(2) MARION SMITH PRESIDENT AND C.E.O.	50.00	х		х				354,307	0	29,806
(3) DAVID TALBOT SECRETARY & TREASURER, EXECUTIVE VP	50.00	х		х				278,521	0	26,898
(4) PAIGE HANSON CHIEF FINANCIAL OFFICER	40.00			Х				175,522	0	7,043
(5) ELIZABETH STIFF CHIEF COMMUNICATIONS OFFICER	40.00					Х		217,546	0	35,548
(6) MURRAY BESSETTE VICE PRESIDENT OF EDUCATION	40.00					Х		155,250	0	35,186
(7) JOEL BOWERS VP, SOUTHERN US (FROM 4/2022)	40.00					Х		129,366	0	25,796
(8) PAUL COYER VP, INTL COALITIONS (FROM 4/2022)	40.00					х		104,444	0	13,286
(9) AMANDA DOLINA CONTROLLER (FROM 3/2022)	40.00					Х		116,203	0	5,296

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Part VII Section A. Officers,	Directors, Tru	ustees	, Key Employ	/ees	s, ar	nd Hig	ghe	st Compensated	Employees (co	ntinue	ed)	rage O
(A) Name and title	(B) Average hours per week (list		(C) on (do not chec unless person i and a directo	k m	th a	n offic		(D) Reportable compensation from the	(E) Reportable compensation from related	am	mpen	ated of other sation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from anizat relat ganiza	ion and ed
										-		
1b Sub-Total			<u> </u>			•						
c Total from continuation sheet d Total (add lines 1b and 1c) .	ts to Part VII, S					*		1,531,159	0			178,859
2 Total number of individuals (in of reportable compensation from				abo	ve) v	vho re	ceiv	ed more than \$100),000			
										,	Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sch				emp •	loye •	e, or h	nigh •	est compensated e		3		No
4 For any individual listed on line organization and related organization individual										4	Yes	
5 Did any person listed on line 1 services rendered to the organ			•		•			ganization or indivi	dual for	5		No
Section B. Independent Cor 1 Complete this table for your five		oncato	d independent	cont	ro ete	ro the	×	soived more than d	100 000 of comp	nantia		
Complete this table for your five from the organization. Report	compensation fo								s tax year.	ensauc		
THE DDFAVEDC DALM DEACH THE	(A) Name and busine	ss addre	ss						(B) otion of services	С	(C) Compen	sation
THE BREAKERS PALM BEACH INC ONE SOUTH COUNTY RD								GALA AND CO	NFERENCE VENUE			291,680

(A) Name and business address	(B) Description of services	(C) Compensation
THE BREAKERS PALM BEACH INC	GALA AND CONFERENCE VENUE	291,680
ONE SOUTH COUNTY RD PALM BEACH, FL 33480		
NONPROFIT STRATEGIES - DC	ORGANIZATIONAL SUPPORT	220,000
3823 S ST NW WASHINGTON, DC 20007		
RENNY AND REED INC	EVENT DESIGN	184,833
6300 S DIXIF HWY STE 203	I	ļ

or (loss)

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign 150,313 150,313 governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and 872,097 514,076 237,305 120,716 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

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Other Revenue

11a

Other Revenue Misc Amt

Form 990 (2022)

section 4958(c)(3)(B) .

7a Gross amount from sales of assets other than inventory

> Less: cost or other basis and sales expenses Gain or (loss)

(not including \$

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7 Other salaries and wages	1,591,359	938,060	433,023	220,276
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	57,838	34,094	15,738	8,006
9 Other employee benefits	137,022	80,770	37,285	18,967
O Payroll taxes	166,197	97,968	45,224	23,00
1 Fees for services (non-employees):				
a Management				
b Legal	121,804		121,804	
c Accounting	77,496		77,496	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	300		300	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,068,845	908,409	28,696	131,740
2 Advertising and promotion				
3 Office expenses	56,092	22,879	29,212	4,001
4 Information technology	44,545	9,475	34,831	239
5 Royalties				
6 Occupancy	194,680	64,094	118,224	12,362
7 Travel	379,580	328,650	25,539	25,39
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	1,199,060	1,174,731	17,988	6,34
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	15,276		15,276	
3 Insurance	5,093	1,383	3,710	
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDIA	319,649	277,513	25,903	16,233
b DUES AND SUBSCRIPTIONS	1,353	17	1,326	10
c				
d				
e All other expenses	103		103	
Total functional expenses. Add lines 1 through 24e	6,899,702	5,043,432	1,268,983	587,287
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).				
			Fo	orm 990 (2022
	Dana 11			
	Page 11			
orm 990 (2022)				Page 1

					· age = •
Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part IX .			\square
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	142,250	1	190,974
	2	Savings and temporary cash investments	1	2	28
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	18,595
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ß	7	Notes and loans receivable, net		7	

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sse	8	Inventories for sale or use				8	
AS:	9	Prepaid expenses and deferred charges			157,045	9	180,312
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	423,955			
	b	Less: accumulated depreciation	10b		0	10c	423,955
	11	Investments—publicly traded securities .			0	11	500,270
	12	Investments—other securities. See Part IV, line	11			12	
	13	Investments—program-related. See Part IV, line	11			13	
	14	Intangible assets			95,950	14	138,193
	15	Other assets. See Part IV, line 11			149,498	15	1,837,827
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33) .		544,744	16	3,290,154
	17	Accounts payable and accrued expenses			172,351	17	593,921
	18	Grants payable			18		
	19	Deferred revenue		65,077	19	0	
	20	Tax-exempt bond liabilities			20		
S	21	Escrow or custodial account liability. Complete F	ule D		21		
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	controlled entity		22		
Ξ	23	Secured mortgages and notes payable to unrela	es		23		
	24	Unsecured notes and loans payable to unrelated	I third parties			24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	red third parties,	159,762	25	2,028,235	
	26	Total liabilities. Add lines 17 through 25 .			397,190	26	2,622,156
Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨	☑ and			
ala	27	Net assets without donor restrictions			139,623	27	651,019
d B	28	Net assets with donor restrictions			7,931	28	16,979
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check h	ere 🕨 🗆 and			
9	29	Capital stock or trust principal, or current funds				29	
Assets	30	Paid-in or capital surplus, or land, building or ed	uipment fund			30	
SS	31	Retained earnings, endowment, accumulated in	come, or other	funds		31	
	32	Total net assets or fund balances			147,554	32	667,998
Net	33	Total liabilities and net assets/fund balances .		<u> </u>	544,744	33	3,290,154

Form	n 990 (2022)		Pa	age 12
Pa	art XI Reconcilliation 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	7,4	24,976
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,8	99,702
3	Revenue less expenses. Subtract line 2 from line 1	3	5	25,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	47,554
5	Net unrealized gains (losses) on investments	5		-4,830
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		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	6	67,998
Pa	art 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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on			

3/10/25	, 7:24 PM Common Sense Society - Full Filing - Nonprofit Explorer - ProPublica Schedule O.	ī	ī	ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C	١.		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2022)
Form	990 (2022)			
Ad	ditional Data	Retur	n to Fo	rm
	Software ID:			
	Software Version:			
Form	990, Special Condition Description:			
	Special Condition Description			

(Form 990)

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ObjectId: 202302769349300040 - Submission: 2023-10-03

TIN: 86-1543050

OMB No. 1545-0047

SCHEDULE A

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2022

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Inspection Name of the organization **Employer identification number** COMMON SENSE SOCIETY 86-1543050 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990) 2022 Cat. No. 11285 Form 990 or 990-EZ. Schedule A (Form 990) 2022 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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5	to or expended on its benair The value of services or facilities						+		
_	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5			+			-		
6 7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b			+			-		
8	Public support. (Subtract line 7c			†					
	from line 6.)								
	ction B. Total Support	_	_	•		•			
	ndar year fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	n tax year as a sec	tion 501(c)(3) or	ganiza	tion, ch	neck
	this box and stop here								ightharpoons
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2022 (lin					15			
16	Public support percentage from 2021 S	Schedule A, Part I	III, line 15			16			
-	ction D. Computation of Invest								
<u>Se</u>				lina 13. calumn	(f))	17			
17	Investment income percentage for 20:	•				1/			
17 18	Investment income percentage from 2	021 Schedule A,	Part III, line 17 .			18			
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the	021 Schedule A, organization did r	Part III, line 17 .	on line 14, and	line 15 is more tha	18 an 33 1/3%, and li		_	
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	021 Schedule A, organization did r	Part III, line 17 . not check the box organization qua	on line 14, and lifies as a publicly	line 15 is more that	18 an 33 1/3%, and lization	!	ightharpoons	10:
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	021 Schedule A, organization did r stop here. The e organization did	Part III, line 17 . not check the box organization qual not check a box	on line 14, and lifies as a publicly on line 14 or line	ine 15 is more that y supported organi e 19a, and line 16	18 an 33 1/3%, and li zation is more than 33 1	 /3% a ı	nd line	18 is
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	nn 33 1/3%, and lization is more than 33 1	 /3% aı 	nd line	18 is
17 18	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	nn 33 1/3%, and lization is more than 33 1	 /3% aı 	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	
17 18 19a b	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	021 Schedule A, organization did rd stop here. The eorganization did and stop here.	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	021 Schedule A, organization did rd stop here. The eorganization did and stop here. on did not check a	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	on line 14, and lifies as a publicly on line 14 or line qualifies as a pu	line 15 is more that y supported organi e 19a, and line 16 blicly supported or	an 33 1/3%, and lization is more than 33 1 ganization e instructions	 /3% aı 	nd line	2022
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TV Supporting Organization (Complete only if you checked a	ocal Schedule A, organization did rd stop here. The eorganization did and stop here. on did not check a	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4	on line 14, and lifies as a publich on line 14 or line qualifies as a pu 19a, or 19b, che	line 15 is more that y supported organice 19a, and line 16 is blicly supported or ck this box and second for the supported or ck this box and second for the supported or the supported or the supported or the supported or the supported of Part I, complete	an 33 1/3%, and li zation is more than 33 1 ganization e instructions Schedule A	 /3% ai] (Forn	nd line	2022 Page 4 ked
17 18 19a b 20	Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 TV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se	so a box on line 12 cections A and C. If	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you che	on line 14, and lifies as a publich on line 14 or line qualifies as a pu 19a, or 19b, che	line 15 is more that y supported organice 19a, and line 16 is blicly supported or ck this box and second for the supported or ck this box and second for the supported or the supported or the supported or the supported or the supported of Part I, complete	an 33 1/3%, and li zation is more than 33 1 ganization e instructions Schedule A	 /3% ai] (Forn	nd line	2022 Page 4 ked
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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.	4a		
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 supported by a rip connection with its supported experiences.	4b		
С	supervised by or in connection with its supported organizations. 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			
5a	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
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).	10b		
	Schedule A		990)	2022
	Page 5			
6 1	L L A (F			
	dule A (Form 990) 2022		F	Page 5
Pai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
-	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		103	, and
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	operated, supervised, or controlled the supporting organization? 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			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
Se	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	Yes	No

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	supporting organization was vested in the same persons that controlled or managed	tne sup	ported organization(s).			
Sec	tion D. All Type III Supporting Organizations					NI -
t F	Did the organization provide to each of its supported organizations, by the last day of the last day of the cax year, (i) a written notice describing the type and amount of support provided dure. Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification, and (iii) copies of the date of notification, to the extent not previously provided	ing the If the or	prior tax year, (ii) a copy of the	1	Yes	No
(Were any of the organization's officers, directors, or trustees either (i) appointed or organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the suppor	"No," e	xplain in Part VI how the			
E \	By reason of the relationship described in line 2 above, did the organization's suppor voice in the organization's investment policies and in directing the use of the organization the tax year? If "Yes," describe in Part VI the role the organization's support	ted orgation's	anizations have a significant income or assets at all times	3		
		cu orga	mzacions playea in tins regard.			
	tion E. Type III Functionally-Integrated Supporting Organizations)a#+ Ta-	t during the year (as a !material	ilam=\:		
a (Check the box next to the method that the organization used to satisfy the Integral I The organization satisfied the Activities Test. Complete line 2 below.	art ies	t during the year (see instruct	.ions):		
a						
D	The organization is the parent of each of its supported organizations. Comple	te line	3 below.			
С	The organization supported a governmental entity. Describe in Part VI how y	ou supp	ported a government entity (see	instru	ctions)	
1	Activities Test. Answer lines 2a and 2b below.				Yes	No
9	Did substantially all of the organization's activities during the tax year directly furthe supported organization(s) to which the organization was responsive? If "Yes," then in prganizations and explain how these activities directly furthered their exempt puresponsive to those supported organizations, and how the organization determined to substantially all of its activities.	n Part I poses, l	/I identify those supported how the organization was	2a		
b [Did the activities described on line 2a, above constitute activities that, but for the or of the organization's supported organization(s) would have been engaged in? If "Yes the organization's position that its supported organization(s) would have engaged in	." expla	in in Part VI the reasons for	Za		
	organization's involvement.			2b		
F	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	Did the organization have the power to regularly appoint or elect a majority of the organizations? If "Yes" or "No", provide details in Part VI.	ficers, o	directors, or trustees of each of	3a		
	Did the organization exercise a substantial degree of direction over the policies, prog supported organizations? If "Yes," describe in Part VI. the role played by the organi					
•	apported organizations: It Tes, describe in Fait VI. the role played by the organi	zation n		3b		
	Page 6		Schedule A	(Forn	1 990)	202.
edı	ile A (Form 990) 2022				p	age (
art		Organ	izations			uge .
	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on I	Nov. 20, 1970 (explain in Part l		e	
,	instructions. All other Type III non-functionally integrated supporting organizes Section A - Adjusted Net Income	ations	(A) Prior Year	(B) Curr		r
	•	1		(optio	onal)	
	Net short-term capital gain	1				
	Recoveries of prior-year distributions	2				
	Other gross income (see instructions)	3				
١.,	Add lines 1 through 3	4				

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
-	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			

(exnlain in detail in Part VI)

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1

2

3

2

	(explain in decail in Fare Fa)		1
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ted Type III supporting organization (see

Schedule A (Form 990) 2022

————— Page 7 —

Schedule A (Form 990) 2022

Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

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

c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 2022		
	Sch	nedule A (Form 990) (2022)

– Page 8 *–*

Schedule A (Form 990) 2022

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

Facts And Circumstances Test

Return Reference	Explanation
PART II	THE 2021 COLUMN IS FOR THE SHORT TAX YEAR 1/14/21-12/31/21.

Schedule A (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

Schedule B		TIN: 86-1543050
	Schedule of Contributors	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.	2022
Name of the organization		Employer identification number 86-1543050
Organization type (check o	·	00 1343030
Filers of:	Section:	
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	☐ 527 political organization	
Form 990-PF	☐ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	☐ 501(c)(3) taxable private foundation	
contributions.		etermining a contributor's total
		etermining a contributor's total
Special Rules For an organization of under sections 509(a received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so 1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pal the contributor, during the year, total contributions of the greater of (1) \$5,000 o	upport test of the regulations t II, line 13, 16a, or 16b, and that
Special Rules For an organization of under sections 509(a received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa	upport test of the regulations t II, line 13, 16a, or 16b, and that
For an organization of under sections 509(a received from any or 990, Part VIII, line 1h	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so 1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pal the contributor, during the year, total contributions of the greater of (1) \$5,000 o	upport test of the regulations t II, line 13, 16a, or 16b, and that r (2) 2% of the amount on (i) Form
For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes, or for the purpose. Don't comp	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so (1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pause contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1. Complete Parts I and II. described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientif	upport test of the regulations t II, line 13, 16a, or 16b, and that r (2) 2% of the amount on (i) Forn wed from any one contributor, ic, literary, or educational wed from any one contributor, ibutions totaled more than \$1,000 kclusively religious, charitable, etc ause it received nonexclusively
For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes. Don't compreligious, charitable, Caution: An organization tha 990-EZ, or 990-PF), but it m	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% so (1)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pare contributor, during the year, total contributions of the greater of (1) \$5,000 or 1, or (ii) Form 990-EZ, line 1. Complete Parts I and II. Described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein contributions of more than \$1,000 exclusively for religious, charitable, scientification of cruelty to children or animals. Complete Parts I, II, and III. Described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein ributions exclusively for religious, charitable, etc., purposes, but no such contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusive parts unless the General Rule applies to this organization because.	upport test of the regulations t II, line 13, 16a, or 16b, and that r (2) 2% of the amount on (i) Form wed from any one contributor, ic, literary, or educational wed from any one contributor, ibutions totaled more than \$1,000. In the color of the color
For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes, or for the purpose. Don't compreligious, charitable, Caution: An organization the 990-EZ, or 990-PF), but it mor on its Form 990PF, Part I,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% sin(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pail the contributor, during the year, total contributions of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or	upport test of the regulations t II, line 13, 16a, or 16b, and that r (2) 2% of the amount on (i) Form wed from any one contributor, ic, literary, or educational wed from any one contributor, ibutions totaled more than \$1,000. In the second it received nonexclusively it received nonexclusively it received nonexclusively it is \$1.000. It
For an organization of under sections 509(a received from any or 990, Part VIII, line 1h For an organization of during the year, total purposes, or for the purposes. Don't compreligious, charitable, Caution: An organization that 1990-EZ, or 990-PF), but it mor on its Form 990PF, Part I, 1990-EZ, or 990-PF).	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% sin(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pail the contributor, during the year, total contributions of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or the properties of the greater of (1) \$5,000 or	upport test of the regulations t II, line 13, 16a, or 16b, and that r (2) 2% of the amount on (i) Form wed from any one contributor, ic, literary, or educational wed from any one contributor, ibutions totaled more than \$1,000. ** ** ** ** ** ** ** ** ** ** ** ** **

Schedule B (Form 990) (2022)

Employer identification number

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTE			Person
		* PEOTPLOTED	Payroll
		\$ RESTRICTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
-		\$	Payroll
		Φ	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
Schedule E	(Form 990) (2022)		Page 3
Name of org		Employer identification	
		86-1543050	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

-			- - -	\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			<u>-</u>	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			<u>-</u>	\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-				\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			- -	\$		
Schedule	B (Form 990) (2022)	Page 4 ———			Page 4	
Name of or	rganization SENSE SOCIETY				ification number	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (total of exclusively religiou tructions.) \$	a) through (e)	and the following	line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Descript	ion of how gift is held	
- - -	Transferee's name, address, and 2	(e) Transfer of g		ip of transferor to	transferee	
(2)				_		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held		
-		(e) Transfer of g	gift			
	Transferee's name, address, and a		Relationshi	ip of transferor to t	transferee	
(a)	(h) Burnoss of sift	(a) Has of giff		(d) Decerios	ion of how wife in hald	

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Part I	(b) Furpose or grit	(c) use or grit	(u) Description of now gift is field
. =		-	
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
			Schedule B (Form 990) (202
Additiona	ıl Data		Return to Form

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ObjectId: 202302769349300040 - Submission: 2023-10-03

TIN: 86-1543050

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	Il Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions and the latest info				spection
	me of the organ			Emplo	yer identific	ation	number
CON	MMON SENSE SOCIE	ΙΥ		86-154	3050		
Pa	rt I Organi	zations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accou	ints.		
	Comple	ete if the organization answered "Ye					
_			(a) Donor advised funds	(b) Funds and	other a	accounts
1		end of year					
2	55 5	of contributions to (during year)					
3		of grants from (during year)					
4	33 3	at end of year					
5			rs in writing that the assets held in donor ac clusive legal control?		ds are the		Yes \square No
6	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o			ole	Yes O No
Pai		rvation Easements. ete if the organization answered "Ye	s" on Form 990, Part IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply).		,		
	Preservation	on of land for public use (e.g., recreation	n or education) \square Preservation of an	historica	lly important	land a	area
	Protection	of natural habitat	☐ Preservation of a o	certified h	istoric struct	ure	
		on of open space	_ 1.656.144.6.1 6.4				
2		' '	qualified conservation contribution in the for	m of a co	ncervation		
_		le last day of the tax year.	qualified conservation contribution in the for		Held at the	End o	f the Year
а	Total number of	conservation easements		2a			
b	Total acreage res	stricted by conservation easements		2b			
С	Number of conse	ervation easements on a certified histori	c structure included in (a)	2c			
d		ervation easements included in (c) acqui e listed in the National Register	ired after July 25, 2006, and not on a	2d			
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguished, or terminated by	the orgar	iization durin	g the	
4	Number of state	es where property subject to conservatio	on easement is located 🕨				
5		ization have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling s?	of violatio		res	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservatio			
	<u> </u>						
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation ea	sements duri	ing the	e year
8			above satisfy the requirements of section 1	70(h)(4)(B)(i)	/os	□ No
9	balance sheet, a		servation easements in its revenue and expension footnote to the organization's financial state ts.		ment, and	i es	_ NO
Par		izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Treasures, or Oth s" on Form 990, Part IV, line 8.	er Simi	lar Assets	•	
1a	If the organizati	ion elected, as permitted under FASB AS	SC 958, not to report in its revenue statemer lic exhibition, education, or research in furth				
b	historical treasu		SC 958, to report in its revenue statement ar lic exhibition, education, or research in furth				
(·· · · · · J · · · · · · · ·		1	▶ \$		103,715
							103,715
(ı 2	If the organizati	ion received or held works of art, historic	cal treasures, or other similar assets for fina			2	103,/13
а	_	nts required to be reported under FASB A ed on Form 990, Part VIII, line 1	ASC 958 relating to these items:	1	▶ \$		
b		·			· 		

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

Sche	dule D	(Form 990) 2022										Page 2
Par	t III	Organizations M	laintaining Col	lections of Art	, Historica	l Treas	ures, o	r Other	Similar As	sets (contir	nued)	
3		the organization's acc (check all that apply)		n, and other recon		of the f	following	that are a	significant u	se of its colle	ection	
а		Public exhibition			d (☐ Loa	n or exch	ange prog	rams			
b	✓	Scholarly research			е (Oth	er					
С	✓	Preservation for futur	e generations									
4	Provide Part >	de a description of the XIII.	organization's col	lections and expla	in how they f	urther th	ne organi:	zation's ex	empt purpo	se in		
5		ig the year, did the org is to be sold to raise fu								Yes	✓ No	
Pa	rt IV	Escrow and Cust Complete if the or line 21.			orm 990, P	art IV, I	ine 9, oı	r reporte	d an amou			
1a		e organization an agen ded on Form 990, Part								☐ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the	following tal	ole:			A	mount		•
С	Begin	nning balance						1c				•
d	Addit	ions during the year .						1d				
е	Distri	butions during the yea	ır					1e				
f	Endin	ng balance						1f				<u>.</u>
2a	Did th	he organization include	e an amount on Fo	orm 990, Part X, lii	ne 21, for esc	row or c	ustodial a	account lia	bility?	☐ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII	. Check here if the	explanation	has bee	n provide	d in Part >	(III			
Pa	rt V	Endowment Fun										
		Complete if the or	ganization ansv	vered "Yes" on F (a) Current year	orm 990, P (b) Prior			ears back	(d) Three yea	ars back (a) F	our years	hack
1a	Beginn	ing of year balance .		(a) carrent year	(5) 11101	yeui	(c) mo	rears back	(u) mice yea	ars back (c) i	our yeurs	back
b	Contrib	outions										
С	Net inv	vestment earnings, gai	ns, and losses									
d	Grants	or scholarships										
e		expenditures for faciliti	ies									
f	Admini	istrative expenses .										
g	End of	year balance										
2 a		de the estimated perce d designated or quasi-e	-	ent year end balar	nce (line 1g, d	olumn (a)) held a	as:				
b	Perm	anent endowment 🕨										
С	Term	endowment 🕨										
	The p	percentages on lines 2a	a, 2b, and 2c shou	ld equal 100%.								
3а		here endowment funds nization by:	not in the posses	ssion of the organi	zation that ar	e held a	nd admin	istered fo	r the	Γ	Yes	No
	-	nrelated organizations								3a(i)	165	NO
	. ,	Related organizations								3a(ii)	+	
b	If "Ye	es" on 3a(ii), are the re	elated organization	ns listed as require	d on Schedul	e R? .				3b		
4	Descr	ribe in Part XIII the int	ended uses of the	organization's en	dowment fun	ds.					•	
Pa	rt VI	Land, Buildings,			000 D	T\ /		C F	000 D-	+ V - !!: 10		
	Descri	Complete if the or iption of property	(a) Cost or oth	ner basis (b) C	ost or other bas				m 990, Par lepreciation		ok value	
			(investme	ent)								
1a	Land											
b	Buildin	gs										
С	Leaseh	old improvements				423,95	5				4	23,955
		nent										
			<u> </u>			(5)	16111					
Tota	II. Add	lines 1a through 1e. (0	Column (d) must e	equal Form 990, P	art X, column	(B), line	e 10(c).)	• •	► Sch	edule D (Fo		23,955

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	Part IV	line 11h See For	m 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation: or end-of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment	, , , , , , , , , , , , , , , , , , , ,	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			cost of cha of year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11d. See For	m 990, Part X, line 15.
(a) Description (1)OPERATING LEASE RIGHT-OF-USE ASSETS	,		(b) Book value
(2)SECURITY DEPOSITS			1,618,6
(3)EMPLOYEE PLACEMENT FEE			65,7
(4)COLLECTIONS (4)			103,7
(5)			
(6)			
(7)			
(8)			
(9)			
- 1 (0 / //) / 15 (000 D / // //D) // 45)			. ▶ 1,837,8
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Form 990, 1. (a) Description of liability	Part IV, I	ine 11e or 11f.Se	ee Form 990, Part X, line 25. (b) Book value
(1) Federal income taxes			
OPERATING LEASE LIABILITIES			2,028,2

	olumn (b) must equal Form 990, Part X, col.(B) line 25.)		>	2,028,235
	ity for uncertain tax positions. In Part XIII, provide the text of the footnot	-		
niza	ation's liability for uncertain tax positions under FIN 48 (ASC 740). Check I	here if the text of the f	·	
			Schedule L) (Form 990) 2022
	Page 4 —			
	rage 4			
dule	e D (Form 990) 2022			Page 4
rt 2			nue per Return.	
To	Complete if the organization answered 'Yes' on Form 990, Fotal revenue, gains, and other support per audited financial statements.		. 1	7,519,777
	mounts included on line 1 but not on Form 990, Part VIII, line 12:			7,319,777
	et unrealized gains (losses) on investments	2a	-4,830	
	onated services and use of facilities	2b	99,931	
	ecoveries of prior year grants	2c	33/331	
	ther (Describe in Part XIII.)	2d	-300	
	dd lines 2a through 2d		2e	94,801
	ubtract line 2e from line 1		3	7,424,976
	mounts included on Form 990, Part VIII, line 12, but not on line 1:			7,424,370
	evestment expenses not included on Form 990, Part VIII, line 7b	4a		
	ther (Describe in Part XIII.)	4b		
			4c	0
To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	12.)	. 5	7,424,976
rt X				.,,
	Complete if the organization answered 'Yes' on Form 990, F		·	
	otal expenses and losses per audited financial statements		. 1	6,999,333
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	onated services and use of facilities	2a	99,931	
	ior year adjustments	2b		
	ther losses	2c		
	ther (Describe in Part XIII.)	2d		
	dd lines 2a through 2d		. 2e	99,931
	ubtract line 2e from line 1		. 3	6,899,402
	mounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1		
	evestment expenses not included on Form 990, Part VIII, line 7b	4a	300	
	ther (Describe in Part XIII.)	4b		_
	dd lines 4a and 4b		. 4c	300
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	6,899,702
rt)	Supplemental Information			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			rt X, line 2; Part XI,
		,		
	Return Reference	Fy	planation	

Additional Data

Return to Form

Software ID: Software Version:

TIN: 86-1543050 OMB No. 1545-0047

SCHEDULE F

(Form 990)

efile Public Visual Render ObjectId: 202302769349300040 - Submission: 2023-10-03

Statement of Activities Outside the United States

			lete if the organiza ► Go to <i>www.irs.go</i>	► Attach t	o Form 990.			or 16.	∠U ∠ Open to			
Intern	rtment of the Treasury nal Revenue Service								Inspecti	on		
	ne of the organization MON SENSE SOCIET							mployer iden	itification nu	ımber		
P			on Activities (Outside the U	Inited State	es. Comple			nswered "Ye	es" on		
1	Form 990 For grantmaker	, Part IV, line		rain records to	substantiate	the amount	of its gran	its and				
	other assistance, to award the gra	the grantees'	eligibility for the	grants or assis	tance, and tl	he selection	criteria us	ed	Yes	□ No		
2	For grantmaker outside the Unite		Part V the organ	ization's proced	dures for mo	nitoring the	use of its	grants and oth	ner assistanc	e		
3	Activites per Regio	n. (The following	ng Part I, line 3 ta	ble can be dupli	cated if additi	onal space is	needed.)					
	(a) Region	1	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by ty fundraising services, inves	pe) (such as, g, program tments, grants located in the	program se speci	y listed in (d) is a ervice, describe fic type of in the region	(f) Total ex for and inv in the	estments		
	EUROPE (INCLUD GREENLAND)	ING ICELAND 8	š 0		GRANTS TO I					150,313		
	EUROPE (INCLUE GREENLAND)	ING ICELAND 8	š 3	4	PROGRAM SE ACTIVITIES	RVICE	FELLOWSH: EVENT SUP	CE SUPPORT, IP, LOCAL PORT, TRAVEL, ED EXPENSES		370,533		
	NORTH AMERICA MEXICO, BUT NO STATES		0	0	PROGRAM SE ACTIVITIES	ERVICE		IMBURSED		9,563		
	SIAILS											
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3a	Sub-total b Total from contin		3	4						530,409		
	Part I		0	Ç)					0		
For	c Totals (add lines Paperwork Reduct		्र e, see the Instru	ctions for Forn	1 990.	Cat.	No. 50082W	Schedu	ule F (Form	530,409 990) 2022		
_				Pa	ge 2 ——							
Sch	edule F (Form 990) 2	022										Page 2
Pa			sistance to O y recipient who								ion answered "Yes" (d.	on Form 990,
1		(b) IRS code section and EIN (if	(c) Region	(d) P		(e) Am			er of	(g) Amount of noncash assistance		(i) Method of valuation (book, FMV,
_		applicable)	EUROPE (INCLUD ICELAND &	ING PROGRAM	1 SUPPORT		41,277	EFT			0	appraisal, other)
_			GREENLAND) EUROPE (INCLUD ICELAND & GREENLAND)	ING PROGRAM	1 SUPPORT		6,349	EFT			0	
			EUROPE (INCLUD ICELAND & GREENLAND)	ING PROGRAM	1 SUPPORT		91,114	EFT			0	
			EUROPE (INCLUD ICELAND & GREENLAND)	ING PROGRAM	1 SUPPORT		11,573	EFT			0	

Schedule F (Form 990) 28 Finance total number of other organizations or entities. Page 2 Schedule F (Form 990) 28 Fig. 13 For Tanks and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" on Form 990, Part IV, line 16 For III Can and the displication if additional space is needed. (b) Replin (c) Replin (Enter total number of other organizations or entitles. Page 3 Schedule F (Form 990) 2022 IT III Can be duplicated if additional space is needed. Type of great or assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed. Type of great or assistance (1) (9) Register (1) Survivor of 10 (9) Received (1) Survivor of 10 (1) Amount of 10	10/25, 7:24 PM			Common Sense	Society - Full Filing - N	onprofit Explore	er - ProPublica	
Schedule F (Form 990) 2022 Fig. 10 For regardation for granted control that granted a recorded a section 5012(c)(3) equivalency forten section (Form 990) 2022 Fig. 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Control of the Other Part IV (Form 990) 20 Fort 11 Grants and Control of the Other Part IV (Form 990) 20 Fort 12 F	The Life of five with the Life of five which the genetics or continues. Figure 1								
Schedule F (Form 990) 2022 Fig. 10 For regardation for granted control that granted a recorded a section 5012(c)(3) equivalency forten section (Form 990) 2022 Fig. 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Fort 11 Grants and Control of the Other Part IV (Form 990) 20 Fort 11 Grants and Control of the Other Part IV (Form 990) 20 Fort 12 F	The Life of five with the Life of five which the genetics or continues. Figure 1								
Schedule F (Form 999) 202 Figure 1 (Form 999) 2022 Figure 2 (1) A Section of Control and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" on Form 990, Part IV, line 16 Part III and Bibliothia di additional space in needed. Figure of prent or assistance (0) Region (c) Neuron (0) Sections (0) Section	Schedule F (Form 990) 2022 Figs: 3 Figs: 4 Figs: 4 Figs: 3 Figs: 4 Figs: 5 Fi								3
Adult of (form 990) 2022 **Total and Other Assistance to Individuals Outside the United States. Complete if the organization anowered "Yes" on Form 990, Part IV, line 16 **Fort III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Op Indian Complete III on the displacation of adultional space is received. **Schedule F (Form 990) 20 **Schedule F (Form 990) 20 **Schedule F (Form 990) 20 **Page 4 *	And a F (Poten 1901) 2022 The analysis of the properties of solid storage is a necked. Type of grant ar assistance (b) Region (c) Institute of States, Complete if the organization enswered "Yes" on Form 990, Part IV, line 16 (b) Region (c) Institute of Grant are assistance (b) Region (c) Institute of Grant are assistance (b) Region (c) Institute of Grant are assistance	Enter total number of otl	her organizations o	r entities	<u></u>			<u> ▶</u>	Schedule F (Form 990) 20
Fig. 12 careta and Other Assistance to Individuals Outside the United States. Complete if the organization answered "res" on Form 990, Part IV, Inc. 16 Type of grant or assistance (b) Segion (c) Number of Cach grant (d) Amount of Cach grant (e) Hence of cach (f) Amount of Cach grant (e) Hence of Cach (f) Amount of Cach grant (g) Hence of Cach (g) Amount of Cach grant (g	Transit and Other Assistance to Individuals Outside the United States. Complete If the organization answered "res" on Form 990, Part IV, line 1 to Part III and the displaced and soliditional space in medial. Type of grant or assistance (b) Report (c) Nember of (c) Amount of (c) Amount of (c) Decorption (c) Part IV, line 1 to Code parts (c) Security (c) Amount of (c) Decorption (c) Decorpti					— Page 3 ————			
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recipionts cash grant disbursement audition of soncesh selections	Schedule F (Form 900) 2022 Figle 4 Figle 4 Figle 4 Figle 4 Figle 4 Figle 5 Schedule F (Form 900) 2022 Figle 6 Figle 7 Figle 6 Figle 7 Figle 8 Figle 8 Figle 8 Figle 8 Figle 9 F					ed States. Complete if	the organization	n answered "Yes" on F	orm 990, Part IV, line 16
Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520. A, annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 5320. A), annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 5320. A), annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 5320. A), annual Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471). Was the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. Schaerholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621). Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865). Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to Report Terms 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). Schedule F (Form 990) 2022	Page 4 when the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520A, Annual Return to Report Transactions with Foreign Trust With a U.S. Owner (see Instructions for Forms 3520A and 3520-A; dont file with Form 990). Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471). Was the organization ad direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621). Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8655, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8655). Information for Form 8655, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 990) 2022 Page 5) Type of grant or assistance	(b) Region				noncash	of noncash	valuation (book, FMV,
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	Page 5 Page 5	organization may be requ	ired to separately file	Form 5713, Intern	ational Boycott Report	(see Instructions for Form	Yes	☑ No	
Page 5	edule F (Form 990) 2022 Page 5						le F (Form 990) 2	2022	
						— Page 5 ————			

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

ReturnReference	Explanation
PART I, LINE 2:	COMMON SENSE SOCIETY ACTIVITELY PARTICIPATES IN, OR REVIEWS SUPPORT FOR, THE PURPOSE OF THE GRANT IN CONJUNCTION WITH THE GRANTEE. ADDITIONALLY, FINANCIAL INFORMATION IS REVIEWED THROUGHOUT THE AWARD TO ENSURE FUNDING WAS SPENT IN ACCORDANCE WITH THE GRANT AGREEMENT.
PART III ACCOUNTING METHOD:	
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	Schedule F (Form 990) 2022

Additional Data

Software ID: Software Version:

Common Sense Society - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202302769349300040 - Submission: 2023-10-03 TIN: 86-1543050 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Employer identification number Name of the organization COMMON SENSE SOCIETY 86-1543050 Part I General Information on Grants and Assistance 1 ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) organization (if applicable) grant cash noncash assistance or assistance or government assistance (1) EDMUND BURKE 83-3008254 501(C)3 400,000 CONFERENCE SUPPORT FOUNDATION 600 PENNSYLVANIA AVE SE WASHINGTON, DC 20003 (2) CLASSIC LEARNING INITIATIVES CONFERENCE SUPPORT 81-0853155 25,000 73 FRANKLIN ST ANNAPOLIS, MD 21401 (3) PALM BEACH SYMPHONY SOCIETY SPONSORSHIP 59-1542539 501(C)3 11,000 400 HIBISCUS ST NO 100 WEST PALM BEACH, FL 33401 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . Enter total number of other organizations listed in the line 1 table Cat No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022 Page 2 -Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book (c) Amount of cash grant (d) Amount of (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of FMV, appraisal, other) (1) (2) (3) (4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference PART I, LINE 2: COMMON SENSE SOCIETY ACTIVITELY PARTICIPATES IN, OR REVIEWS SUPPORT FOR, THE PURPOSE OF THE GRANT IN CONJUNCTION WITH THE GRANTEE. ADDITIONALLY, FINANCIAL INFORMATION IS REVIEWED THROUGHOUT THE AWARD TO ENSURE FUNDING WAS SPENT IN ACCORDANCE WITH THE GRANT AGREEMENT. Schedule I (Form 990) 2022

Additional Data Return to Form

> Software ID: Software Version:

Schedule J (Form 990)

efile Public Visual Render **Compensation Information**

ObjectId: 202302769349300040 - Submission: 2023-10-03

TIN: 86-1543050 OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Name of the organization COMMON SENSE SOCIETY Part I Questions Regarding Compensation 1a Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter trave Housing allowance or residence for personal use Payments for business use of personal residence Payments or business P			ne freasury le Service	шаноп.		Insp	ectio	n
Part I Questions Regarding Compensation	Nar	me of	the organization	Employe	r identificat	ion nu	mber	
Part I Questions Regarding Compensation Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Check the appropiate box(es) if the organization provided any relevant information regarding these items. Check the appropiate of the provided in the provided any relevant information regarding these items. Check the appropriate of the provided in the	CON	4MON S	ENSE SOCIETY	86-15430)50			
Tas Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Pa	rt I	Questions Regarding Compensation					
990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel			- Quostiono itagaraniig compensation				Yes	No
Travel for companions Payments for business use of personal residence Rax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain .	1a				ı			
Travel for companions Payments for business use of personal residence Rax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain .		~	First-class or charter travel Housing allowance or residence for	nerconalı	ICA			
Tax idemnification and gross-up payments Health or social dub dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				•				
Discretionary spending account								
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to related any programment of the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Written employment contract 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4 Receive a severance payment or change-of-control payment? 5 Receive a severance payment from, an equity-based compensation arrangement? 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 8 The organization? 1 T'ves," on line 5 aor 5b, describe in Part III. 5 Por persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 9 No Any related organization? 1 T'ves," on line 6 aor 6b, describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 9 If "ves," on line 6 aor 6b, describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 8 No 9 If "ves," on line 6 aor 6b, describe in Part III. 9 If "ves," on line 6 aor 6b, describe in Part VIII, Section A, line 1a,)			
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		reim Did 1	bursement or provision of all of the expenses described above? If "No," complete Part III to exp he organization require substantiation prior to reimbursing or allowing expenses incurred by all	lain				
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? The "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? The organization on the net earnings of: The organization organization on the net earnings of: The organization on the net earnings of: The organization on the o		dired	tors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Li	ne 1a? .		2	Yes	
□ Independent compensation consultant □ Compensation survey or study □ Form 990 of other organizations □ Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	3	orga	nization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods					
Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Participate in Part III. Participate in Part III. Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Propersons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Propersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Propersons listed on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			Compensation committee Written employment contract					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?			Independent compensation consultant Compensation survey or study					
related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. To persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Regulations section 53.4958-6(c)?		~	Form 990 of other organizations Approval by the board or compensations	ation comn	nittee			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? for "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 No Part III. 8 No Part "Yes," on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	4			iling organ	ization or a			
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a No b Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6 The organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?								
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	С		. , . , . ,			4c		No
compensation contingent on the revenues of: a The organization?		Only	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? fi "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	5							
If "Yes," on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	а	The	organization?			5a		No
compensation contingent on the net earnings of: a The organization?	b				-	5b		No
b Any related organization?	6							
If "Yes," on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The	organization?			6a		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 No 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any	related organization?			6b		No
payments not described in lines 5 and 6? If "Yes," describe in Part III		If "Y	es," on line 6a or 6b, describe in Part III.					
subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7			ed 		7		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8	subj	ect to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," d	lescribe		8		No
	9			Regulation	ns section			
	For I			50053T	Schedule J	_	990)	2022

Schedule J (Form 990) 2022 Page 2

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

Page 2 -

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(F) Compensation in (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement (D) Nontaxable (E) Total of and/or 1099-NEC and other benefits columns deferred (B)(i)-(D) column (B) (ii) Bonus & incentive (iii) Other reportable compensation (i) Base compensation compensation reported as deferred on prior Form 990 compensation 1 MARION SMITH PRESIDENT AND C.E.O. 354,307 0 0 (i) 8,524 21,282 384,113 0 - - -----(ii) 0 0 -----0 278,521 2 DAVID TALBOT SECRETARY & TREASURER, EXECUTIVE VP 305,419 (i) 0 0 8,493 18,405 0 (ii) ------------0 0 0 0 0 0 0 3 ELIZABETH STIFF CHIEF COMMUNICATIONS OFFICER 217,546 253,094 26,846 (i) 0 0 8,702 0 ----(ii) - - -0 0 0 0 0 4 MURRAY BESSETTE VICE PRESIDENT OF EDUCATION 155,250 190,436 (i) 0 0 6,210 28,976 0 (ii) -----0 0 0 0 0 0 0

5 PAIGE HANSON	(i)	175,522	0	0	7,021	22	182,565	0
CHIEF FINANCIAL OFFICER								
	(ii)	0	0	0	0	0	0	0
6 JOEL BOWERS VP, SOUTHERN US (FROM 4/2022)	(i) (ii)		0	0	5,175	20,621	155,162	0 0
			U	0	Ü	U	0	U
						S	chedule J (F	orm 990) 2022
		Pa	nge 3 ————					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Info	ormation							Page 3
	n, or descriptions required for Part I, lines 1a,	1b, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, aı	nd 8, and for Part	II. Also complete t	this part for any	additional info	rmation.
Return Reference			Ex	planation				
PART I, LINE 1B	AT THE SOLE DISCRETION AND APPROVA LENGTH OF FLIGHT. THESE DID NOT OCC	L BY THE PRESIDE	NT AND CEO, AN E	MPLOYEE MAY FLY	NON-ECONOMY C	CLASS FOR AN EL	IGIBLE REAS	ON, SUCH AS

Additional Data Return to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202302769349300040 - Submission: 2023-10-03

TIN: 86-1543050 OMB No. 1545-0047

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

	ment of the Treasury I Revenue Service	► Go to <u>www.irs.</u>		990 for the latest informa	tion.		Open t	o Pub	
	e of the organizat	ion			1	Employer iden			
	ON SENSE SOCIETY								
_						86-1543050			
Ра	rt I Types	of Property		-		1			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determi ontribution a		is.
1	Art—Works of art				-9				
	Art—Historical tro								
3	Art—Fractional in	terests							
4	Books and publications				103,71	5 FMV			
	_								
	Cars and other v								
7	Boats and planes								
	Intellectual prope	•							
	Securities—Public								
10 11	Securities—Close Securities—Partn	,				1			
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Hi structures	storic							
14	Qualified conserve contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21 22	Taxidermy		-						
23	Scientific specim								
	Archeological art								
	OFFICE Other ► (<u>SUPPL</u>		Х	1	1,83	1 COST			
26	Other ► (
27	Other ▶ (
28	Other ▶ ()							
				ation during the tax year for 3, Part IV, Donee Acknowledg		29			
								Yes	No
30a	hold for at least	three years from th	e date of the	y contribution any property r he initial contribution, and wh	nich isn't required to be use		must		
b	If "Yes," describ	e the arrangement i	n Part II.				30a		No
31	Does the organi	zation have a gift ag	cceptance n	oolicy that requires the review	v of any nonstandard contr	ibutions?	31		No
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								No
b	If "Yes," describ	e in Part II.							
33	•	on didn't report an a	amount in o	column (c) for a type of prop	erty for which column (a) is	s checked,]
For D		on Act Notice, see the	Instruction	ns for Form 990	Cat. No. 51227J	Sab a	dule M (Forn	, 990) /	(2022)
. 01 F	apolitoin neuucli	ict House, see the			Cut. No. 512273	Sche		(,_022,

Page 2 -

Page 2 Schedule M (Form 990) (2022)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

The second secon	
Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER LISTED ABOVE IN COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS MADE.

Schedule M (Form 990) (2022)

Additional Data

Return to Form

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ObjectId: 202302769349300040 - Submission: 2023-10-03

TIN: 86-1543050

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

► Go to <u>www.irs.gov/Form990</u> for the latest information.

86-1543050

Name of the organization COMMON SENSE SOCIETY

	86-1543050
Return Reference	Explanation
FORM 990, PART V, LINE 2A	THE ORGANIZATION UTILIZES A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) FOR ITS PAYROLL SERVICES. NO W-2S ARE ISSUED BY COMMON SENSE SOCIETY.
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE DEPARTMENT COMPILES NECESSARY INFORMATION TO COMPLETE THE FORM 990. PAID TAX PREPARERS THEN ASSIST IN COMPLETING THE FORM, WHICH IS REVIEWED BY THE CFO AND CONTROLLER. THE COMPLETED DRAFT IS THEN REVIEWED BY THE PRESIDENT AND EXECUTIVE VICE PRESIDENT. A COMPLETE FINAL DRAFT OF THE FORM 990 IS GIVEN TO THE EXECUTIVE BOARD FOR FINAL COMMENTS AND APPROVAL BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS AND ALL EMPLOYEES REVIEW AND ACKNOWLEDGE THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. ALL CONTRACTUAL AGREEMENTS SIGNED BE THE ORGANIZATION ARE APPROVED IN ACCORDANCE WITH A RESPONSIBILITY MATRIX. IN THE CASE OF A POTENTIAL CONFLICT OF INTEREST, MANAGEMENT WILL INVESTIGATE AND DETERMINE A COURSE FOR THE BEST INTEREST OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 15	INITIAL COMPENSATION AND SUBSEQUENT CHANGES TO COMPENSATION, INCLUDING SALARY AND BENEFITS, ARE DETERMINED AT LEVELS ABOVE EACH EMPLOYEE, UP TO THE BOARD LEVEL. BOARD MEMBERS, WHO ARE COMPENSATED EMPLOYEES, ARE EXCLUDED FROM VOTING ON THEIR OWN COMPENSATION. THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE VICE PRESIDENT IS DETERMINED BY THE BOARD'S COMPENSATION COMMITTEE; THE COMPENSATION FOR ALL OTHER OFFICERS AND EMPLOYEES ARE APPROVED BY THE EXECUTIVE VICE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER. COMMON SENSE SOCIETY ALWAYS CONSIDERS CURRENT MARKET AND INDUSTRY CONDITIONS, THE REQUIREMENTS OF THE ROLE, AND THE EXPERIENCE BROUGHT TO THE ORGANIZATION WHEN CONSIDERING THE TOTAL COMPENSATION PACKAGE.
FORM 990, PART VI, SECTION C, LINE 19	IN COMPLIANCE FOR THE PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D), THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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Software Version: