### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning	and	ending				
	Check if applicable	C Name of organization			D Employer identific	cation number		
	Address change	COMMIT-2-CHANGE						
	Name change	Doing business as			30-0504062			
	Initial return Final return/	Number and street (or P.0. box if mail is not deliped BOX 312, 7 COLUMBUS	,	Room/suite	E Telephone number 646-469-7419			
	termin- ated	City or town, state or province, country, and 2			G Gross receipts \$	374,487.		
	Amendo return	TUCKARUE, NI 10/0/			H(a) Is this a group re	turn		
	Applica tion	F Name and address of principal officer: DOM			for subordinates	? Yes X No		
	pending	JUU WEST ZORD STREET, AF	<u>T 3D, NEW YORK,</u>	NY	<b>H(b)</b> Are all subordinates in	cluded? Yes No		
			(insert no.)	or 527	If "No," attach a	list. See instructions		
		e: ► WWW.COMMIT2CHANGE.ORG			H(c) Group exemption			
		organization: X Corporation Trust As: Summary	sociation Other >	<b>L</b> Year	of formation: 2011  N	State of legal domicile: NY		
ď	1 1	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O			
Governance	2	Check this box  if the organization discor	tinued its operations or dispos	and of more	than 25% of its not ass	ote		
/err	3 1	Number of voting members of the governing body (			1 1	eis. 2		
ő	4 1	Number of independent voting members of the gov				10		
		oral number of individuals employed in calendar years.				0		
Activities &	6	Total number of volunteers (estimate if necessary)				10		
į.	7a	Total unrelated business revenue from Part VIII, col				0.		
Ă	b 1	Net unrelated business taxable income from Form S				0.		
			, , , , , , , , , , , , , , , , , , , ,		Prior Year	Current Year		
4	8 (	Contributions and grants (Part VIII, line 1h)			267,383.	287,987.		
Ž	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,			0.	0.		
α.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		0.	58,124.			
		otal revenue - add lines 8 through 11 (must equal I		267,383.	346,111.			
	13 (	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		52,200.	174,682.		
	14 E	Benefits paid to or for members (Part IX, column (A)		0.	0.			
y.	15	Salaries, other compensation, employee benefits (P		0.	0.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.		
XDe	<u>}</u> b 7	Total fundraising expenses (Part IX, column (D), line		0.	1.15			
Ш	'' \	Other expenses (Part IX, column (A), lines 11a-11d,			167,024.	20,550.		
	1	Total expenses. Add lines 13-17 (must equal Part IX			219,224.	195,232.		
_		Revenue less expenses. Subtract line 18 from line 1	2		48,159.	150,879.		
Assets or	<b>1</b>			Ве	ginning of Current Year	End of Year		
sset	전 <b>20</b> 기	Total assets (Part X, line 16)			381,534.	532,411.		
Net A		Total liabilities (Part X, line 26)			0.	<u> </u>		
_	∄ 22      ≀ art II	Net assets or fund balances. Subtract line 21 from Signature Block	ine 20		381,534.	532,411.		
			including accompanying achadular	and stateme	unto and to the heat of my	Impulades and balish it is		
	-	ties of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office			· · · · · · · · · · · · · · · · · · ·	knowledge and beller, it is		
tiut	, сопесі	, and complete. Declaration of preparer (other than officer	) is based on an information of wi	iicii pi epai ei	lias any knowledge.			
Si.		Signature of officer			Date			
Sig He		SUMANA SETTY, CEO						
ПЕ		Type or print name and title						
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN		
Pai	d	, po proparor o namo	. ropulor o orginaturo	1	1/15/22 if self-employe			
	- F	Firm's name ABSOLUTE FINANCIA	L MANAGEMENT IN			20-5798826		
	Only	Firm's address > 1560 BROADWAY, SU			I IIII O EIIV			
	, ,	NEW YORK, NY 1003			Phone no. 21	2-683-6810		
Ma	v the IR	S discuss this return with the preparer shown above			,one not = = .	Yes No		

Pai	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:	
	COMMIT-2-CHANGE IS DEDICATED TO CREATING SYSTEMIC CHANGE BY EMPOWERING	
	VULNERABLE AND AT-RISK ADOLESCENT GIRLS IN INDIA, SOUTH ASIA AND	_
	AROUND THE WORLD WITH EDUCATION. THROUGH OUR SPONSORSHIPS AND	_
	ADAPTIVE EDUCATION AND LIFE-SKILLS PROGRAMMING, WE PROVIDE GIRLS WITH	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	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 measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 56,753. including grants of \$ 56,753. ) (Revenue \$ 121,668.	_ )
	TO FUND EDUCATIONAL, TECHNICAL, AND OPERATINAL EXPENSES AT THE CENTER	_
	OF SOCIAL SERVICES	_
4b	(Code:) (Expenses \$	_ )
	TO FUND EDUCATIONAL, TECHNICAL, AND OPERATIONAL EXPENSES FOR COVID-19	
	RELIEF	
4c	(Code:) (Expenses \$	_ )
	TO FUND EDUCATIONAL, TECHNICAL, AND OPERATIONAL EXPENSES IN VARIOUS	
	ORAGANIZATIONS IN INDIA	
4d	,	
	(Expenses \$ 30,043. including grants of \$ 30,043.) (Revenue \$ 64,407.)	
4e	Total program service expenses ▶ 174,682.	

09281115 145137 COMMIT-2-CHANGE

Form **990** (2021)

# Form 990 (2021) COMMIT-2-CHANGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			,,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			\ <del></del>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<b> </b> ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		Α_
ıza	, ,	40-		x
h	Schedule D, Parts XI and XII	12a		1
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
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,	ı <del>-t</del> a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

COMMIT-1

Form	990 (2021) COMMIT-2-CHANGE  TIV Checklist of Required Schedules (continued)	30-0504062	l P	age 4
ı aı	Officerist of Required Schedules (continued)		V	
00	Did the constitution and the AT 000 of marks and the continue of the decision		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complet			x
24.0	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a			<u> </u>
<b>24</b> a		<b> </b>		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compl			x
h	Schedule K. If "No," go to line 25a			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to def			
·	any tax-exempt bonds?			
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year			<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," com			
	Schedule L, Part I	′ l		x
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key emp			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35%	·		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,			х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part			
	instructions for applicable filing thresholds, conditions, and exceptions):	,		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservations	ion		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,	and		
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	, I		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	·		
	If "Yes," complete Schedule R, Part V, line 2	<u>36</u>		<u> </u>
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 "Ves " complete Schedule R. Part VI	37	1	l X

## Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

	Check it Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		

132004 12-09-21

Form **990** (2021)

38

		(2021) COMMIT-2-CHANGE	30-0504	:062	Р	age <b>5</b>					
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
					Yes	No					
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed	for the calendar year ending with or within the year covered by this return	2a C								
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	<b>b</b> If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	, , , , , , , , , , , , , , , , , , , ,										
b											
С		es" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any	contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Y	es," did the organization include with every solicitation an express statement that such contribution									
	were	e not tax deductible?		6b							
7	Orga	anizations that may receive deductible contributions under section 170(c).									
а	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Y	es," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did 1	the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa									
	to fil	e Form 8282?		7c		Х					
d	If "Y	es," indicate the number of Forms 8282 filed during the year	7d								
е	Did 1	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e							
f											
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	spor	nsoring organization have excess business holdings at any time during the year?		8							
9	Spo	nsoring organizations maintaining donor advised funds.									
а	Did 1	the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did 1	the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Sec	tion 501(c)(7) organizations. Enter:									
а	Initia	ation fees and capital contributions included on Part VIII, line 12	10a								
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Sec	tion 501(c)(12) organizations. Enter:	1								
а	Gros	ss income from members or shareholders	11a	_							
b		ss income from other sources. (Do not net amounts due or paid to other sources against									
		unts due or received from them.)	11b								
12a	Sec	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Y	es," enter the amount of tax-exempt interest received or accrued during the year	12b	-							
13	Sec	tion 501(c)(29) qualified nonprofit health insurance issuers.									
а	ls th	e organization licensed to issue qualified health plans in more than one state?		13a							
		e: See the instructions for additional information the organization must report on Schedule O.									
b		er the amount of reserves the organization is required to maintain by the states in which the									
		nization is licensed to issue qualified health plans	13b	-							
С		r the amount of reserves on hand	13c								
14a				14a		X					
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
		ess parachute payment(s) during the year?		15		X					
		es," see the instructions and file Form 4720, Schedule N.									
16		e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
		es," complete Form 4720, Schedule O.									
17		tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	•								
	activ	ities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							

If "Yes," complete Form 6069.

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	ra "No" r	espon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
	<u> </u>		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	2		110						
	If there are material differences in voting rights among members of the governing body, or if the governing	_								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b		.0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_								
_	officer director twenton or less completes	2		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
Ū	of officers directors twisters or key employees to a management company or other person?	3		x						
4										
5	Did the constitution is a second district the constitution of the	4		X						
6	Did the annual action have marked as an absolute library.	. 6		X						
	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	.   •		<del></del>						
1 a		7a		x						
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· la								
D	name and at the state of the security of the state of	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10								
		8a	Х							
_	The governing body?  Each committee with authority to act on behalf of the governing body?		X	<u> </u>						
ь 9		.   60	- 21							
9										
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	. 10a		<del></del>						
b	and house has be agreed their as another and assistant with the association in a constant are associated as a second as a second associated as a second as a se	10b								
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	i i u								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
·		12c								
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13		х						
14	Did the constitution to the description of the description and destruction of the description of the descrip			X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		х						
	Other officers or key employees of the organization			X						
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	. 100								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
100	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	. 100								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	, , = = <b>,</b> )								
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	SUMANA SETTY - 646-469-7419									

Form **990** (2021)

500 WEST 23RD STREET, APARTMENT 3D, NEW YORK, NY

10011

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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>(A)</b> Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUMANA SETTY	0.00	<b></b>		77						0
PRESIDENT & TREASURER (2) SEJAL GEHANI	0.00	Х		Х		-		0.	0.	0
VICE PRESIDENT & SECRETARY	0.00	Х		Х				0.	0.	0
(3) DIPIKA JAIN	0.00	25						•	•	•
ADVISOR		х						0.	0.	0
(4) SHABNAM MIRZA	0.00									
ADVISOR		Х						0.	0.	0
(5) MADHAVI CHERUKURI	0.00	1							_	
ADVISOR		Х						0.	0.	0
(6) NEIL VASWANI	0.00	х						0.	_	_
ADVISOR (7) NOORA RAJ BROWN	0.00	^						0.	0.	0
ADVISOR	0.00	Х						0.	0.	0
(8) MAMTA KAUSHAL	0.00	1						•	•	-
ADVISOR		Х						0.	0.	0
(9) DRIA MURPHY	0.00									
ADVISOR		Х						0.	0.	0
(10) SHRUTI GANGULY	0.00	↓								
ADVISOR		Х						0.	0.	0
		1								
		1								
		<u> </u>								
		1								
		<u> </u>	_							
		1								
		<del>                                     </del>								
	<u> </u>	1	l			1				

Form **990** (2021)

30-050

4	062	P	age 8
	com fr org	(F) stimate nount other spensa rom th sanizat d relat anizati	of ition e ion ed
•			0.
•			0.
		Yes	No
	3		X
	4		Х
			X
	5		
sa	tion fro	om	
	(Compe		n
_	Silipe		·· <u> </u>

Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)	(B) (C)						(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable		Es	timate	ed .
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation			ount	of
	week	officer and a direct			recid	I / ii usi	iee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,0/		om the anizati	
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1120)			d relati	
	below	ndividual trustee or director	Institutional trustee		key employee	st cor	eL	1000 (120)				nizati	
	line)	Indivi	Instit	Officer	(ey eı	Highest compensated employee	Former						
1b Subtotal							▶	0.		0.			0.
c Total from continuation sheets to Part VI	, Section A						▶	0.		0.			0.
d Total (add lines 1b and 1c)				<u></u>			<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	!			
compensation from the organization													0
										,		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	еу е	mpl	oye	e, or	higl	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual										3		<u>X</u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			•					
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin	-	ear.				
<b>(A)</b> Name and business	addross	NT/	NTT.					<b>(B)</b> Description of s	onvicos	C	(C comper		n
- Name and business	address	MC	ONE				$\dashv$	Description of s	ei vices		Omper	isatioi	<u>'</u>
							$\dashv$						
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors for	adudina but	ot 1:	oi+o o	1+~ -	thas	م ان د.	+~~	abovo) who roceived	oro than				
2 Total number of independent contractors (in	icluding but no	JL IIN	iitec	ι (Ο 1	tnos م		ıea	above) who received mo	חפ נוומו				

Form **990** (2021)

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					, <b>,</b>	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
S	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utio er (		T	All other contributions, gifts, grants, and		207 007				
ĕŧ			similar amounts not included above		<u> 287,987.</u>				
ont		_	Noncash contributions included in lines 1a-1f	1g \$		207 007			
<u>0</u> 8		n	Total. Add lines 1a-1f			287,987.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							_
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)						
	4		Income from investment of tax-exen						
	5		Royalties						
			(	i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Not rental income or (less)						
			` '	ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>e</u>			and sales expenses 7b						
her Revenue		c	Gain or (loss) 7c						
ev			Net gain or (loss)		<b></b>				
e F			Gross income from fundraising events (r						
Ğ	Ü	u	including \$						
			contributions reported on line 1c). S	- 1					
			Part IV, line 18		86,500.				
		h	Less: direct expenses						
			Net income or (loss) from fundraising		20,5700	58,124.			58,124.
			Gross income from gaming activities			55,121.			55,121.
	9	а							
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gaming ac		<b>&gt;</b>				
	10	d	Gross sales of inventory, less return						
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in	ventory					
ડ્					Business Code				
eor Ie	11								
Miscellaneous Revenue									
Sev Sev		С							
Mis			All other revenue						
=			Total. Add lines 11a-11d			245 511	_		F0 101
	12		Total revenue. See instructions			346,111.	0.	0.	58,124.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising 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	154 600	154 600		
	individuals. See Part IV, lines 15 and 16	174,682.	174,682.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	0 000		0 000	
С	Accounting	9,000.		9,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	237.		237.	
12	Advertising and promotion	10,408.		10,408.	
13	Office expenses	10,400.		10,400.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Payments of travel or entertainment expenses				
18	, ,				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
22 23	Insurance				
23 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 0.)				
а	COMPUTER & INTERNET	666.		666.	
b	CREDIT CARD PROCESSING	239.		239.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	195,232.	174,682.	20,550.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or no	te to any line in this Part X		 I	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		381,534.	1	532,411.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	· · · · ·		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ		381,534.	16	532,411.
	17	Accounts payable and accrued expenses	702	17	772/222	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
ij		controlled entity or family member of any of the	· · · · · · · · · · · · · · · · · · ·		22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	<b>T</b> . I. I. I		0.	26	0.
	20	Organizations that follow FASB ASC 958, che	ack here			
8		and complete lines 27, 28, 32, and 33.	on here P ==			
ŭ	27			255,577.	27	303,736.
3ale	28	Net assets with donor restrictions			28	00077001
B		Organizations that do not follow FASB ASC 9				
Ē		and complete lines 29 through 33.	iso, onesk here 👂 🗔			
þ	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or ea			30	
Ass	31	Retained earnings, endowment, accumulated in			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		381,534.	32	532,411.
Z	33	Total liabilities and net assets/fund balances		381,534.	33	532,411.
	_ 55	Total habilities and not assets/fully baldifees		231,231.	- 55	

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>6,1</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			32.
3	Revenue less expenses. Subtract line 2 from line 1				79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	1,5	<u>34.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	53	2,4	13.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	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 compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_ X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization COMMIT-2-CHANGE 30-0504062 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Section A. Pl	IBIIC Support						
	fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
, 0	s, contributions, and						
•	o fees received. (Do not						
	"unusual grants.")						
	es levied for the organ- nefit and either paid to						
	d on its behalf						
-	f services or facilities						
	/ a governmental unit to						
•	ation without charge						
_	ines 1 through 3						
	of total contributions						
•	son (other than a						
•	al unit or publicly						
-	organization) included						
on line 1 tha	at exceeds 2% of the						
amount sho	wn on line 11,						
column (f)							
6 Public supp	ort. Subtract line 5 from line 4.						
Section B. To	otal Support				_		
Calendar year (or 1	fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts fro	om line 4						
8 Gross incon	ne from interest,						
dividends, p	ayments received on						
	ans, rents, royalties,						
and income	from similar sources						
9 Net income	from unrelated business						
·	hether or not the						
	regularly carried on						
	ne. Do not include gain						
	the sale of capital						
	ain in Part VI.)						
	ort. Add lines 7 through 10	ata (aga inaturati				10	
	ots from related activities, s. If the Form 990 is for th			fourth or fifth toy		12	
-	s. If the Form 990 is for the n, check this box and <b>stop</b>	· ·		•			▶□
	omputation of Public						
	ort percentage for 2021 (li			column (f))		14	%
	ort percentage from 2020		•	***		15	%
	oport test - 2021. If the o						
	The organization qualifies						<b>.</b> —
b 33 1/3% suj	oport test - 2020. If the o	organization did no	ot check a box on				
and stop he	ere. The organization quali	fies as a publicly	supported organiz	ation			▶□
	and-circumstances test						
and if the or	ganization meets the facts	s-and-circumstand	ces test, check this	box and stop he	ere. Explain in Part	: VI how the organi	zation
meets the fa	acts-and-circumstances tes	st. The organization	on qualifies as a pu	ublicly supported o	organization		<b>&gt;</b>
b 10% -facts-	and-circumstances test	- <b>2020.</b> If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if	the organization meets th	e facts-and-circur	mstances test, che	ck this box and s	top here. Explain	in Part VI how the	
organization	meets the facts-and-circu	ımstances test. Th	he organization qu	alifies as a publicly	supported organi	zation	▶ □
-	ndation. If the organization		-		•		

#### 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	304,251.	322,574.	377,928.	267,383.	374,487.	1646623.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,	,	, -	,	,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	304,251.	322,574.	377,928.	267,383.	374,487.	1646623.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1646623.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	304,251.	322,574.	377,928.	267,383.	374,487.	1646623.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,	, .	, ,	,	,	
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
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.)	304,251.	322,574.	377,928.	267,383.	374,487.	1646623.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						100 00
	Public support percentage for 2021 (li	, (,,	,	olumn (f))			100.00 %
	Public support percentage from 2020					16	100.00 %
	ction D. Computation of Inves			40 1 (0)		4.7	00 %
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			un line 14 and line		18   3 1/20/ and line 17	%
198	33 1/3% support tests - 2021. If the						<b>►</b> ▼
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	organization did ne	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	ic hav and can inch	tructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
ŀ	3c		
ı	4a		
ı	ти		
Ĺ	4b		
- 1			
- 1			
- 1			
H	4c		
- 1			
- 1			
- 1			
- 1	Eo		
ŀ	5a		
- 1	5b		
f	5c		
ı			
- 1			
- 1			
	6		
-	7		
}	8		
	9a		
ŀ	Ja		
	9b		
j			
	9с		
Ī			
	10a		
	10b		

ı u	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion 6. Type in oupporting organizations		V	NI.
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	and 217 m Type in Capper and Capper and		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

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

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
<u>C</u>	From 2018				
<u>d</u>	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2021. Subtract lines 3h				
6	S .				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3j				
′	•				
8	and 4c. Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

COMMIT-2-CHANGE

30-0504062

Organization type (check one):

F11 6		On the second se				
Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	•	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering					
	"N/A" in column (b)	instead of the contributor name and address), II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2** 

Name of organization Employer identification number

COMMIT-2-CHANGE 30-0504062

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	NEIL GEHANI  520 WEST ERIE STREET  CHICAGO, IL 60654	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHELE KALCZYNSKI  592 WOODLAND  BIMINGHAM, MI 48009	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROY AND DIPIKA JAIN  676 N KINGSBURY  CHICAGO, IL 60654	\$\$,000.	Person X Payroll
(a)	(b)	(c)	(d)
	JONES FAMILY FOUNDATION  401 N MAYFLOWER ROAD  LAKE FOREST, IL 60045	* \$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHRIS LORENZEN  921 N DEARBORN  CHICAGO, IL 60610	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MALKA KLEINER CHARITABLE FUND  364 UNIVERSITY AVENUE  PALO ALTO, CA 94301	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Pag

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAGAR MEHTA  56 5TH AVENUE  NEW YORK, NY 10036	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	RANA FAMILY FUND  BANK OF NY - MELLON  EVERETT, MA 02149	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JESSICA & ANDREW SIEJA  826 N PAULINA, #301  CHICAGO, IL 60622	\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  DAG AND LESLIE KITTLAUS  225 N COLUMBUS DRIVE  CHICAGO, IL 60601	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MADHAVI CHERUKURI  1027 W RUNDELL PLACE  CHICAGO, IL 60607	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	INTERNATIONAL SYNERGIES  129021 WATKINS DRIVE  SHELBY TOWNSHIP, MI 48315	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

COMMIT-2-CHANGE

30-0504062

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

COMMIT-2-CHANGE

30-0504062

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SHAILA VERMA  1822 N HONORE  CHICAGO, IL 60622	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	ADAM CAPLAN AND AMISHA RIGIA  1623 NORTH WOLCOTT  CHICAGO, IL 60622	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	SYLVIE LEGERE  510 LAUREL AVENUE  WILMETTE, IL 60091	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4  DEEPTI AND KAL SHAH  2637 N PAULINA STREET  CHICAGO, IL 60614	* Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	SHIFALI AND VISHAL MEHTA  3119 SEILER COURT  NAPERVILLE, IL 60565	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	BRENDA AND GIRISH GEHANI  950 N CLARK STREET #B  CHICAGO, IL 60610	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

COMMIT-2-CHANGE

30-0504062

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CBOE/MATCHING FUND  433 W VAN BUREN STREET  CHICAGO, IL 60607	\$5,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	TRILOGY REAL ESTATE  520 WEST ERIE STREET, SUITE 100  CHICAGO, IL 60654	\$5,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	BELA MEHTA  2659 NORTH GENEVA TERRACE  CHICAGO, IL 60614	\$5,000 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Page 3

Name of organization Employer identification number

COMMIT-2-CHANGE

30-0504062

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** COMMIT-2-CHANGE 30-0504062 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from

Part I

(d) Description of how gift is held

(b) Purpose of gift

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**Employer identification number** 

COI	MIT.	-2-CHANGE					30-050406	2
Pa		General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
		Form 990, Part I\			·			
1	For gr	antmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the gra	antees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2		antmakers. Desc States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	ner assistance outsi	de the
3	Activit	ies per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)		
	(a)	Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
						EDUCATIONAL	EXPENSES,	
						FOSTER CARE	EXPENSES,	
						HOLISTIC SU	PPORT & COVID	
INDI	A			1	PROGRAM SERVICES	RELIEF		174,683.
			_					4=1.444
	Subto		0	1				174,683.
	sheets	rom continuation to Part I	0	0				0.
С	Totals	(add lines 3a	0	1				174 683.

132071 12-20-21

Schedule F (Form 990) 2021

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

· · · · · · · · · · · · · · · · · · ·	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	inization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

COMMIT-2-CHANGE Schedule F (Form 990) 2021 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

#### Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Yes X No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

Yes X No

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

COMMIT-	2-CHANGE				30-0504	062			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ıstody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
otal			<b>•</b>						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration			

132081 10-21-21

Schedule G (Form 990) 2021

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

COMMIT-2-CHANGE 30-0504062 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1 DIWALI	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FUNDRAISER	(avant typa)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	86,500.			86,500.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	86,500.			86,500.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages	19,951.			19,951.
_	8	Entertainment				
	9	Other direct expenses	8,425.			8,425.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	28,376.
_	11	Net income summary. Subtract line 10 from li				58,124.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
	ı	\$15,000 on Form 990-EZ, line 6a.	1	(a.) Doublaha faratant		1.n+
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		Not gaming income aummany Culatract line 7	from line 1 column (d)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		<b>P</b>	
9	Fnt	er the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
		· · -				
10-		re any of the organization's gaming licenses re	woked suspended or to	rminated during the tax v	rear?	Yes No
		Yes," explain:	The state of the s		Cai i	
	_					
	_					

Schedule G (Form 990) 2021 132082 10-21-21

Sch	edule G (Form 990) 2021 COMMIT-Z-CHANGE 50-	0504	002	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
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 gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	☐ 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 ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 6	G (Form 990) C	OMMIT-2-CHANGE	30-0504062	Page 4
Part IV	G (Form 990) C Supplemental Informa	tion (continued)		
		(Sommass)		
-				
-				
-				
-				
-				

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMIT-2-CHANGE

Employer identification number 30-0504062

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

COMMIT-2-CHANGE IS DEDICATED TO CREATING SYSTEMATIC CHANGE BY EDUCATING

ABANDONED AND IMPOVERISHED GIRLS IN INDIA. WE PROVIDE THEM WITH THE

NECESSASRY SKILLS TO RISE ABOVE THIER SITUATIONS. EMPOWER THEM TO

SPREAD AGENCY & CATALYZE POSITIVE CHANGE WITHIN THEIR OWN NETWORKS AND

COMMUNITIES AS THEY GROW.

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

THE TOOLS TO FULFILL THIER POTENTIAL, CATALYZE POSITIVE CHANGE AND

UPLIFT THEIR COMMUNITIES.

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

THE GOVERNING BODY OF THE ORGANIZATION MEETS AT LEAST QUARTERLY TO DISCUSS
THE OPERATIONS OF THE NOT FOR PROFIT ORGANIZATION.

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

THE BOARD MEMBERS REVIW ALL ENTRIES ON THE FORM 990 WITH THE PREPARER.

BOOKS AND RECORDS ARE REVIEWED BY THE BOARD ON A QUARTERLY BASIS TO ENSURE

ACCURACY AND DISCLOSURE. ALL BOOKS AND REOCRDS ARE HOUSED AT THE

CORPORATIONS ACCOUNTANTS OFFICE. THE BOOKS ARE TIMELY UPDATED AND SUBJECT

TO REVIEW BY ANY DONOR OR THE PUBLIC UPON REQUEST. ALL POLICIES THAT EXIST

ARE KEPT VIA RECORD AND ALL ARE SUBJECT TO REVIEW BY ANY AND ALL MEMBERS OF

THE PUBLIC WHO GIVE PRIOR NOTICE.

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

Schedule O (Form 990) 2021

09281115 145137 COMMIT-2-CHANGE