

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2021

<b>Prepared for</b>	TOSTAN, INC. 1199 N. FAIRFAX ST. 300 ALEXANDRIA, VA 22314
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>TOSTAN, INC.</b>		<b>D Employer identification number</b> <b>98-0118876</b>
	Doing business as		<b>E Telephone number</b> <b>(202) 505-3925</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code	<b>ALEXANDRIA, VA 22314</b>	
<b>F Name and address of principal officer: ELENA BONOMETTI SAME AS C ABOVE</b>			<b>G Gross receipts \$</b> <b>33,577,785.</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J Website:</b> <b>WWW.TOSTAN.ORG</b>			<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>H(c) Group exemption number</b> ▶
<b>L Year of formation:</b> <b>1991</b>			<b>M State of legal domicile:</b> <b>DE</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 8,518,561.	<b>Current Year</b> 32,221,125.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	575,459.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-121,804.	-508.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,953.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,423,710.	32,796,076.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	181,479.	207,369.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,077,536.	5,484,419.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	48,778.	15,675.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,151,856.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,794,502.	6,830,749.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,102,295.	12,538,212.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,321,415.	20,257,864.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 5,253,773.	<b>End of Year</b> 25,433,067.
	<b>21</b> Total liabilities (Part X, line 26)	215,538.	518,643.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,038,235.	24,914,424.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date	11/8/2022
	<b>ELENA BONOMETTI, CHIEF EXECUTIVE OFFICER</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>RICHARD J. LOCASTRO, CPA</b>	<i>Richard J. Locastro</i>	11/8/2022
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>	Firm's EIN ▶ <b>52-1392008</b>	Check if self-employed <input type="checkbox"/>
	Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>	Phone no. (301) <b>951-9090</b>	PTIN <b>P00288314</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TOSTAN EMPOWERS COMMUNITIES TO DEVELOP AND ACHIEVE THEIR VISION FOR THE FUTURE AND INSPIRES LARGE-SCALE MOVEMENTS LEADING TO DIGNITY FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,967,142. including grants of \$ 207,369. ) (Revenue \$ 575,459. ) IN SEEKING TO SCALE COMMUNITY WELL-BEING, TOSTAN IS FOLLOWING THREE SCALING PATHWAYS AND RELATED PROGRAM SERVICES: DIRECT IMPLEMENTATION OF PROGRAMS, TRAINING AND REPLICATION IN PARTNERSHIP WITH OTHER ORGANIZATIONS, AND GLOBAL INFLUENCE.

A. DIRECT IMPLEMENTATION

IN RELATION TO ITS DIRECT IMPLEMENTATION PROGRAMS, IN 2021, TOSTAN OPERATED IN 5 COUNTRIES AND HAD THE FOLLOWING REACH THROUGH ITS MAJOR PROGRAM, THE COMMUNITY EMPOWERMENT PROGRAM: (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 9,967,142.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MALICK TOUNKARA - (202) 505-3925**  
**5, CITE AELMAS, OUEST FOIRE, EN FACE CICES, BP 29371, DAKAR-YOFF SENEGAL**



**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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELENA BONOMETTI CHIEF EXECUTIVE OFFICER	40.00			X			173,798.	0.	46,600.	
(2) KADJI DIOP CHIEF FINANCE & OPS. OFFICER, TREAS.	40.00			X			139,888.	0.	39,141.	
(3) MOLLY MELCHING FOUNDER	40.00	X					91,200.	0.	9,857.	
(4) KELLY BAXTER CHAIRPERSON	3.00	X		X			0.	0.	0.	
(5) FATIMATA SY VICE-CHAIRPERSON	1.00	X		X			0.	0.	0.	
(6) DIAKA SALL SECRETARY	1.00	X		X			0.	0.	0.	
(7) THIABA CAMARA SY DIRECTOR	1.00	X					0.	0.	0.	
(8) PAPE MOMAR SOW DIRECTOR (FROM APRIL 2021)	1.00	X					0.	0.	0.	
(9) ANNE CHARLOTTE RINQUIST DIRECTOR	1.00	X					0.	0.	0.	
(10) GAIL KANEB DIRECTOR	1.00	X					0.	0.	0.	
(11) JAN CHRISTIANSEN DIRECTOR	1.00	X					0.	0.	0.	
(12) MARY ELLEN CUNNINGHAM DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							404,886.	0.	95,598.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							404,886.	0.	95,598.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,881,771.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	29,339,354.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 757,241.				
	<b>h Total.</b> Add lines 1a-1f			32,221,125.			
<b>Program Service Revenue</b>	<b>2 a</b> TRAINING CENTER	<b>Business Code</b>	900099	575,459.	575,459.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			575,459.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,361.		1,361.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	779,840.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	781,709.				
<b>c</b> Gain or (loss)	<b>7c</b>	-1,869.					
<b>d</b> Net gain or (loss)			-1,869.		-1,869.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			32,796,076.	575,459.	0.	-508.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 individuals. See Part IV, lines 15 and 16	207,369.	207,369.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	500,484.	172,252.	158,988.	169,244.
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	4,472,370.	3,479,273.	564,606.	428,491.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	188,054.	151,086.	23,053.	13,915.
9 Other employee benefits	285,360.	215,629.	41,695.	28,036.
10 Payroll taxes	38,151.	28,148.	5,522.	4,481.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,793.	11,326.	5,690.	4,777.
c Accounting	92,803.	48,230.	24,231.	20,342.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,675.			15,675.
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.)	1,421,738.	747,420.	374,760.	299,558.
12 Advertising and promotion				
13 Office expenses	230,736.	178,304.	32,990.	19,442.
14 Information technology				
15 Royalties				
16 Occupancy	1,365,821.	1,250,681.	37,087.	78,053.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	617,117.	520,923.	26,352.	69,842.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	88,754.		88,754.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM TRAINING COSTS</b>	2,991,987.	2,956,501.	35,486.	
b				
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	12,538,212.	9,967,142.	1,419,214.	1,151,856.
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,731,974.	<b>1</b>	4,339,195.
	<b>2</b> Savings and temporary cash investments .....	323,234.	<b>2</b>	19,104,255.
	<b>3</b> Pledges and grants receivable, net .....	333,333.	<b>3</b>	886,200.
	<b>4</b> Accounts receivable, net .....	139,161.	<b>4</b>	150,392.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	22,128.	<b>9</b>	68,714.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,107,646.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,223,335.	679,475.	<b>10c</b> 884,311.
	<b>11</b> Investments - publicly traded securities .....	24,468.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,253,773.	<b>16</b>	25,433,067.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	215,538.	<b>17</b>	518,643.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	215,538.	<b>26</b>	518,643.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,784,384.	<b>27</b>	22,576,928.
	<b>28</b> Net assets with donor restrictions .....	2,253,851.	<b>28</b>	2,337,496.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	5,038,235.	<b>32</b>	24,914,424.
<b>33 Total liabilities and net assets/fund balances</b> .....	5,253,773.	<b>33</b>	25,433,067.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	32,796,076.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,538,212.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	20,257,864.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,038,235.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-381,675.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	24,914,424.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align: center;">TOSTAN, INC.</p>	<b>Employer identification number</b> <p style="text-align: center;">98-0118876</p>
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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 Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special 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 **General Rule** 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).

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
1	 <hr/> <hr/> <hr/>	\$ <u>20,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,685,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,204,288.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,196,178.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,133,627.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>402,910.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>345,799.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>343,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>317,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>1,007,764.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
---------------------------------------------	-----------------------------------------------------

**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
13	<hr/> <hr/> <hr/>	\$ 242,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 217,967.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 215,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 165,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 136,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
19	<hr/> <hr/> <hr/>	\$ 109,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
25	<hr/> <hr/> <hr/>	\$ 80,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 61,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
31	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 38,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
---------------------------------------------	-----------------------------------------------------

**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
37	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 18,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 11,528.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
<u>43</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TOSTAN, INC.</b>	Employer identification number  <b>98-0118876</b>
-------------------------------------------------	---------------------------------------------------------

**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
7	DONATED STOCK _____ _____ _____	\$ 451,111.	12/31/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
---------------------------------------------	-----------------------------------------------------

**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

**Name of the organization** TOSTAN, INC. **Employer identification number** 98-0118876

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                | 3a(i)  |    |
| (ii) Related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		271,433.		271,433.
b Buildings		533,030.	327,218.	205,812.
c Leasehold improvements				
d Equipment		500,666.	258,095.	242,571.
e Other		802,517.	638,022.	164,495.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>884,311.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	32,796,826.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	750.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	750.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	32,796,076.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	32,796,076.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	12,538,962.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	750.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	750.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	12,538,212.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	12,538,212.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2021, TOSTAN HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**TOSTAN, INC.**

Employer identification number

**98-0118876**

**Part I**

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....
- SEE PART II**

	YES	NO
<b>1</b>	X	
<b>2</b>	X	
<b>3</b>		X
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>	X	
<b>4d</b>	X	
<b>5a</b>		X
<b>5b</b>		X
<b>5c</b>		X
<b>5d</b>		X
<b>5e</b>		X
<b>5f</b>		X
<b>5g</b>		X
<b>5h</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff? .....
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ...
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....
- d** Copies of all material used by the organization or on its behalf to solicit contributions? .....
- If you answered "No" to any of the above, please explain. If you need more space, use Part II.
- 5** Does the organization discriminate by race in any way with respect to:
- a** Students' rights or privileges? .....
- b** Admissions policies? .....
- c** Employment of faculty or administrative staff? .....
- d** Scholarships or other financial assistance? .....
- e** Educational policies? .....
- f** Use of facilities? .....
- g** Athletic programs? .....
- h** Other extracurricular activities? .....
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a** Does the organization receive any financial aid or assistance from a governmental agency? .....
- b** Has the organization's right to such aid ever been revoked or suspended? .....
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....

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

Schedule E (Form 990) 2021

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

TOSTAN HAS A RACIALLY NONDISCRIMINATORY POLICY IN PLACE.  
HOWEVER, BECAUSE THE ORGANIZATION ONLY WORKS IN AFRICA, THE  
COMMUNITY IT SERVES IS AFRICAN, AS ARE 99% OF ITS EMPLOYEES.  
ADDITIONALLY, THE ORGANIZATION'S EDUCATION EFFORTS WITHIN  
COMMUNITIES ARE ONGOING AND THERE IS NOT SPECIFIC  
SOLICITATION OR REGISTRATION PERIOD.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

DURING 2021, TOSTAN RECEIVED \$2,881,771 OF NON-U.S. GOVERNMENT ASSISTANCE.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	5	675	PROGRAM SERVICE ACTIVITIES	COMMUNITY EMPOWERMENT PROGRAMS	9,759,773.
SUB-SAHARAN AFRICA	1	40	MANAGEMENT & GENERAL		2,571,820.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		207,369.
<b>3 a</b> Subtotal .....	6	715			12,538,962.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	6	715			12,538,962.

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

Schedule F (Form 990) 2021



**Part II** 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)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	127,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	80,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 2

3 Enter total number of other organizations or entities ..... 0

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 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 Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 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 Fund (see Instructions for Form 8621)* .....  Yes  No
- 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 Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 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)* .....  Yes  No

Schedule F (Form 990) 2021

**Part V Supplemental Information**

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

**PART I, LINE 2:**

TOSTAN AND THE GRANTEE SIGN A CONTRACT THAT DEFINES THE SCOPE OF THE PROJECT, THE BUDGET AND THE PAYMENT SCHEDULE. IN ADDITION, THE GRANTEE IS REQUIRED TO PROVIDE DETAILED EXPENSE REPORTS TO TOSTAN.

Multiple horizontal lines for supplemental information.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2021**

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.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**TOSTAN, INC.**

Employer identification number

**98-0118876**

**Part I 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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
ALYSSA F. WRIGHT - 8 WILLIAMS AVE, YORK, ME 03909	RESEACH SUPPORT		X	0.	15,675.	-15,675.
<b>Total</b>					15,675.	-15,675.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, CA, CO, CT, DE, FL, GA, IL, MD, MA, NJ, NM, NY, NC, OH, PA, TN, UT, VA, WA, DC

**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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 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:
 

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

**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** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** 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:

**a** 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 ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

---

---

---

---

---

---

---

---

---

---

---

**Part IV** Supplemental Information (continued)

Horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                     |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ELENA BONOMETTI CHIEF EXECUTIVE OFFICER	(i)	173,798.	0.	0.	39,600.	7,000.	220,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KADJI DIOP CHIEF FINANCE & OPS. OFFICER, TREAS.	(i)	139,888.	0.	0.	38,599.	542.	179,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

TOSTAN PROVIDED HOUSING BENEFITS TO ELENA BONOMETTI \$16,224 AND KADJI DIOP \$16,224.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TOSTAN, INC.** Employer identification number **98-0118876**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	757,241.FMV	
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

FORM 990 - AMENDED RETURN:

THIS RETURN IS BEING AMENDED TO ADD SCHEDULE G, PART I REPORTING FEES  
PAID TO A PROFESSIONAL FUNDRAISER. THIS WAS INADVERTENTLY OMITTED IN  
THE ORIGINAL FORM 990 FILING. THE FOLLOWING UPDATES ARE REFLECTED IN  
THE AMENDED RETURN:

PART IV, LINE 17

PART IX, LINES 11E AND 11G

SCHEDULE G, PART I

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

GUINEA-BISSAU: TOSTAN WORKED WITH 120 COMMUNITIES, WITH A TOTAL OF  
8,464 PARTICIPANTS.

MALI: TOSTAN WORKED WITH 40 COMMUNITIES, WITH A TOTAL OF 4,170  
PARTICIPANTS.

SENEGAL: TOSTAN WORKED WITH 125 COMMUNITIES, WITH A TOTAL OF 5,788  
PARTICIPANTS.

THE GAMBIA: TOSTAN WORKED WITH 60 COMMUNITIES, WITH A TOTAL OF 5,945  
PARTICIPANTS.

TOTAL NUMBER OF COMMUNITY EMPOWERMENT PROGRAM PARTICIPANTS IN THESE 4  
COUNTRIES: 24,367.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

IN GUINEA, TOSTAN PARTNERED WITH 40 COMMUNITIES THROUGH POST-CEP PROGRAMMING.

TOTAL NUMBER OF AFRICAN COMMUNITIES HOSTING TOSTAN'S CEP-RELATED PROGRAMS IN 2021: 407.

ACROSS ALL CEP-RELATED PROGRAMS, 66% OF PARTICIPANTS WERE WOMEN AND GIRLS. DIRECT CEP PARTICIPANTS ENGAGED INDIRECT LEARNERS IN 1,498 COMMUNITIES (SEE ORGANIZED DIFFUSION, BELOW).

TOSTAN ALSO WORKED WITH COMMUNITY PARTNERS TO CONDUCT A WIDE RANGE OF ADDITIONAL PROGRAMMING ACTIVITIES, REACHING MANY HUNDREDS MORE COMMUNITIES. PLEASE SEE BELOW FOR A SUMMARY OF TOSTAN'S MAIN PROGRAMMING EFFORTS ACROSS ALL PROGRAMS IN 2021.

THE TOSTAN COMMUNITY EMPOWERMENT PROGRAM (CEP): OUR UNIQUE THREE-YEAR PROGRAM EMPOWERS COMMUNITY MEMBERS IN FIVE WEST AFRICAN COUNTRIES WITH THE SKILLS AND KNOWLEDGE THEY NEED TO LEAD THEIR OWN DEVELOPMENT. THE CEP IS A NON-FORMAL EDUCATION PROGRAM, BASED ON HUMAN RIGHTS, AND IS IMPLEMENTED IN MORE THAN A DOZEN LOCAL LANGUAGES. IT COMBINES MODERN EDUCATION TECHNIQUES WITH TRADITIONAL AFRICAN ORAL TEACHING METHODS AND IS UNDERPINNED BY A RESPECTFUL APPROACH TO LOCAL BELIEFS AND CULTURE.

IMPACT AREAS: OUR WORK USES A HOLISTIC APPROACH FOR COMMUNITY-LED DEVELOPMENT, AND OUR IMPACTS ARE FOUND ACROSS FIVE KEY AREAS: GOVERNANCE, EDUCATION, HEALTH, ENVIRONMENT, AND ECONOMIC GROWTH. EACH RESULT AREA IS ELABORATED UPON BELOW:

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

GOVERNANCE: CEP PARTICIPANTS LEARN ABOUT DEMOCRACY, HUMAN RIGHTS AND RESPONSIBILITIES, LEADERSHIP, DECISION-MAKING AND PROBLEM-SOLVING.

EACH COMMUNITY DEMOCRATICALLY SELECTS 17 MEMBERS TO FORM A COMMUNITY MANAGEMENT COMMITTEE (CMC) AND RECEIVES TRAINING IN THE SKILLS NECESSARY TO IMPLEMENT PROJECTS IN THEIR COMMUNITIES. THESE COMMITTEES CONSTITUTE A STRONG LEADERSHIP PRESENCE IN TOSTAN COMMUNITIES, CONTRIBUTING TO THE GROWTH OF GOOD GOVERNANCE AND DEMOCRACY. THEY WORK TO INCREASE DEMOCRATIC PARTICIPATION BY ENCOURAGING RESIDENTS TO REGISTER THEIR CHILDREN AT BIRTH, TO VOTE AND RUN FOR OFFICE AS WELL AS PARTICIPATE IN NATIONAL ELECTIONS.

THE PARTICIPATION AND LEADERSHIP OF WOMEN IN CMCS IS HIGHLY ENCOURAGED, AND IN 2021, 100% OF CMCS IN GUINEA, GUINEA-BISSAU, MALI, GAMBIA AND SENEGAL HAD A MAJORITY OF FEMALE MEMBERS. AS OF DECEMBER 2021, THE RESPECTIVE PERCENTAGES OF FEMALE MEMBERS OF THE CMCS WERE AS FOLLOWS: 65% IN SENEGAL, 71% IN THE GAMBIA, 65% IN GUINEA BISSAU, 61% IN GUINEA AND 76% IN MALI. THESE WOMEN EMERGE AS COMMUNITY LEADERS, ACTIVISTS, AND ROLE MODELS, SHOWING YOUNG GIRLS AND BOYS ALIKE THAT WOMEN CAN SUCCEED IN LEADERSHIP ROLES AND WORK ALONGSIDE MEN AS EQUALS.

EDUCATION: CMCS ORGANIZED DURING THE CEP LEAD INITIATIVES THAT ENSURE GIRLS AND BOYS ARE ENROLLED IN SCHOOL. WHEN A FAMILY IS CONSIDERING REMOVING THEIR CHILD FROM SCHOOL, CMC MEMBERS MEET WITH THEM TO DISCUSS OTHER POSSIBLE SOLUTIONS.

CHILD/FORCED MARRIAGE IS ONE PRACTICE THAT IS A KEY FACTOR IN



Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

DETERMINING WHETHER A GIRL WILL STAY IN SCHOOL. FOLLOWING THEIR PARTICIPATION IN OUR HOLISTIC PROGRAM, HUNDREDS OF COMMUNITIES ACROSS THE COUNTRIES IN WHICH WE WORK PLEDGED TO ABANDON CHILD/FORCED MARRIAGE IN 2021, BRINGING THE TOTAL NUMBER TO 9,517. AS A RESULT, THOUSANDS OF GIRLS ARE LIKELY TO HAVE THE OPPORTUNITY TO STAY IN SCHOOL FOR LONGER, RATHER THAN BE MARRIED AT A YOUNG AGE.

IN THE FINAL MODULE OF THE CEP, THE AAWDE, PARTICIPANTS LEARN TO READ AND WRITE IN THEIR LOCAL AND RECEIVE SMS TEXT MESSAGES THROUGH THE MOBILE PHONES FOR LITERACY AND DEVELOPMENT (MPLD) MODULE, DESCRIBED BELOW, ENCOURAGES PARTICIPANTS TO PRACTICE AND SHARE THEIR NEWLY ACQUIRED LITERACY SKILLS.

IN 2021 TOSTAN CONTINUED SEEKING OPPORTUNITIES TO INVEST IN OUR REINFORCEMENT OF PARENTAL PRACTICES (RPP) MODULE WHICH BUILDS ON KNOWLEDGE GAINED DURING THE CEP TO ENABLE PARENTS AND COMMUNITIES TO CREATE AN ENVIRONMENT WHICH SUPPORTS CHILDREN'S EARLY DEVELOPMENT AND LEARNING IN ORDER TO BETTER PREPARE THEM FOR SUCCESS IN SCHOOL AND LIFE (SEE ALSO EARLY CHILDHOOD DEVELOPMENT BELOW)

HEALTH: DURING THE CEP, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO BE FREE FROM ALL FORMS OF VIOLENCE, ABOUT HYGIENE AND HOW DISEASES ARE SPREAD AND PREVENTED. THEY ALSO DISCUSS THE HEALTH RISKS OF HARMFUL PRACTICES SUCH AS FEMALE GENITAL CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

THE CEP ENCOURAGES COMMUNITY MEMBERS TO SHARE THE KNOWLEDGE THEY GAIN ABOUT HEALTH AND HUMAN RIGHTS WITH THEIR SOCIAL NETWORKS, AND

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

COMMUNITIES OFTEN LAUNCH SPECIFIC INITIATIVES TO IMPROVE CHILD AND MATERNAL HEALTH IN THEIR VILLAGES. COMMUNITIES RAISE AWARENESS ON THE IMPORTANCE OF VACCINATIONS AS WELL AS TAKING ACTION TO IMPROVE COMMUNITY HYGIENE AND PREVENTING DISEASES SUCH AS MALARIA.

ENVIRONMENT: OUR CEP EQUIPS COMMUNITY MEMBERS WITH THE KNOWLEDGE AND SKILLS TO FIND CREATIVE AND SUSTAINABLE SOLUTIONS TO ENVIRONMENTAL PROBLEMS. DURING THE CEP, PARTICIPANTS LEARN HOW DISEASES ARE TRANSMITTED AND HOW THIS IS LINKED TO UNHYGIENIC PRACTICES THAT CAN POLLUTE THE ENVIRONMENT. OUR RESPECTFUL AND NON-JUDGMENTAL APPROACH PROMOTES COMMUNITY DISCUSSION ABOUT THE ENVIRONMENT. AS A RESULT, COMMUNITIES LEAD INITIATIVES TO MAKE THEIR ENVIRONMENTS MORE HYGIENIC IN ORDER TO PROTECT THE COMMUNITY'S HEALTH. COMMUNITIES ALSO USE THEIR PROBLEM SOLVING SKILLS TO IMPLEMENT ENVIRONMENTAL INITIATIVES TO ADDRESS THEIR PARTICULAR NEEDS.

ECONOMIC GROWTH: THE FINAL PHASE OF THE CEP, THE AAWDE, INCLUDES CLASS SESSIONS ON BASIC LITERACY, MATH, PROJECT MANAGEMENT, AND BUDGETING SKILLS THAT HELP PARTICIPANTS SUCCESSFULLY PLAN AND LAUNCH SMALL BUSINESSES IN THEIR COMMUNITIES. WE ALSO PROVIDE SMALL COMMUNITY DEVELOPMENT GRANTS TO CMCS. THE CMCS OFTEN USE THESE GRANTS TO ESTABLISH A ROTATING MICROCREDIT FUND THAT HELPS COMMUNITY MEMBERS, PARTICULARLY WOMEN, WITH THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMC ALSO ENCOURAGES COMMUNITY MEMBERS TO SAVE AND PLAN FOR THE FUTURE.

CROSS-CUTTING ISSUES: IN ADDITION, OUR WORK ADDRESSES CROSS-CUTTING

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

THEMES IMPORTANT FOR COMMUNITY WELL-BEING. THESE ISSUES INCLUDE CHILD PROTECTION, THE REINFORCEMENT OF PARENTAL PRACTICES, THE EMPOWERMENT OF WOMEN AND GIRLS, AND FEMALE GENITAL CUTTING (FGC). WE BELIEVE THAT THESE CROSS-CUTTING ISSUES REQUIRE HOLISTIC AND HUMAN RIGHTS-BASED SOLUTIONS, AND OUR PROGRAM AIMS TO STRENGTHEN POSITIVE SOCIAL NORMS WHILE ADDRESSING THOSE WHICH LEAD TO HARMFUL PRACTICES.

FGC: THE HUMAN RIGHTS-BASED CEP ALLOWS COMMUNITY MEMBERS TO DRAW THEIR OWN CONCLUSIONS ABOUT FGC AND LEAD THEIR OWN MOVEMENTS FOR CHANGE. IN THE CEP CLASS SESSIONS ON HUMAN RIGHTS, PARTICIPANTS LEARN ABOUT THEIR RIGHT TO HEALTH AND THE RIGHT TO BE FREE FROM ALL FORMS OF VIOLENCE. THEY ALSO DISCUSS THE RESPONSIBILITIES THEY SHARE TO PROTECT THESE RIGHTS IN THEIR COMMUNITY. IN SESSIONS ON HEALTH, THEY LEARN ABOUT THE POTENTIAL, IMMEDIATE, AND LONG-TERM HARMFUL CONSEQUENCES OF THE PRACTICE AND DISCUSS WAYS TO PREVENT THESE HEALTH PROBLEMS IN THE FUTURE.

RATHER THAN BLAMING OR CRITICIZING, WE ENCOURAGE DIALOGUE AROUND THESE AND OTHER PRACTICES THAT COMMUNITIES FEEL HINDER THEIR VISION FOR THEIR COMMUNITY'S DEVELOPMENT. PARTICIPANTS AND COMMUNITY MANAGEMENT COMMITTEE (CMC) MEMBERS SPEAK WITH FRIENDS AND FAMILY AS WELL AS TRAVEL TO OTHER COMMUNITIES TO RAISE AWARENESS ABOUT WHAT THEY HAVE LEARNED. THROUGH THIS PROCESS, MANY COMMUNITIES DECIDE TO END FGC TOGETHER, SOME WITHOUT HAVING DIRECTLY PARTICIPATED IN OUR CLASSES.

CHILD PROTECTION: THROUGH OUR CEP MODULE ON CHILD PROTECTION, CMCS ARE TRAINED TO ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT NEGATIVELY AFFECT CHILDREN. THE CHILD PROTECTION MODULE TRAINING IS FOR CMC

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

MEMBERS IN COMMUNITIES THAT HAVE IMPLEMENTED THE CEP. THE MODULE HELPS BUILD CONSENSUS AROUND HUMAN RIGHTS AND CHILDREN'S RIGHTS WHILE BUILDING AWARENESS OF THE VARIOUS MORAL, SOCIAL, AND LEGAL NORMS THAT AFFECT CHILDREN. INSTEAD OF FOCUSING ON IMMEDIATE RELIEF, THE MODULE HELPS COMMUNITIES ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT ARE AT THE SOURCE OF THESE ISSUES AFFECTING CHILDREN. IT EMPHASIZES THE IMPORTANCE OF EDUCATION AND INTRODUCES IDEAS FOR HOW COMMUNITIES CAN WORK TOGETHER TO PROTECT THEIR CHILDREN.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

THE CHILD PROTECTION MODULE STRENGTHENS THE CAPACITY OF COMMUNITIES TO PROVIDE PROTECTION FOR CHILDREN AND PREVENT VIOLATIONS OF CHILDREN'S RIGHTS BY REINFORCING THE CAPACITIES OF COMMUNITIES AND THEIR SURROUNDING VILLAGES TO IDENTIFY AT-RISK CHILDREN, REINFORCING THE CAPACITIES OF COMMUNITIES TO PREVENT THE TRAFFICKING OR MIGRATION OF CHILDREN TO URBAN CENTERS, REINFORCING THE CAPACITIES OF COMMUNITIES TO HELP CHILDREN IN DIFFICULT SITUATIONS SUCH AS SEXUAL ABUSE, INCEST, FORCED MARRIAGE AND FGC, AND FOSTERING THE CREATION OF DYNAMIC AND FUNCTIONAL COMMISSIONS FOR CHILD PROTECTION IN ALL COMMUNITIES. ALL COMMUNITIES WHO PARTICIPATE IN THE CEP, SPECIFICALLY THE CMCS, ARE TRAINED IN THE CHILD PROTECTION MODULE.

AFTER THE TRAINING, CMCS ESTABLISH COMMISSIONS FOR CHILD PROTECTION (CCPS), WHICH LEAD THE COMMUNITY IN ADVOCATING FOR CHILDREN'S RIGHTS AND TRANSFORMING EXISTING SOCIAL NORMS THAT SUSTAIN HARMFUL PRACTICES. THOUSANDS OF CHILDREN HAVE BEEN REGISTERED AT BIRTH BY CMCS, IMPROVING THEIR ACCESS TO SCHOOL AND LEGAL RECOGNITION. IN ADDITION TO LEADING THESE COMMUNITY-WIDE PROJECTS, CMCS ALSO INTERVENE DIRECTLY IN CASES OF CHILD ABUSE.

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

TOSTAN IS ALSO IN PARTNERSHIP WITH THE INGO LA RENCONTRE AFRICAINE POUR LA DFENSE DES DROITS DE L'HOMME (RADDHO) AND ANTI-SLAVERY INTERNATIONAL FOR THE CHILD PROTECTION PROJECT, REINFORCING HIGHER-LEVEL ADVOCACY FOR KORANIC SCHOOL REFORM WITH GRASSROOTS SOCIAL MOBILIZATION WORK AROUND ENDING CHILD BEGGING. THANKS TO THE PROJECT, 102 KORANIC SCHOOLS WERE SUPPORTED BETWEEN 2016 AND 2021. THIS SUPPORT HAS ENABLED 6060 TALIBES OUT OF THE 7993 TALIBES MONITORED TO STOP BEGGING OR TO SIGNIFICANTLY REDUCE THEIR BEGGING TIME DURING THE PERIOD FROM JUNE 2016, THE BEGINNING OF THE PROJECT, TO MAY 2021, THE END OF THE PROJECT. KORANIC SCHOOLS HAVE IMPROVED THE LIVING CONDITIONS OF THEIR STUDENTS THANKS TO SUPPORT FROM THE PROJECT AND KORANIC SCHOOL TEACHERS PARTICIPATED IN MEETINGS EXCHANGING ON BEST PRACTICES TOWARDS THEIR STUDENTS.

EARLY CHILDHOOD DEVELOPMENT: IN ORDER TO ADDRESS THIS ISSUE, TOSTAN DEVELOPED THE REINFORCEMENT OF PARENTAL PRACTICES (RPP) MODULE BEGINNING IN 2012. THE MODULE AIMS TO REINFORCE KNOWLEDGE GAINED IN THE CEP THAT ENCOURAGES PARENTS AND OTHER COMMUNITY MEMBERS TO CREATE AN ENVIRONMENT FOR CHILDREN'S DEVELOPMENT. AS A RESULT, THE MODULE WILL HELP IMPROVE CHILDREN'S EARLY DEVELOPMENT AND LEARNING, ALLOWING THEM TO PERFORM BETTER AND STAY IN SCHOOL.

RESEARCH HAS SHOWN THAT CERTAIN SOCIAL NORMS AND TRADITIONAL PRACTICES IN SENEGAL CAN HINDER THE BRAIN DEVELOPMENT OF INFANTS. FOR EXAMPLE, THE BELIEF THAT INFANTS MUST BE PROTECTED FROM DANGEROUS SPIRITS: TO PROTECT THEM CERTAIN PARENTS AVOID LOOKING NEWBORN BABIES IN THE EYE AND SPEAKING REGULARLY AND DIRECTLY TO THEM. HOWEVER, RECENT DISCOVERIES ABOUT BRAIN DEVELOPMENT IN YOUNG CHILDREN HAVE SHOWN

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

**IMPORTANCE OF STIMULATING INTERACTIONS BETWEEN PARENTS AND THEIR CHILDREN.**

**DURING THE RPP MODULE, FACILITATORS SHARE WITH COMMUNITY MEMBERS SIMPLE TECHNIQUES THAT ENRICH INTERACTIONS BETWEEN PARENTS AND THEIR YOUNG CHILDREN AND ARE ALL LINKED TO CHILDREN'S BASIC HUMAN RIGHTS TO EDUCATION AND HEALTH. THESE TECHNIQUES INCLUDE SPEAKING TO THEIR YOUNG CHILDREN USING A RICH AND COMPLEX VOCABULARY, ASKING THEIR CHILDREN QUESTIONS AND HELPING THEM RESPOND, PLAYFULLY COPYING THEIR CHILDREN, TELLING THEM STORIES, AND DESCRIBING OBJECTS IN DETAIL TO THEM. PRIMARY CAREGIVERS IN EACH COMMUNITY ARE TRAINED TO TEACH OTHERS THE SAME SKILLS AFTER TOSTAN LEAVES.**

**SINCE TOSTAN FIRST PILOTED THE REINFORCEMENT OF PARENTAL PRACTICES MODULE IN 30 COMMUNITIES IN 2012, THE ORGANIZATION HAS GROWN THE PROGRAM TO REACH 430 COMMUNITIES IN SENEGAL. IN 2021, TOSTAN INITIATED PREPARATORY ACTIVITIES TO IMPLEMENT A NEW VERSION OF THE RPP IN 30 COMMUNITIES IN THE DEPARTMENT OF MEDINA YORO FOULAH. TOSTAN'S EXTENSIVE EXPERIENCE SUPPORTING POSITIVE SOCIAL NORMS ON PARENTAL PRACTICES WILL BE COMBINED WITH SCIENCE-BASED "TIPS" DEVELOPED BY TOSTAN PARTNER VROOM TO PROMOTE INFANT BRAIN DEVELOPMENT WHICH WILL BE ADAPTED AND SHARED WITH COMMUNITIES IN SENEGAL IN 2022.**

**STRENGTHENING DEMOCRACY AND CITIZEN ENGAGEMENT: TOSTAN HAS CONTINUED TO DEVELOP PROGRAMMING AND OVERALL PROGRAMMING STRATEGIES FOCUSED ON DECENTRALIZED GOVERNANCE AND COMMUNITY ENGAGEMENT WITH DECENTRALIZED GOVERNMENT SERVICES. IN 2021, TOSTAN CONTINUED IMPLEMENTATION OF A CURRICULUM, NOW CALLED STRENGTHENING DEMOCRACY AND CIVIC ENGAGEMENT, TO**

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

SUPPORT IMPROVED DECENTRALIZED GOVERNMENT SERVICES AND RESOURCES THROUGH AN APPROACH THAT TRAINS COMMUNITIES AND LOCALLY ELECTED OFFICIALS ALIKE. TOSTAN HAS ALSO ADOPTED THE BROADER SDCE FRAMEWORK AS CENTRAL PART OF ITS STRATEGIC ENGAGEMENT PLAN AND STRATEGIC SCALING PLAN FOR 2019-2022. IN 2021, TOSTAN TRAINED A TOTAL OF 1,082 LOCAL OFFICIALS IN SENEGAL, GUINEA AND GUINEA BISSAU ON THE SDCE MODULE AND 667 CHILDREN IN SENEGAL AND GUINEA TO BECOME ACTIVE MEMBERS OF NEWLY FORMED MUNICIPAL CHILDREN'S COUNCILS. GOING FORWARD ALL DIRECT IMPLEMENTATION PROGRAMS ARE DESIGNED TO CREATE COORDINATED SUPPORT FOR COMMUNITY WELL-BEING ACROSS DISTRICTS AND REGIONS.

EMPOWERMENT OF WOMEN AND GIRLS: WOMEN AND GIRLS MAKE UP MORE THAN HALF OF CEP PARTICIPANTS. DURING OUR PROGRAM, WOMEN DEVELOP LEADERSHIP SKILLS, ENGAGE IN DIALOGUE, AND DEMONSTRATE THEIR ABILITY TO MAKE IMPORTANT DECISIONS FOR THEMSELVES AND THEIR FAMILIES, SHOWING HOW IMPORTANT THEY ARE TO THEIR COMMUNITY'S DEVELOPMENT.

TOSTAN ALSO WORKS TO ENGAGE MEN AND BOYS IN THE CEP, ENCOURAGING THEM TO PARTICIPATE IN DISCUSSIONS ABOUT HUMAN RIGHTS. MEN AND WOMEN WORK TOGETHER TO PROMOTE EQUALITY AND DEVELOP NEW SOCIAL NORMS AROUND RESPECTING THE HUMAN RIGHTS AND DIGNITY OF ALL. TOSTAN ENCOURAGES WOMEN TO TAKE ON LEADERSHIP ROLES IN THEIR COMMUNITIES.

COMMUNITY MANAGEMENT COMMITTEES: AS PART OF THE CEP, EACH PARTICIPATING COMMUNITY DEMOCRATICALLY SELECTS A CMC TO COORDINATE DEVELOPMENT ACTIVITIES. EACH CMC HAS 17 MEMBERS, NINE OF WHOM MUST BE WOMEN. EACH COMMITTEE IS MADE UP OF SEVERAL COMMISSIONS, INCLUDING HEALTH, ENVIRONMENT, CHILD PROTECTION, EDUCATION, INCOME-GENERATING ACTIVITIES,

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

AND SOCIAL MOBILIZATION, WHICH CONTINUE TO LEAD DEVELOPMENT ACTIVITIES AND PROMOTE HUMAN RIGHTS-BASED DEVELOPMENT LONG AFTER THE PROGRAM HAS FINISHED.

ORGANIZED DIFFUSION: THROUGH ORGANIZED DIFFUSION, THE IMPACT OF THE TOSTAN PROGRAM IS MULTIPLIED. EACH CLASS MEMBER COMMITS TO SHARING THEIR KNOWLEDGE WITH AT LEAST ONE PERSON WITHIN THEIR FAMILY AND WIDER COMMUNITY, PERMITTING NEW IDEAS TO BE SPREAD QUICKLY THROUGH THE COMMUNITY AND BEYOND. EACH PARTNER COMMUNITY ADOPTS ANOTHER COMMUNITY WITHIN THEIR SOCIAL NETWORK, OPENING DIALOGUE AND ALLOWING NEIGHBORING OR INTRAMARRYING COMMUNITIES TO MAKE DECISIONS AS ONE GROUP. OUR WORK OFTEN STRETCHES ACROSS COUNTRY BORDERS TO CREATE IMPACTS ON A REGIONAL SCALE, SUCH AS THE INTERNATIONAL MOVEMENT TO ABANDON FEMALE GENITAL CUTTING (FGC) AND CHILD/FORCED MARRIAGE.

TOSTAN ALSO TRAINS DEDICATED SOCIAL MOBILIZATION TEAMS THAT VISIT COMMUNITIES THAT HAVE NEVER PARTICIPATED IN THE COMMUNITY EMPOWERMENT PROGRAM TO REINFORCE INFORMATION SHARED THROUGH ORGANIZED DIFFUSION ACTIVITIES ON FGC, HEALTH AND RELIGION, ALLOWING COMMUNITIES TO ASK QUESTIONS AND BEGIN TO EXPLORE THESE ISSUES IN GREATER DEPTH AND ACROSS AGE AND GENDER DIVISIONS. IN 2021 THESE SOCIAL MOBILIZATION TEAMS WORKING BOTH DURING AND AFTER THE CEP VISITED HUNDREDS OF COMMUNITIES AND REACHED THOUSANDS OF PEOPLE.

COMMUNITY DEVELOPMENT GRANTS AND RELATED ACTIVITIES: COMMUNITY DEVELOPMENT GRANTS ARE SMALL GRANTS, USUALLY BETWEEN \$300 AND \$1,000, PROVIDED TO CMCS TO HELP FUND COMMUNITY DEVELOPMENT PROJECTS AS WELL AS TO ESTABLISH CMC-RUN MICROCREDIT FUNDS. THE ROTATING MICROCREDIT FUNDS



Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

SET UP BY THE CMCS HELP VILLAGERS, PARTICULARLY WOMEN, OBTAIN THE INVESTMENT THEY NEED TO START SMALL BUSINESSES, INVEST IN AGRICULTURE, OR TAKE ON OTHER INCOME-GENERATING ACTIVITIES. THE CMCS OPERATE THE MICROCREDIT FUND BASED ON A GROUP-LENDING, REVOLVING-FUNDS SYSTEM. THE CMC WORKS TOGETHER TO SET THE INTEREST RATE AND THE LENGTH OF THE LOANS THEY WILL GRANT. STRONG COMMUNITY TIES HELP ENCOURAGE A HIGH REPAYMENT RATE. THE INTEREST FROM THESE FUNDS IS THEN USED TO EXPAND THE NUMBER OF LOANS AVAILABLE, UNDERTAKE COMMUNITY PROJECTS, OR ESTABLISH A SOLIDARITY FUND FOR CHILDREN'S EDUCATIONAL EXPENSES AND EMERGENCY MEDICAL NEEDS.

COMMUNITY DEVELOPMENT GRANTS GIVE CMCS AND INDIVIDUAL COMMUNITY MEMBERS THE OPPORTUNITY TO PUT THE LITERACY, NUMERACY, AND PROJECT MANAGEMENT KNOWLEDGE THEY GAINED DURING THE CEP INTO PRACTICE. THESE GRANTS PROVIDE A WAY FOR COMMUNITY MEMBERS TO PARTICIPATE IN INCOME-GENERATING ACTIVITIES, ALLOWING THEM TO PROVIDE FOR THEIR FAMILIES AND SUSTAINABLY INVEST IN THEIR COMMUNITIES. IN 2021 TOSTAN SUPPORTED THESE GRANTS IN PARTNERSHIP WITH 60 COMMUNITIES IN THE GAMBIA, AND 205 IN SENEGAL. IN TOTAL 4211 PEOPLE ACCESSED COMMUNITY DEVELOPMENT FUNDS TO SUPPORT THEIR INCOME GENERATING ACTIVITIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:  
 IN 2021 IN SENEGAL, IN THE CONTEXT OF COVID-19 AND SUPPORTING COMMUNITY RESILIENCE, TOSTAN PARTNERED WITH MASTERCARD FOUNDATION TO PROVIDE THREE TYPES OF FINANCIAL SUPPORT TO COMMUNITIES: 2,120 MICROGRANTS PROVIDED TO HOUSEHOLDS, COMMUNITY DEVELOPMENT GRANTS PROVIDED TO 121 COMMUNITY MANAGEMENT COMMITTEES, AND ECONOMIC INNOVATION GRANTS PROVIDED TO 5 FEDERATIONS OF CMCS.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

MOBILE PHONE FOR LITERACY AND DEVELOPMENT (MPLD) MODULE: THE MODULE FOCUSES ON USING MOBILE PHONE TECHNOLOGY, SPECIFICALLY SMS TEXT MESSAGING, AS A TOOL TO REINFORCE LITERACY AND NUMERACY SKILLS, AND IS NOW AN INTEGRATED PART OF THE CEP. MOBILE PHONES AND THEIR NETWORKS ARE BECOMING INCREASINGLY MORE PREVALENT IN THE COMMUNITIES WITH WHICH WE PARTNER. WE FOUND THAT USING MOBILE PHONE TECHNOLOGY IS A RELEVANT AND INNOVATIVE WAY TO REINFORCE LITERACY AND NUMERACY SKILLS LEARNED IN THE CEP. TOSTAN FACILITATORS TEACH PARTICIPANTS THE PRACTICAL USES OF STANDARD MOBILE PHONE FUNCTIONS AND HOW SMS TEXTING CAN BE USED AS A TOOL TO PRACTICE THEIR LITERACY SKILLS. THE MOBILE PHONES ARE USED TO REINFORCE LITERACY, ORGANIZATION, AND MANAGEMENT SKILLS, AS WELL AS TO BUILD CONSENSUS AROUND LOCAL DEVELOPMENT INITIATIVES.

SMS TEXTING BECOMES A SUSTAINABLE AND RELEVANT OPTION FOR REINFORCING LITERACY AND NUMERACY AS ACCESS TO MOBILE PHONE TECHNOLOGY INCREASES. MOBILE PHONES AND SMS TEXT MESSAGING CAN BE USED AS A TOOL TO ACCELERATE POSITIVE SOCIAL TRANSFORMATION. THEY CONNECT WOMEN WITH EACH OTHER AND WITH THEIR COMMUNITIES; AMPLIFY THE VOICE AND INFLUENCE OF YOUTH AND MARGINALIZED GROUPS IN A COMMUNITY'S DECISION-MAKING PROCESS; ORGANIZING ADVOCACY WORK; AND ACCELERATE LARGE-SCALE SOCIAL MOVEMENTS. ALL COMMUNITIES BENEFITING FROM THE CEP (SEE ABOVE) ARE BENEFITTING OR WILL BENEFIT FROM TOSTAN'S MPLD PROGRAMMING DURING THE 3-YEAR CEP PERIOD.

THE PEACE AND SECURITY PROGRAM: THE PEACE AND SECURITY PROGRAM REINFORCES CONFLICT PREVENTION AND MANAGEMENT SKILLS LEARNED DURING THE CEP THROUGH ADDITIONAL CLASSES OVER SIX MONTHS AND ESTABLISHES A COMMUNITY-LED STRUCTURE TO LEAD AND STRENGTHEN PEACE-BUILDING AND HUMAN

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

SECURITY AT THE COMMUNITY LEVEL. SKILLS LEARNED INCLUDE IMPROVED COMMUNICATION AND PROBLEM-SOLVING SKILLS AS WELL AS THE PEACEFUL RESOLUTION OF COMMUNITY AND FAMILIAL CONFLICTS. IN 2021 TOSTAN DID NOT IMPLEMENT THIS PROGRAM BUT CONTINUED TO PURSUE OPPORTUNITIES AND PARTNERSHIPS FOR THE FUTURE.

THE PRISON PROJECT: AIMS TO HELP DETAINEES REINTEGRATE BACK INTO THEIR COMMUNITIES THROUGH PARTICIPATION IN A MODIFIED VERSION OF THE CEP. PARTICIPATION BUILDS THEIR KNOWLEDGE OF HUMAN RIGHTS AND EQUIPS THEM WITH PRACTICAL SKILLS TO START INCOME-GENERATING ACTIVITIES. WE ALSO FACILITATE FAMILY MEDITATIONS TO HELP INTEGRATE FORMER DETAINEES BACK INTO THEIR COMMUNITIES UPON RELEASE.

AN INTERNATIONAL AGREEMENT ADDRESSING PRISON CONDITIONS IN AFRICA ALLOWS PRISONS TO FORM PARTNERSHIPS WITH ORGANIZATIONS AND NGOS LIKE TOSTAN TO PROVIDE REHABILITATION SERVICES. THESE SERVICES ENCOURAGE SUCCESSFUL REINTEGRATION OF PRISONERS INTO SOCIETY UPON THEIR RELEASE. AS PART OF THE MODIFIED VERSION OF THE CEP WE IMPLEMENT IN PRISONS, FACILITATORS LEAD CLASS DISCUSSIONS ON TOPICS INCLUDING HUMAN RIGHTS EDUCATION, PROBLEM SOLVING, HYGIENE, HEALTH, AND LITERACY, AS WELL AS PROVIDE FAMILY MEDIATION AND SKILL TRAININGS IN PROJECT MANAGEMENT AND INCOME-GENERATING ACTIVITIES. UPON RELEASE, PARTICIPANTS ALSO HAVE ACCESS TO START-UP FUNDS FOR THE ESTABLISHMENT OF SMALL BUSINESSES. THE REVENUE GENERATED FROM THE SKILLS TRAININGS AND ECONOMIC ACTIVITIES OF THE PRISONERS WHO ARE STILL IMPRISONED MAKE THESE FUNDS POSSIBLE.

IN 2021 THE PRISON PROJECT (PP) WORKED IN NINE SENEGALESE PRISONS.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

IN 2021, 846 DETAINEES PARTICIPATED IN CEP SESSIONS ON DEMOCRACY, HUMAN RIGHTS AND RESPONSIBILITIES, PROBLEM SOLVING, HEALTH AND HYGIENE, AND PRACTICAL SKILLS IN LITERACY, NUMERACY, PROJECT MANAGEMENT AND INCOME GENERATING ACTIVITIES. FOR A BETTER RESPECT OF HUMAN RIGHT OF DETAINEES, TOSTAN ORGANIZED SENSITIZATION SESSIONS FOR 153 PRISON GUARDS ON THE RIGHTS OF DETAINEES. SEVERAL INITIATIVES TO IMPROVE LIVING CONDITIONS WERE LED BY DETAINEES INCLUDING CELL CLEANING DAYS; SPORTS COMPETITIONS; COOKING; AND CLASSES TEACHING WOLOF, FRENCH AND ENGLISH AND THE INTERPRETATION OF RELIGIOUS TEXTS. TOSTAN STAFF FACILITATED A TOTAL OF 149 IN-PERSON MEDIATIONS AND 1588 TELEPHONE MEDIATIONS. 119 DETAINEES WERE TRAINED IN INCOME-GENERATING ACTIVITIES SUCH AS POULTRY FARMING, FABRIC DYEING, SHOE AND BAG MAKING, MARKET GARDENING, AND FRUIT AND CEREAL PROCESSING.

COVID-19: IN 2021 TOSTAN CONTINUED TO MAKE AVAILABLE ITS OPEN-SOURCE COVID-19 INFORMATIONAL MATERIALS FOR LOCAL COMMUNITIES. THESE VITAL RESOURCES HAVE BEEN ADAPTED INTO MORE THAN A DOZEN LANGUAGES FOR USE IN COUNTRIES ACROSS AFRICA AND AROUND THE WORLD.

FISTULA: IN 2021 TOSTAN HAS RE-LAUNCHED ITS FISTULA PROGRAM TO PROMOTE FISTULA-FREE REGIONS FIRST IN SENEGAL, AND THEN IN THE GAMBIA AND GUINEA BISSAU. BUILDING ON TOSTAN'S EXPERIENCE FROM 2012 TO 2016, WHICH INTEGRATED CLASSES WITHIN THE CEP AND SUPPORTED OVER 100 WOMEN LIVING WITH FISTULA TO UNDERGO SURGERY, THIS NEW PROGRAM, IN PARTNERSHIP WITH OPERATION FISTULA WILL DEVELOP A HOLISTIC, REPLICABLE MODEL TO CREATE AN EFFECTIVE SYSTEM THAT CAN SUPPORT IDENTIFICATION, TREATMENT, MONITORING, AND REHABILITATION OF FISTULA PATIENTS ON AN ONGOING BASIS.

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

**B. TRAINING AND REPLICATION**

TOSTAN HAS BUILT TRAINING PROGRAMS AND PARTNERSHIP MODELS DESIGNED TO SHARE THE ORGANIZATION'S CONTENT, APPROACH, METHODOLOGY AND STRATEGY WITH A RANGE OF POTENTIAL PARTNERS. EACH YEAR THE TOSTAN TRAINING CENTER (THE TTC WELCOMES INTERNATIONAL DEVELOPMENT PRACTITIONERS AND GRASSROOTS LEADERS FROM ALL OVER THE WORLD TO SENEGAL TO LEARN ABOUT TOSTAN'S MODEL. NGO LEADERS, HUMAN RIGHTS ACTIVISTS AND ACADEMICS, RELIGIOUS LEADERS AND OTHERS COME TOGETHER TO LEARN AND EXCHANGE ON TOSTAN'S PROGRAM CONTENT, HUMAN RIGHTS APPROACH, PARTICIPATORY METHODOLOGY AND ORGANIZED DIFFUSION STRATEGY. PARTICIPANTS EXPLORE THE THEORIES AND PRACTICES OF HOLISTIC COMMUNITY-LED DEVELOPMENT, VISIT VILLAGES THAT HAVE ENDED FGC AND CHILD MARRIAGE AFTER PARTICIPATING IN THE COMMUNITY EMPOWERMENT PROGRAM, AND DISCUSS EDUCATIONAL STRATEGIES FOR CHANGING DEEPLY ENTRENCHED SOCIAL NORMS WITH STAFF WORKING IN THE FIELD. THEY ALSO PARTICIPATE IN HUMAN RIGHTS SESSIONS DRAWN FROM THE TOSTAN PROGRAM AND COVER IMPORTANT LESSONS LEARNED FROM OVER 27 YEARS OF IMPLEMENTATION. IN 2021 216 PEOPLE FROM 15 COUNTRIES (ATTENDED TOSTAN TRAININGS. BY THE END OF 2021, TOSTAN TRAINING CENTER HAD REACHED A TOTAL OF 768 ALUMNI FROM 49 COUNTRIES AND ALSO CREATED NETWORKS WITHIN EACH TRAINING COHORT USING WHATSAPP GROUPS.

TRAINING AND SHARING THROUGH PARTNERSHIPS IN NIGERIA. TOSTAN FIRST STARTED TRAINING PARTNERS IN NIGERIA IN 2015. THIS EXPANDED IN 2020 WITH TOSTAN PURSUING A WIDER PARTNERSHIP STRATEGY WITH A RANGE OF INTERNATIONAL, GOVERNMENT AND CIVIL SOCIETY ORGANIZATION (CSO) STAKEHOLDERS TO SUPPORT THE NIGERIA FOR WOMEN PROJECT (NFWP) AROUND COMMON GOALS OF DECREASING VIOLENCE AGAINST WOMEN AND GIRLS AND INCREASING GENDER EQUALITY IN NIGERIA. IN 2021, TOSTAN'S INTRODUCTORY

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

AND ORIENTATION SEMINAR TRAINING WAS DELIVERED FOR A TOTAL OF 105 PARTICIPANTS FROM THE NFWP, INTERNATIONAL INSTITUTIONS AND THE NIGERIAN GOVERNMENT, AS WELL AS MEMBERS OF CSO PLATFORMS AND RELIGIOUS LEADER NETWORKS. THIS YEAR TOSTAN ALSO MADE PROGRESS TOWARDS DEVELOPING A THREE-WEEK ADVANCED TRAINING TO PILOT IN THE FIRST QUARTER OF 2022 WITH REPRESENTATIVES FROM NIGERIAN CSO PLATFORMS AND RELIGIOUS LEADER NETWORKS WORKING TO END VIOLENCE AGAINST WOMEN. A COMMUNITY OF PRACTICE TO PROVIDE MUTUAL SUPPORT AND EXCHANGE FOR TOSTAN ALUMNI WAS ESTABLISHED IN 2021 AND EXPECTED TO BE FULLY OPERATIONAL IN 2022.

TRAINING AND REPLICATION MODELS: SINCE 2018 TOSTAN HAS UNDERTAKEN A SCALE MODELING PROCESS TO PROVIDE THE ORGANIZATION WITH CONCRETE TOOLS AND BEST PRACTICES FOR SCALING COMMUNITY WELLBEING. IN 2021 THIS STRATEGIC SCALE PLANNING EFFORT CONTINUED TO FOCUS ON THE ORGANIZATION'S TRAINING AND REPLICATION PATHWAY, WITH PARTICULAR ATTENTION PAID TOWARD HOW THE ORGANIZATION MAY WORK WITH AFFILIATED ORGANIZATIONS IN THE FUTURE.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

C. GLOBAL INFLUENCE AND RECOGNITION:

TOSTAN IS INCREASINGLY SEEKING WAYS IN WHICH TO EXCHANGE WITH AND INFLUENCE THE GLOBAL COMMUNITY THAT SUPPORTS THE EMERGENCE OF COMMUNITY WELL-BEING. THROUGH PARTICIPATION IN GLOBAL AND REGIONAL CONFERENCES AS WELL AS MEMBERSHIP IN NETWORKS OF THOUGHT-LEADERS AND PARTNERS, TOSTAN WAS ABLE TO POSITION ITSELF AS A LEADER IN THE GLOBAL CONVERSATION ON SYSTEMS CHANGE. IN 2021 TOSTAN HOSTED A RANGE OF WEBINARS WITH COMMUNITY MEMBERS, PARTNERS, AND GLOBAL THOUGHT LEADERS. THE ORGANIZATION AND ITS LEADERSHIP AND PROGRAMS HAVE BEEN FEATURED IN NEWS ARTICLES IN LEADING NEWS AGENCIES, REFERENCED IN ACADEMIC PUBLICATIONS.

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

THE ORGANIZATION ALSO PARTICIPATED IN A WIDE RANGE OF CONFERENCES AT LOCAL AND GLOBAL LEVEL. THESE ARTICLES AND EVENTS ARE DOCUMENTED AND AVAILABLE VIA TOSTAN'S WEBSITE.

2021, 2022, AND BEYOND: FUTURE PERSPECTIVES.

TOSTAN'S ANNUAL PLAN FOR 2022 INCLUDES CONTINUED PROGRAMMATIC INVESTMENTS IN ALL THREE OF THE PATHWAYS TOSTAN IS FOLLOWING IN ORDER TO SCALE COMMUNITY WELL-BEING: DIRECT IMPLEMENTATION, TRAINING AND REPLICATION, AND GLOBAL INFLUENCE. TOSTAN IS ALSO CONTINUING ITS EFFORTS TO FURTHER PREPARE THE ORGANIZATION FOR SCALE THROUGH STRENGTHENING ITS ORGANIZATION ACROSS ALL DIMENSIONS.

AS TOSTAN'S STRATEGIC ENGAGEMENT PLAN FOR 2019-2022 WILL COME TO A CLOSE IN 2022, IN 2021 THE ORGANIZATION BEGAN SHAPING ITS NEXT STRATEGIC PERIOD, WHICH WILL POTENTIALLY EXTEND FROM 2023-2030. THIS NEXT STRATEGY IS SCHEDULED TO BE LAUNCHED IN FALL 2022.

FORM 990, PART I LINE 5 AND PART V, LINE 2A:

THE ORGANIZATION ALSO HAS ADDITIONAL STAFF OF 715 LOCATED IN AFRICA.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

MALI, GUINEA, GUINEA-BISSAU, SENEGAL,  
THE GAMBIA

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS. A DRAFT OF THE RETURN WAS REVIEWED BY SENIOR MANAGEMENT AND FINANCE COMMITTEE. THE FINAL FORM 990

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE ASKED TO ANNUALLY SUBMIT ANY CONFLICTS OF INTEREST IN WRITING. NEW HIRES WILL BE ASKED IF THERE IS A CONFLICT AND NOTICE WILL BE GIVEN TO THE SENIOR MANAGEMENT IMMEDIATELY AND BOARD YEARLY. IF A CONFLICT ARISES, THE BOARD OF DIRECTORS DETERMINE WHETHER THE CONFLICT EXISTS AND, IF SO, THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS.

BOARD MEMBERS HAVE A DUTY TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD VOTES TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT TOSTAN'S BEST INTERESTS. VOTES WILL BE BY A MAJORITY VOTE, WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED.

AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER WILL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING TOSTAN'S RESOURCES (I.E., TRANSACTIONS SUCH AS PURCHASES



Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
------------------------------------------	----------------------------------------------

CONTRACTS) - WHO ALSO STANDS TO BENEFIT FROM THAT DECISION - HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); S/HE WILL NOT PARTICIPATE IN ANY FINAL DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD COMMITTEE REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY RECOMMENDATIONS FOR SENIOR STAFF SALARIES. THE PROCESS IS DOCUMENTED. A REVIEW WAS LAST CONDUCTED IN JANUARY 2018.

THE BOARD COMMITTEE ALSO REVIEWS COMPARABLE SALARIES BEFORE MAKING ANY RECOMMENDATIONS FOR THE KEY EMPLOYEES SALARIES. THE PROCESS IS DOCUMENTED.

TOSTAN'S COMPENSATION POLICY IS TO PAY AT THE 25TH PERCENTILE OF THE MARKET FOR SENIOR MANAGEMENT AND TOWARDS THE 75TH PERCENTILE FOR AROUND 589 AFRICAN STAFF MEMBERS IN THE FIELD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, CA, FL, GA, IL, MD, MA, NJ, NM, NY, NC, PA, TN, UT, VA

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	747,420.
MANAGEMENT AND GENERAL EXPENSES	374,760.
FUNDRAISING EXPENSES	299,558.

Name of the organization <b>TOSTAN, INC.</b>	Employer identification number <b>98-0118876</b>
-------------------------------------------------	-----------------------------------------------------

**TOTAL EXPENSES** **1,421,738.**

**TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A** **1,421,738.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

**EXCHANGE RATE GAIN/LOSS** **-381,675.**