Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

A Forti	he 2024 calen	dar year, or tax year beginning	1	2024, and end	ding			, 20
3 Check	c if applicable:	C Name of organization CO2 CO	DALITION				D Employer	dentification number
	ss change	Doing business as			AP =		47-3722	575
	change	Number and street (or P.O. box if	f mail is not delivered to street ad	dress)	Room/s	uite	E Telephone	number
Initial		2677 PROSPERITY A	VE, STE 300				(703)54	0~4700
	eturn/terminated	City or town, state or province, or		code				
	ded return	FAIRFAX, VA 22031					G Gross rece	pts \$4,503,604.
	ation pending	F Name and address of principal off	ficer:		H	(a) is this a grou	up return for subc	rdinatas? 🗌 Yes 🔀 No
		GREGORY WRIGHTSTONE, 2677 I	PROSPERITY AVE STE 300, 1	AIRFAX, VA	22031 H	I(b) Are all su	bordinates inc	duded? Yes No
Tax-e	xempt status:	X 501(c)(3) 501(c) (The state of the s	a)(1) or 52		If "No," at	ttach a list. Se	e instructions.
Webs	ite: CO2CO	ALITION.ORG			н	i(c) Group ex	emption numi	per
Form		Corporation Trust Associa	ation Other	L Year of fo	rmation;	2015	M State of le	gal domicile: VA
Part I	Summa	ry	***************************************					2-0710
1	The second secon	cribe the organization's miss	sion or most significant ac	tivities:				
		DETAILED TECHNICAL						
Activities & Governance		SCIENTIFIC FACTS RE		RIC CO2.				
Ē								
2	Check this	box [] if the organization d	liscontinued its operations	or dispose	d of mo	re than 25	% of its ne	t assets.
3		voting members of the gove					3	9
0 4		independent voting member					4	9
5		per of individuals employed in	보이는 교통하다 시간 사람들은 아무리 가지 않는 것이 없는 경우를 하게 되었다.				5	10
6		per of volunteers (estimate if	TI CONTROL OF THE PROPERTY OF				6	9
7a		ated business revenue from				1 5 5	7a	0.
b		ted business taxable income				3 3 3	7b	0.
						Prior Year		Current Year
. 8	Contribution	ons and grants (Part VIII, line	1h)			2,677,	202.	4,441,443.
9	Program s	ervice revenue (Part VIII, line	2g)	9 40 41 400	60		Militin - Special	
9 10	Investmen	t income (Part VIII, column (A	A), lines 3, 4, and 7d)			37,	422.	60,857.
11	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and	11e)			987.	982.
12	Total rever	ue-add lines 8 through 11 (r	must equal Part VIII, colum	n (A), line 12	9	2,715,	611.	4,503,282.
13	Grants and	d similar amounts paid (Part I	IX, column (A), lines 1-3)					
14	Benefits pa	aid to or for members (Part I)	X, column (A), line 4)	0.00				
15	Salaries, of	ther compensation, employee	benefits (Part IX, column (A	N), lines 5-10)	686,	073.	978,318.
15 16a b	Profession	al fundraising fees (Part IX, o	column (A), line 11e)	S 80 80 80 8	089	155,	593.	106,989.
b b	Total funda	raising expenses (Part IX, col	lumn (D), line 25)	421,880.		4639	425	SCHOOL BUILD
17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	0.00		1,529,	447.	2,170,376.
18	Total expe	nses. Add lines 13-17 (must	equal Part IX, column (A)	line 25)		2,371,	113.	3,255,683.
19	Revenue le	ess expenses. Subtract line 1	18 from line 12			344,	498.	1,247,599.
ces					Begin	ining of Curre	Contraction of the local	End of Year
20 21 22	Total asse	ts (Part X, line 16)				1,744,	and the same of th	3,490,913.
21	Total liabili	ities (Part X, line 26)				182,		680,062.
₹ 22	Net assets	or fund balances. Subtract I	line 21 from line 20 .			1,562,	587.	2,810,851.
Part II	Signatu	re Block						
Under pe	naities of perjury	, I declare that I have examined this	return, including accompanying	schedules and	statemen	ts, and to the	best of my k	nowledge and belief, it
true, com	ect, and complet	e. Declaration of preparer (other than	n officer) is based on all informati	on of which pre	parer nas	any knowled	ge.	/
	/Kuk	an Tuchols					0/29/	2025
ign	Signature	of officer				Date	9	
lere	RYA	N NICHOLS, SECRETAR	Y/TREASURER	1110				
	Type or p	rint name and title	1/65 1/8 - 45 - 1 - 1 - 1 1 1 1 1 1 1					
aid	Preparer':	s name	Preparer's signature		Date		Check 🔲 i	
aid	DAVID	C. BURKHARDT, CPA	Dank. Burblyson	L CPA	10/2	9/2025	self-employe	P00234622
repar		me Hendershot Burl	khardt Tax Servic	es Inc		Firm's	EIN 54-	1807239
Ise O	Firm's add	The state of the s	ial Lane, Manassa		109	Phone	no. (703)	361-1592
lay the								
May the	IRS discuss	this return with the preparer						ĭX Y

	90 (2024)	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗆
1	Briefly describe the organization's mission:	
570	THE COALITION PROVIDES DETAILED TERCNICAL ANALYSIS OF THE SCIENTIFIC	
	FACTS RELATED TO ATMOSPHERIC CO2 AND MAKES THESE WIDELY ACCESSIBLE TO	
	THE PUBLIC THROUGH PUBLICATIONS, ELECTRONIC MEDIA, CONFERENCES AND	
	WORKSHOPS.	
2		⊠ No
	If "Yes," describe these new services on Schedule O.	
3		⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as med expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	asured by to others,
4a	(Code:)(Expenses \$ 2,707,598.including grants of \$ 0.)(Revenue \$ 0.) TECHNICAL ANALYSIS OF THE SCIENTIFIC FACTS RELATED TO ATMOSPHERIC CO2. PROVIDED INFORMATION THROUGH PUBLICATIONS, ELECTRONIC MEDIA, CONFERENCES AND WORKSHOPS.	

	-0.430.430.000.0000.0000.0000.0000.0000.	
	1881	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
110		
40	(Code: \/Evnences \\$ including grants of \\$ \) (Revenue \\$	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	

2,707,598.

) (Revenue \$

Other program services (Describe on Schedule O.)

including grants of \$

4d

(Expenses \$

Total program service expenses

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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.	14a		×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	×	
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	×	
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	_	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		×
35a	or IV, and Part V, line 1	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		.9.	. [
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	1555

Part			Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		×
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.	68000		100
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		1	
	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).	100	148	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	market 9	×
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		×
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).			1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1089	1
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	1849	P.E.	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.		1011	13.16
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:	100	238	Re.
a	Initiation fees and capital contributions included on Part VIII, line 12		186	E.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	518	1	100
11	Section 501(c)(12) organizations. Enter:	1000		
	Gross income from members or shareholders	1	133	PE
a b	Gross income from other sources. (Do not net amounts due or paid to other sources	0		
D	against amounts due or received from them.)	156	28	100
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	12h	1963		
12 b	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	13	1
13	to the time to the land and lifted health place in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		1	
100	=		136	
b	the organization is licensed to issue qualified health plans		100	
	- BESTER BETT BETT STORE	-130		100
c	Citter the amount of reserves of fiding	14a		×
14a	Did the organization receive any payments for moder tarning sorries are used and year	14b	+	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.70	-	
15	excess parachute payment(s) during the year?	15		×
		13		
	If "Yes," see the instructions and file Form 4720, Schedule N.	10	1	×
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	0.000	+^
	If "Yes," complete Form 4720, Schedule O.	1/10	No.	-
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities		3	
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			1

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2	through	7b below.	and	for a	"No"	
Literature	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s on Sc	thedule 0. S	see in	struc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI	7.5			100	X	
Secti	on A. Governing Body and Management						
		10.0			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	9	755	211		
	If there are material differences in voting rights among members of the governing body, or			16			
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	b Enter the number of voting members included on line 1a, above, who are independent . 1b 9						
2							
	any other officer, director, trustee, or key employee?						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, trustees, or key employees to a management company or o			3		×	
4	Did the organization make any significant changes to its governing documents since the prior For	m 990	was nieur	5		×	
5	Did the organization become aware during the year of a significant diversion of the organization	on s as	seisr.	6		×	
6	Did the organization have members or stockholders?	elect o	r annoint	0	-	^	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect c	парропп	7a		×	
		al hw) i	members	10		-	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						
	Did the organization contemporaneously document the meetings held or written actions un	ndertak	en durina	7b	and.	×	
8	the year by the following:	100,101		609	0.57	150	
	그 가는 사람들이 가장 되었다.		02 10 121	8a	×	-	
a	The governing body? Each committee with authority to act on behalf of the governing body?						
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann		eached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0 .		9		×	
Secti	on B. Policies (This Section B requests information about policies not required by the	ne Inte	rnal Reven	ue C	ode.)		
-					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	CX 12	x x x	10a		×	
b	If "Yes." did the organization have written policies and procedures governing the activities of	of such	chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exer	npt pur	poses?	10b		_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filin	g the form?	11a	×		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 99	0.			1000	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	8787		12a	_	-	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi	ve rise t	o conflicts?	12b	×	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the	policy	/ If "Yes,"	10			
	describe on Schedule O how this was done	39 30	04 DK DK	12c	×	-	
13	Did the organization have a written whistleblower policy?			13	×	-	
14	Did the organization have a written document retention and destruction policy?		onroval by	14	^		
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	ion and	decision?				
				15a	×	-	
a	The organization's CEO, Executive Director, or top management official	5000 Hora	10 00 00 10 12 12	15b	1		
b	Other officers or key employees of the organization		14 14 19	130	-		
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or sin	nilar am	angement		P. L.	18	
16a	with a taxable entity during the year?			16a		×	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	on to e	valuate its	100	1522		
D	participation in joint venture arrangements under applicable federal tax law, and take steps	to safe	eguard the			18	
	organization's exempt status with respect to such arrangements?		9 9 9	16b			
Secti	on C. Disclosure			0	AV	Grand at	
17	List the states with which a copy of this Form 990 is required to be filed See Part VI,						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applications applications of the control of t	ole), 99	0, and 990-		ction	501(
	(3)s only) available for public inspection. Indicate how you made these available. Check all the	at appl	y.				
	Own website Another's website Upon request Other (explain on Spescribe on Schedule O whether (and if so, how) the organization made its governing documents.	Schedu	le O)				

20

and financial statements available to the public during the tax year.

REV 09/03/25 PRO

Form 990 (2024)

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(B) Average hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
(list any hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
40.00			×				212,821.	0.	10,100
40.00			×				182,701.	0.	27,852
40.00					×		112,630.	0.	24,259
8.00			×				0.	0.	0.
1.00			×				0.	0.	0.
1.00	×						0,	0.	0
1.00	×						0,	0.	0
1.00	×						0.	0.	0
1.00	×						0.	0.	0
1.00	×						0.	0.	0
1.00	×						0.	0.	0
1.00	×						0.	0.	0
1.00	×						0.	0.	Ô
	Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 40.00 1.00 1.00 1.00 1.00 1.00 1.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 40.00 1.00 1.00 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 1.00	Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 1.00 1.00 1.00 x 1.00 x	(B) Average hours per week (fist any hours for related organizations below dotted line) 40.00 8.00 1.00 x 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 3.00 3.00 3.00 3.00 3.00 40.00 3.00 3.00 40.00 40.00 3.00 40.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00 40.00 3.00 41.00 x 1.00 x 1.00	(B) Average hours per week (fist any hours for related organizations below dotted line) 40.00 40.00 40.00 40.00 40.00 40.00 40.00 X 1.00 X 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) 40.00	CB

Part	VII Section A. Officers, Directors, 7 (A) Name and title	(B) Average hours	(do n	ot ch	Pos neck	c) ition more rson	e than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimat of	(F)	ount
		per week (list 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)	fro	m the zation s	end
(15)								Г					
(16)													
(17)													-111
(18)													
(19)													
(20)												- W	
(21)													
(22)				i Siris									
(23)													
(24)													
(25)													
1b c	Subtotal			8	15 16	10	50 E	<u>.</u>	508,152.	0,		62,	
d	Total (add lines 1b and 1c)								508,152.	0.		62,	211.
2	Total number of individuals (including bu reportable compensation from the organ		d to th	1086	e lis	ted	abov 3	e) w	no receivea moi	re than \$100,000	OI		
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir	ector,	tru	iste	e, l	key e	emp	loyee, or highe	st compensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	cor	npe	nsatio	on a	and other compe	ensation from the	Wild		î
1122	individual		2. 1	23	20	40					4	×	
5	Did any person listed on line 1a receive for services rendered to the organization	? If "Yes,"	comp	nsa lete	Sc	hed	ule J	for .	such person .		5	South S	×
	on B. Independent Contractors Complete this table for your five hig	heet comp	eneat	ed	ind	ene	nden	t co	ontractors that	received more	than \$	100.0	00 o
1	compensation from the organization. Rep	ort compe	nsatio	n fo	r th	e ca	alenda	ar ye	ear ending with o	r within the organ	nization	s tax	year.
	(A) Name and business add	dress							(B) Description of ser	vices	(C) Compens	ation	
							_						
2	Total number of independent contract	ors (includi	ing bi	ut r	not	limi	ted t	o ti	hose listed above	ve) who	THE STATE	9131	
-	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion			0				M

Part	VIII	Statement of Revenue Check if Schedule O contains a re	enon	se or note to an	v line in this Pa	art VIII		П
34	qui	Check if Schedule O contains a re	Sport	se of note to di	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
, S	1a	Federated campaigns	1a					
ant	b	Membership dues	1b					
M G	C	Fundraising events	1c					
ar A	d	Related organizations	1d					
B, G	e	Government grants (contributions) All other contributions, gifts, grants,	1e					Research to the t
ion		and similar amounts not included above	1f	4,441,443.				
Contributions, Gifts, Grants, and Other Similar Amounts	q	Noncash contributions included in	- 11	3,431,445.				
Contributions, Gifts, Grants, and Other Similar Amounts		lines 1a-1f	1g	\$				
g &	h	Total. Add lines 1a-1f			4,441,443.			E24327
				Business Code		ELLER PASSEL	HOUNDAY.	ISSESSED AND A STREET
lice	2a					-		
en	b							
gram Ser	C							
Re	d	***************************************						
Program Service Revenue	f	All other program service revenue .	*****					
-	g	Total. Add lines 2a-2f				SILLERY	STATE OF STATE	
	3	Investment income (including divide						60 057
		other similar amounts)			60,857.	0.	0.	60,857.
	4	Income from investment of tax-exem					0	
	5	Royalties , , , ,		(ii) Personal	SHADES.	Service Margaret		
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c					4-66	
	d	-						
	7a	Gross amount from (i) Securit	ties	(ii) Other				
		sales of assets other than inventory 7a						
	h	Less: cost or other basis				To the state of		
nge	D	and sales expenses . 7b						
Revenue	С	Gain or (loss) 7c		- E por Europe				
er B	d	Net gain or (loss)						
Othe	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b	kamarana I				photos solitor
		Net income or (loss) from fundraisin	g eve	nts				
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
		Less: direct expenses	9b			RELEGIENCE DE	The second	17600151935
		Net income or (loss) from gaming a	ctiviti	es				
	10a	Gross sales of inventory, less returns and allowances	10-	1,304.				
			10a					
	b	Less: cost of goods sold Net income or (loss) from sales of ir	decision of the last		982	. 982.	0.	. 0.
10		The state of the s		Business Code		RESIDENCE	ENTRE SIN	
e e	11a							
ane	b							
scellaneo Revenue	c							-
Miscellaneous Revenue	d	All other revenue	0.8	(2) (3) (4) (4) (4)			SURFERINGENERS	
	12	Total. Add lines 11a-11d			4,503,282	. 982.	0	60,857
	16	Lotal Losoline, Occ motionolis		A (A) (A) (A)				- Inner

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
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 Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	417,167.	314,517.	20,858.	81,792.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	387,620.	290,752.	26,636.	70,232.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,712.	17,034.	1,363.	4,315.
9 Other employee benefits	90,533.	67,899.	5,433.	17,201.
10 Payroll taxes	60,286.	45,337.	3,559.	11,390.
11 Fees for services (nonemployees):				
a Management			0.005	^
b Legal	46,375.	44,000.	2,375. 23,902.	0.
c Accounting	23,902.	0.	23,902.	0,
d Lobbying	106,989.		MICHAEL CONTRACTOR	106,989.
e Professional fundraising services. See Part IV, line 17	100,909.			100/303.
f Investment management fees	262,221.	255,018.	3,249.	3,954.
그 그 그 이 경영을 할 것이 있었다. 이 경영을 가장하는 것이 되었다면 하나 하나 되었다면 하다.	147,359.	147,070.	69.	220.
12 Advertising and promotion	31,878.	23,908.	1,913.	6,057.
14 Information technology	16,884.	12,663.	1,013.	3,208.
15 Royalties		AA-III AA-III AA-II		
16 Occupancy	101,516.	76,137.	6,091.	19,288.
17 Travel	19,823.	14,004.	5,819.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .	75,998.	72,149.	3,849.	0.
20 Interest	247.	0.	247.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization .	18,832.	14,124.	1,130.	3,578.
23 Insurance	4,187.	3,140.	251.	796.
24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRINTING & REPRODUCTION	1,127.	1,127.	0.	0
b POSTAGE & DELIVERY	16,744.	3,721.	2,647.	10,376
c BOOKS, SUBSCRIPTIONS & REFERENCE	103,359.	75,336.	2,734.	25,289
d DIRECT MAIL	1,272,326.	1,220,964.	0.	51,362
e All other expenses	27,598.	8,698.	13,067.	5,833
25 Total functional expenses. Add lines 1 through 24e	3,255,683.	2,707,598.	126,205.	421,880
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 is if		1,140,216.	0.	155,484
following SOP 98-2 (ASC 958-720)	1,295,700.	1,140,210.	V.	Form 990 (202

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
T	1	Cash-non-interest-bearing	405,851.	1	780,052
	2	Savings and temporary cash investments	397,994.	2	1,122,358
	3	Pledges and grants receivable, net	96,378.	3	10,000
	4	Accounts receivable, net	998.	4	17,794
	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	
90	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	18,697.	8	26,010
AS	9	Prepaid expenses and deferred charges	47,011.	9	13,669
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 90,345.			
	b	Less: accumulated depreciation 10b 40,746.	31,833.	10c	49,599
	11	Investments—publicly traded securities	665,288.	11	922,414
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	75,255.	14	539,470
1	15	Other assets. See Part IV, line 11	5,563.	15	9,547
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,744,868.	16	3,490,913
	17	Accounts payable and accrued expenses	177,145.	17	207,379
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
0.0	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		21	
ap		controlled entity or family member of any of these persons ,		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	5,136.		472,683
	26	Total liabilities. Add lines 17 through 25	182,281.	26	680,062
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
aga	27	Net assets without donor restrictions	1,532,587.		2,794,460
2	28	Net assets with donor restrictions	30,000.	28	16,391
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ec	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
HS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
e	32	Total net assets or fund balances	1,562,587.	32	2,810,851
Z	33	Total liabilities and net assets/fund balances	1,744,868.	33	3, 490, 913 Form 990 (202

Page	12
12,000,100	1 6

Par	XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			2) 2	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		03,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2	55,6	83.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,2	47,5	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,5	62,5	87.
5	Net unrealized gains (losses) on investments	5		6	65.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,8	10,8	51.
Part	XII Financial Statements and Reporting				-
S. Common	Check if Schedule O contains a response or note to any line in this Part XII	32 32 32	E 1		
			_	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," ex Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both.	 piled or	2a		×
	Separate basis Consolidated basis Both consolidated and separate basis		i kom		
b	Were the organization's financial statements audited by an independent accountant?	9. 9.	2b	×	
570	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both.	ed on a			
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				E-
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounta-	nt? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	on the second	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ergo the udits.	3b		
	REV 09/03/25 PRO		For	m 990	(2024

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

CO2_COALITION

Employer identification number

47-3722575

Part II Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Par		Reason for Public Cha						ns.			
The c	organiz	ation is not a private found	ation because it	is: (For lines 1 through	12, chec	k only on	e box.)				
1		church, convention of church					0(b)(1)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
4		medical research organizati spital's name, city, and stal		onjunction with a nost	mai desc	inned in a	ection (10(b)(1)(A)(i	n). Enter the			
5	☐ An	organization operated for ction 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a governmenta	I unit described in			
6		federal, state, or local gover		mental unit described	in section	on 170(b)	(1)(A)(v).				
7											
8	DAG	community trust described	in section 170(b)(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10	An organization that normally receives (1) more than 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 331/3% 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	d operated exclu	sively to test for public	safety.	See secti	ion 509(a)(4).				
12	□ An	organization organized and	operated exclus	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of			
	on the	e or more publicly supporte box on lines 12a through 1	2d that describe:	s the type of supporting	g organiz	ation and	complete lines 12e, 1	2f, and 12g.			
а		Type I. A supporting orgathe supported organization supporting organization.	n(s) the power to	regularly appoint or e	lect a ma	ajority of t	rted organization(s), the directors or truste	typically by giving les of the			
b		Type II. A supporting orga control or management of organization(s). You must	the supporting	organization vested in	the same	with its s persons	supported organization that control or mana	on(s), by having age the supported			
С		Type III functionally interits supported organization	grated. A suppo	rting organization oper	ated in o	onnection	n with, and functiona ions A, D, and E.	lly integrated with,			
d		Type III non-functionally that is not functionally inte requirement (see instruction	integrated. A si	upporting organization anization generally mu	operate st satisfy	d in conne a distribu	ection with its suppo ution requirement and	rted organization(s) d an attentiveness			
е		Check this box if the orga functionally integrated, or	nization received Type III non-fun	d a written determination ctionally integrated sup	on from toporting	he IRS th organizat	at it is a Type I, Type ion.	II, Type III			
f		er the number of supported			0.00	5 5 5					
g	Prov	vide the following information	n about the sup	ported organization(s)							
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing iment?		(vi) Amount of other support (see instructions)			
				The death of the second	Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)											
Tata	4		MARKET STATE		1000						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support					1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	T
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	654,670.	1,047,722.	1,056,676.	2,677,202.	4,441,443.	9,877,713.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	654,670.	1,047,722.	1,056,676.	2,677,202.	4,441,443.	9,877,713.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,309,128.
6	Public support. Subtract line 5 from line 4						7,568,585.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	654,670.	1,047,722.	1,056,676.	2,677,202.	4,441,443.	9,877,713.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	300.	26.	2,108.	37,422.	60,857	100,713.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		237.			982	No. of Concession, Name of Street, or other Persons, Name of Street, Name of S
11	Total support. Add lines 7 through 10						9,979,645.
12	Gross receipts from related activities, etc.	. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization ere	's first, second	d, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
Secti	on C. Computation of Public Suppo	rt Percentag	je			Taal	75 04 04
14	Public support percentage for 2024 (line					14	75.84 % 69.57 %
15	Public support percentage from 2023 Sc	hedule A, Part	II, line 14 .		and line 14 is 2	15	
16a	331/3% support test - 2024. If the organ box and stop here. The organization qua	ization did no	t check the bo	x on line 13, a	and line 14 is 3	3 /3 70 OF HIOFE	X
V0	331/3% support test—2023. If the organization qua	ames as a pub	about a bay	or lies 13 or 1	Se and line 15	ie 331a% or i	more check
b	this box and stop here. The organization	ization did not qualifies as a	publicly supp	on line 13 or 1 orted organiza	tion		· · · ·
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts facts-and-circ	-and-circumst cumstances te	tances test, cl est. The organ	neck this box a ization qualifie	and stop her e s as a publich	 Explain in y supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the f e facts-and-ci	acts-and-circu rcumstances 1	imstances tes test. The orgai	t, check this bo nization qualifie	ox and stop h es as a publicl	ere. Explain y supported
18	Private foundation. If the organization instructions	did not check	k a box on lin	e 13, 16a, 16	b, 17a, or 17b	, check this b	oox and see
	instructions			80 80 E0 80 B		50 50 5055E	(0) (2) (0) (0)

chedule A (Fo	im 990) 2024
Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below, please complete Part II.)
	Public Support

Secti	on A. Public Support		Name of the last o				-
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Gross receipts from activities that are not an unrelated trade or business under section 513			8			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		Property and				4
Secti	on B. Total Support					T	T
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he				, or fifth tax y		
Secti	on C. Computation of Public Support	t Percentag	je				Mean of the control of the
15	Public support percentage for 2024 (line						%
16	Public support percentage from 2023 Sci					. 16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2024 (line 10c, colu	mn (f), divided	by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 2023	3 Schedule A,	Part III, line 17	· · · · · · · · · · · · · · · · · · ·	1 1	. 18	%
19a	331/3% support tests - 2024. If the organ	ization did no	t check the bo	x on line 14, a	a publicly supr	nore than 33 /	ation
	17 is not more than 331/3%, check this box	and stop nere	. The organizat	lion qualifies as	a publicly supp	6 is more than	ation
b	331/3% support tests - 2023. If the organization 18 is not more than 331/3%, check this	tation did not i	here The organ	nization analific	s as a publicly	supported ara:	anization .
20	Private foundation. If the organization di						
63.1	citate inditional in the orderization of	THE REPORT OF THE PARTY OF	the state of the part of the p	ALL CHARLES WITH COMPANY	The second secon	Control of the Contro	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY

S

Part IV Supporting Organizations

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

0011	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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 supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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		B159
C	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 filling 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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		par.
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	and the state of t	9b	FER	
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		150
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	106		WER.

Part	IV Supporting Organizations (continued)		-	-9-
Light	Supporting Organizations (continued)		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	MC-AIRE		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 organization.	2		
Secti	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sact	ion D. All Type III Supporting Organizations	1		
3601	on b. All Type III dupper and organizations	101-100-1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations		***	Ů
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		nstruc	ctions).
2	Activities Test. Answer lines 2a and 2b below.	100	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	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 officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	and an including a second seco	3b	131	

Part 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trust	on Nov. 20, 1970 (exp	lain in Part VI). See tions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	and the state of t	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		No.
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		20
4	Enter greater of line 2 or line 3.	4		No.
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-function	ally in	tegrated Type III supp	orting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	oupporting Organi	zations (continue	(1)	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
33-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	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.	h lib		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E-Distribution Allocations (see instructions)	ns	(iii) Distributable Amount for 2024		
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				B THE HOUSE HAVE
а	From 2019				
b	From 2020				
	From 2021		KIT I	337	
d			Carried States		
е	From 2023			Pag	
f	Total of lines 3a through 3e			18.8	
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)			100	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount			185	
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:			10	
a	Excess from 2020				Charles to the Charles
b	Excess from 2021	PER NEW TANKS		200	
С	Excess from 2022			THE S	
d	Excess from 2023		BUSINESS.		
0	Excess from 2024		S. C. LOWING		

Part VI	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 instructions.)
Pt II L	n 10: Other Income Part II, Line 10 Description: MISC 2021: 237. Description:
SALE OF	INVENTORY 2024: 982.

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name o	f the or	ganization		Emplo	oyer identification number
CO2	COA	LITION			1722575
Par	t I	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or	Accounts
	-0-07///	Complete if the organization answered "		_	
			(a) Donor advised funds	-	(b) Funds and other accounts
1		number at end of year		+	
2		egate value of contributions to (during year)		-	
3		egate value of grants from (during year) .		-	
4	Aggr	egate value at end of year	this waste had the coasts had	ld in de	anor advised
5	funds	he organization inform all donors and donor a s are the organization's property, subject to the he organization inform all grantees, donors, ar	e organization's exclusive legal contro	017	Yes No
Ü	only	for charitable purposes and not for the benefi erring impermissible private benefit?	t of the donor or donor advisor, or for	any ot	ther purpose
Part		Conservation Easements Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	8	
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).		
20	☐ Pr	reservation of land for public use (for example, recre rotection of natural habitat reservation of open space	☐ Preservation	of a ce	storically important land area
2		plete lines 2a through 2d if the organization he ment on the last day of the tax year.	eid a qualmed conservation contribute)H III (II	Held at the End of the Tax Year
					2a
a		number of conservation easements			2b
b	Total	acreage restricted by conservation easement ber of conservation easements on a certified h	sistorio etructuro included on line 2a		2c
d	Num	ber of conservation easements on a certified re ber of conservation easements included on lir historic structure listed in the National Registe	ne 2c acquired after July 25, 2006, an	d not	2d
3	Num the o	ber of conservation easements modified, tra	nsferred, released, extinguished, or		
4 5	Does	ber of states where property subject to conse the organization have a written policy reg tions, and enforcement of the conservation ea	arding the periodic monitoring, insp	ection,	handling of
6		and volunteer hours devoted to monitoring ervation easements during the year	, inspecting, handling of violations,	and er	nforcing
7	cons				\$
8	(i) and	each conservation easement reported on line d section 170(h)(4)(B)(ii)?			Yes No
9	shee	ert XIII, describe how the organization reports of t, and include, if applicable, the text of the foo nization's accounting for conservation easeme	tnote to the organization's financial st	e and e tatemer	xpense statement and balance nts that describes the
Part	: III	Organizations Maintaining Collection Complete if the organization answered	s of Art, Historical Treasures, or "Yes" on Form 990, Part IV, line 8.	Othe	r Similar Assets
1a	of ar	organization elected, as permitted under FAS t, historical treasures, or other similar assets ce, provide in Part XIII the text of the footnote	SB ASC 958, not to report in its rever s held for public exhibition, educatio to its financial statements that descri	nue stat n, or re bes the	esearch in furtherance of public ese items.
b	art, h	e organization elected, as permitted under FA historical treasures, or other similar assets held de the following amounts relating to these iter	I for public exhibition, education, or re	statem esearch	nent and balance sheet works on in furtherance of public service
	(i) R	evenue included on Form 990, Part VIII, line 1		V = W = 1	\$
2	(ii) A	ssets included in Form 990, Part X	historical treasures, or other simila	r asset	\$
а		enue included on Form 990, Part VIII, line 1 .			\$
h		ts included in Form 990 Part X		90 90 3	\$

Part	III Organizations Maintaining (Collections of Ar	rt, His	torical T	reasures,	or Oth	ner Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, ac collection items (check all that apply).	ccession, and othe	r recor	ds, chec	k any of the	follow	ing that make sig	nificant us	e of its
a	☐ Public exhibition		d	Loan	or exchange	progra	am		
b	☐ Scholarly research		е	Other					
C	Preservation for future generations								
4	Provide a description of the organization							ot purpose	in Part
5	During the year, did the organization so assets to be sold to raise funds rather t	olicit or receive do: han to be maintain	nations led as p	of art, h	istorical trea: e organizatio	sures, n's co	or other similar llection? [Yes [] No
Part	Complete if the organization a 990, Part X, line 21.	answered "Yes" (100	ount on Fo	orm
1a	included on Form 990, Part X?					ns or o	ther assets not	Yes [No
b	If "Yes," explain the arrangement in Par	rt XIII and complete	e the fo	llowing to	able.		Am	ount	
						4.	_	ount	
C	Beginning balance					1c	-		
d	Additions during the year					-	-		
е	Distributions during the year					1e			
1	Ending balance			24.6				□ Voc	□ No
2a	Did the organization include an amount If "Yes," explain the arrangement in Par	t on Form 990, Pari	t X, line	21, for e	scrow or cus	rovide	d in Part XIII	☐ 162	
b		rt Alli, Check here i	n une e	кріапацю	irrias deen p	JOVIGO	a in ran Am .		
Fall	t V Endowment Funds Complete if the organization a	anewored "Vee"	on For	m aan I	Part IV line	10			
	Complete if the organization a	(a) Current year		or year	(c) Two years	hack.	(d) Three years back	(e) Four yea	ars back
disco	Bardanian of week holenes	(a) Current year	(0)	ui yeai	(c) (wo years	Ducis	July 111100 yours surek	(6) . 55. 75.	
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
	Strain the common to the strain of the strai		77.7			-			
d	Grants or scholarships					-			
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance				1111				
2	Provide the estimated percentage of th	e current year end	balanc	e (line 1g	g, column (a))	held a	as:		
а	Board designated or quasi-endowment	t %							
b		%							
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2	c should equal 100	0%.						
3a	Are there endowment funds not in the	possession of the	organi	zation th	at are held a	nd ad	ministered for the	E8	
	organization by:							Ye	es No
	(i) Unrelated organizations?	. 10: 30: 40: 40: 40: 40: 40:	Acr 40	NO HERE WAS				3a(i)	
	(ii) Related organizations?							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org							3b	
4	Describe in Part XIII the intended uses							92-12-20-11	175-77-12-12-1
Pari	Land, Buildings, and Equipr	ment				00000	700 -77 200-600 I	22 - 42500 4000	00000
Springer 100	Complete if the organization	answered "Yes"	on For	m 990,	Part IV, line	11a.	See Form 990, I	Part X, line	e 10.
	Description of property	(a) Cost or othe (investment	er basis	(b) Cost	or other basis other)	(c)	Accumulated apreciation	(d) Book v	
1a	Land		0.			333	DICKERS!		0.
b	Buildings								
c	Leasehold improvements				16,135.		496.		,639.
d	Equipment				43,335.		15,972.		, 363.
ė	Other				30,875.		24,278.		,597.
Total.	. Add lines 1a through 1e. (Column (d) m	ust equal Form 990), Part	X, line 10	c, column (B	3))		49	,599.

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on For	m 990. Part IV, lin	e 11b. See Form 990, Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(including name of security)		Cost of the ord-year market value
(1) Financial			
	eld equity interests		
(3) Other			
(A) (B)			
(C)			
(D)		***	100
(E)			
(F)			
(G)	***************************************		
(H)	4411-111		
	nn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments-Program Related	885838 BE WESTERS	
and the same of th	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	7. I F 200 F-4 V F 10 (P)		Committee of the Commit
	mn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered "Yes" on For	m 990 Part IV lir	ne 11d. See Form 990, Part X, line 15
	(a) Description	111 550, 1 41 (17, 11	(b) Book value
(1)	(a) oddrigaeth		X
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "Yes" on For	m 990, Part IV, III	ne 11e or 11f. See Form 990, Part X,
	line 25.		(h) Paul value
1.	(a) Description of liability		(b) Book value
(1) Federal in			472 60
3333	TERM LIABILITIES		472,68
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Colu	mn (b) must equal Form 990, Part X, line 25, col. (B))		472,68
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	on's financial statements that reports the
organization'	s liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of th	e footnote has been provided in Part XIII .

1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) 4 Add lines 2a through 2d 2 C C C C C C C C C C C C C C C C C C C	Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments . 2b	1		1	4,506,372.
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d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2	b			
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b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 4, 503, 282. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Prior year adjustments 3 Prior year adjustments 4 Other (Describe in Part XIII.) 6 Add lines 2a through 2d 6 Add lines 2a through 2d 7 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b 7 Other (Describe in Part XIII.) 6 Other (Describe in Part XIII.) 7 Add lines 4a and 4b 7 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 8 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part IX, line 2; Part XI, lines 2d and 4b; and Part XIII. lines 2d and 4b. Also complete this part to provide any additional information Provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information. PLE XI, Line 2d: THE COALITION IS A NON-PROFIT ORGANIZATION, WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS INCOME. THE COALITION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE TAX RETURNS FOR THE PREVIOUS 3 YEARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL	100			
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Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1		1	3,257,786.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3, 255, 683. Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt XI, Line 2d: THE COALITION IS A NON-PROFIT ORGANIZATION, WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS INCOME. THE COALITION DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR. THE COALITION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE TAX RETURNS FOR THE PREVIOUS 3 YEARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.			1000	
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d Other (Describe in Part XIII.)	b	Prior year adjustments		
Add lines 2a through 2d	¢	Other losses	13	
3 3,255,683. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3,255,683. Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b: and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt XI, Line 2d: THE COALITION IS A NON-PROFIT ORGANIZATION, WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS INCOME. THE COALITION DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR. THE COALITION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE TAX RETURNS FOR THE PREVIOUS 3 YEARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.	d	Other (Boodings III and III)	BYSIG.	
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a Investment expenses not included on Form 990, Part VIII, line 7b	757	그루 그들은 그릇이 하게 그리고 이 이렇게 하는 것으로 그릇이 가면 없었다. 그 있었다고 하는 이 없이 들었는 이 없이 그리고 하는	3	3,255,683.
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	931		32/37	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	
Part XII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Pt XI, Line 2d: THE COALITION IS A NON-PROFIT ORGANIZATION, WHICH IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS INCOME. THE COALITION DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR. THE COALITION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE TAX RETURNS FOR THE PREVIOUS 3 YEARS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.	800			3,255,683.
REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.	Pt X FROM REVE	I, Line 2d: THE COALITION IS A NON-PROFIT ORGANIZATION, WHICH IS EXFEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF T NUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS INCOMENTAL COALITION DID NOT CONDUCT ANY UNRELATED BUSINESS ACTIVITIES DURING	EMPT HE INT OME. THE YE	ERNAL AR.
	TAX	RETURNS FOR THE PREVIOUS 3 YEARS ARE SUBJECT TO EXAMINATION BY THE	INTERN	IAL
Pt XI, Line 2d: COST OF GOODS SOLD.	REVE	NUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.		verseles de la company
	Pt X	I, Line 2d: COST OF GOODS SOLD.		

Schedule D (Fo	rm 990) (Rev. 12-2024)	Page 5
Part XIII	Supplemental Information (continued)	
DESCRIPTION OF SHARE		

	######################################	

SCHEDULE G (Form 990) (Rev. December 2024)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization CO2 COALITION

Employer identification number

47-3722575

Fundraising Activities. Form 990-EZ filers are n Indicate whether the organizatio	ot required to	omplete	this part.	asounce min	O 7/	
 Indicate whether the organizatio a ☒ Mail solicitations 	n raised funds th	e [on of nongovernm		
b Internet and email solicitation	ns	f [on of government	100000	
c Phone solicitations		g [fundraising events		
d n-person solicitations				178		
2a Did the organization have a writ	ten or oral agreei	ment with	any individ	lual (including office	cers, directors, truste	es,
or key employees listed in Form	990, Part VII) or	entity in co	onnection v	with professional f	undraising services?	🛛 Yes 🗌 No
b If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or en the organization	tities (fund ,	draisers) pu	ursuant to agreem	ents under which the	e fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vii) Amount paid to (or retained by) organization
CLEARWORD COMMUNICATIONS		Yes	No			
1 10302 BRISICW CTR CR, BRISTOW VA 20136	DIRECT MAIL		×	1,379,315.	106,989.	1,272,326.
2						
3						
4						
5						
6						
7	=(0=0)					
8						
9						
10						
Total			75 88	1,379,315.	106,989.	1,272,326.
3 List all states in which the orga registration or licensing.				solicit contribution		ed it is exempt from
AL CA CO CT DC FL IL MA						

		than \$15,000 of fundraising gross receipts greater than	g event contributions a \$5,000.	and gross income on	01111 000 02, 111100 1	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1				
+		minus line 2)				
	4	Cash prizes				
ı	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
100	0	Direct expense summary. Add Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)		
ant			ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
art	1	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co organization answe	olumn (d)		
ant	1	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
art	1	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
art	1	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
art	1	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
a late	1 2	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	990, Part IV, line 19, o	(d) Total gaming (add
a late	1 2 3	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	(c) Other gaming	(d) Total gaming (add
a late	1 2 3 4	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs	ct line 10 from line 3, co e organization answe , line 6a.	olumn (d)	(c) Other gaming	(d) Total gaming (add
1	1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, co e organization answe , line 6a. (a) Bingo Yes % No	olumn (d)	(c) Other gaming	(d) Total gaming (add
a late	1 2 3 4 5	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, cost organization answer, line 6a. (a) Bingo Yes % No	olumn (d)	(c) Other gaming Yes % No	(d) Total gaming (add
a lati	1 2 3 4 5 6	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, cost organization answer, line 6a. (a) Bingo Yes % No	olumn (d)	(c) Other gaming Yes % No	(d) Total gaming (add
art	1 1 2 3 4 5 6 7 8 Er is	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	ct line 10 from line 3, con organization answer, line 6a. (a) Bingo Yes % No d lines 2 through 5 in conducts gain anduct gaming activities	Polumn (d)	990, Part IV, line 19, 0 (c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
9	1 1 2 3 4 5 6 7 8 Er is	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Additional income summary. Additional income summary.	ct line 10 from line 3, con organization answer, line 6a. (a) Bingo Yes % No d lines 2 through 5 in conducts gain anduct gaming activities	Polumn (d)	990, Part IV, line 19, 0 (c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))

-	e G (Form 990) (Rev. 12-2024) Does the organization conduct gaming activities with nonmembers?	Yes	No
11	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity		
12	formed to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		24
a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives garning revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
С	amount of gaming revenue retained by the third party \$ If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	□Vac	□Ne
296	retain the state gaming license?		□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part		(iii) and nal info	(v); and rmation
			100000000000000000000000000000000000000

		COLUMN TRANSPORT	

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

CO2 COALITION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-3722575

	JH. 105	-50% &C 2000000 20000 10 00 00000 0 0000000000	- 8	Yes	No
1a	Check the appropriate box(es) if the organization possible. Part VII, Section A, line 1a. Complete Part III to	ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	First-class or charter travel	☐ Housing allowance or residence for personal use			
	☐ Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did or reimbursement or provision of all of the ex	the organization follow a written policy regarding payment spenses described above? If "No," complete Part III to			
	explain		1b		1000
2	directors, trustees, and officers, including the CE	or to reimbursing or allowing expenses incurred by all co/Executive Director, regarding the items checked on line			
	1a?		2		1983
3	Indicate which, if any, of the following the organization's CEO/Executive Director. Check all related organization to establish compensation of	that apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee			-	126
	 Independent compensation consultant 	⊠ Compensation survey or study	230	N. P.	
	☑ Form 990 of other organizations	☒ Approval by the board or compensation committee			
4	organization or a related organization:	0, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contr	ol payment?	4a		×
b	Participate in or receive payment from a supplement	ental nonqualified retirement plan?	4b		×
С	Participate in or receive payment from an equity-k If "Yes" to any of lines 4a-c, list the persons and	pased compensation arrangement?	4c		×
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5-9. stion A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:	Allor A, mie Ta, did the diganization pay or seems my			100
			5a		×
a b	Any related organization?		5b		×
D	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Sec compensation contingent on the net earnings of:	ction A, line 1a, did the organization pay or accrue any			
a	The organization?		6a		×
b	Any related organization?		6b		×
	If "Yes" on line 6a or 6b, describe in Part III.				
7	payments not described on lines 5 and 6? If "Yes	ion A, line 1a, did the organization provide any nonfixed "describe in Part III	7		×
8	Were any amounts reported on Form 990, Part VI	I, paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III		8		×
9	If "Yes" on line 8, did the organization also f	ollow the rebuttable presumption procedure described in	1888	100	1
187	Regulations section 53.4958-6(c)?		9		

Schedule J (Form 990) (Rev. 12-2024)

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()-(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.

(B) Breakdown of W-2 and		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	or 1099-MISC and/or 1099-NEC compensation		1	(C) Commonwealth
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(U) Nontaxable benefits	(E)(I)-(D)	in column (8) reported as ceferred on prior Form 990
GREGORY WRIGHTSTONE	8	212,821.		0.	8,438.	1,662.	222, 921.	6,378.
1 EXECUTIVE DIRECTOR	(0.	0.	.0	.0	.0	0.	
RYAN NICHOLS	0	182,701.		0	1,310.	26,057.	210,068.	
2 SECRETARY/TREASURER/SVP	-	0.	0.	.0	.0	.0		0,
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	(3)							
14	(1)							
	(6)							
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16	€							
< < 0			REV 09/03/25 PRO				Schedule J	Schedule J (Form 990) (Rev. 12-2024)
BAA								

SCHEDULE L (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization							Emplo	yer iden	tificati	on nun	nber		
CO2 COA	ALITION								3722			-		
Part I	Excess Bene	fit Transaction ne organization	s (section 501 answered "Ye	(c)(3), s s" on F	section orm 990	501(c)(4), ar), Part IV, li	nd sect ne 25a	tion 501(c)(29) or 25b; or Fo	organ rm 990	izatio)-EZ,	ns on Part \	ly) /, line	40b.	
1	(a) Name of disqualit	fied person (b) Relationship be			person and		(c) Description	n of tran	saction	F:		(d) Con	ected?
		78-303-22609677		organizat	tion			CO-50. CO.					Yes	No
(1)									Color.					
(2)													1	
(3)														
(4)														
(5)														
(6)														
uno	er the amount of der section 4958 er the amount of								ng the		\$_ \$_			
Part II	Complete if th	l/or From Inter ne organization eported an amo	answered "Ye	s" on F 990, Pa	orm 99 art X, line	0-EZ, Part \ e 5, 6, or 22 (e) Origin		38a, or Form 9			line 2			ritten
(a) Name o	interested person	with organization	loan	from	n the ization?	principal am					by bo	ard or nittee?	agree	
				To	From		_		Yes	No	Yes	No	Yes	No
(1)							-		-					-
(2)					-	-	-		-	-	-	-	-	100155
(3)							-		-			-		
(4)					-				-	-				
(5)				-	-				-					
(6)		-			-		-		-				-	
(7)					-	11-1-1-1	-		-	-				
(8)					-				+	_				-
(9)		-			-		-		+	-	-	-	-	
(10)					1		-		10000		1000	2000		1200
Total .							\$)	100					
Part III	Complete if the	sistance Bene ne organization	answered "Ye	s" on F	orm 99	White Care of the	7	CASE COMPANY CONTROL COM		1 4	10		unintakas	
(a) Name	e of interested perso		ship between inter and the organization			mount of istance	(d	Type of assistan	ce	16) ruipe	ose of a	15515141	100
(1)										-				
(2)	TELEVISION OF								_					
(3)										-			_	
(4)										-				
(5)	19									-				
(6)										-			_	
(6) (7)	11.00									-				
(8)														
(9)														

(10)

Complete if the organization an (a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	rina
(a) Name of interested person	interested person and the organization	transaction	to see pro-	organia	satio nues
		20.640	SUBGULAR OF BOOKS	Yes	N
VER CROWN PRODUCTIONS	EXECUTIVE DIRECTOR	78,649.	PURCHASE OF BOOKS	-	>
					Т
					L
Supplemental Information					L
				********	-
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SCHEDULE O (Form 990)

(Flev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 47-3722575 CO2 COALITION Pt VI, Line 11b: A DRAFT OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW. THE BOARD MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE RETURN AT THE END OF THE REVIEW PERIOD THE RETURN AND OBTAIN ANSWERS TO ANY QUESTIONS. IS FILED. Pt VI, Line 12c: OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT EACH YEAR THAT THEY HAVE RECEIVED A CONFLICT OF INTEREST POLICY. EACH OFFICER AND DIRECTOR IS ASKED TO NOTIFY THE BOARD OF ANY CONFLICTS OF INTEREST. AND DIRECTORS ABSTAIN FROM ANY APPROVAL OF SALARIES OR OTHER FORMS OF COMPENSATION FOR THEMSELVES. Pt VI, Line 15a: COMPENSATION TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES IS EVALUATED ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS. COMPENSATION IS BASED UPON THE LEVEL OF SKILL REQUIRED FOR THE POSITION, COMPARISON OF COMPENSATION TO SIMILAR POSITIONS IN THE NON-PROFIT INDUSTRY, AND AN EVALUATION OF THE INDIVIDUAL'S ACHIEVEMENT DURING THE YEAR. DETERMINATION OF THE COMPENSATION IS DOCUMENTED BY THE COMPENSATION COMMITTEE. FOLLOWING DOCUMENTS Pt VI, Line 19: THE MAKES ORGANIZATION FORM 990, FINANCIAL REQUEST: FORM 1023, PUBLIC UPON WRITTEN TO THE STATEMENTS. Pt VI, Line 15b: SEE LINE 15A ABOVE FOR DETAIL. Other: PART V: LINE 2A: THE ORGANIZATION USES A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) AS THEIR EMPLOYER OF RECORD. AS SUCH, THERE ARE NO W-2'S REPORTED UNDER THE ORGANIZATIONS NAME OR EMPLOYER IDENTIFICATION NUMBER. WAGES ARE STILL REPORTED IN PARTS VII AND IX PER IRS FORM 990 INSTRUCTIONS Pt VI, Section C, Line 17: State: VA State: AL State: CA State: CO State: CI State: DC State: FL State: IL State: MA State: MN State: State: NY State: OH State: PA TN State: State: WA State: WI State: NV