

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: TOSTAN, INC.
D Employer identification number: 98-0118876
E Telephone number: (202) 505-3925
G Gross receipts \$: 8,828,881.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.TOSTAN.ORG
K Form of organization:
L Year of formation: 1991
M State of legal domicile: DE

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.
Signature of officer: ELENA BONOMETTI, CHIEF EXECUTIVE OFFICER
Date: October 24, 2023
Preparer: RICHARD J. LOCASTRO, CPA
Date: 10/17/2023
Firm's name: GELMAN, ROSENBERG & FREEDMAN
Firm's EIN: 52-1392008
Firm's address: 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 20814-2930
Phone no.: 301-951-9090

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 9,846,620. including grants of \$ 266,047.) (Revenue \$ 453,210.) 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 2022, 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 9,846,620.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

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 reporting, tax shelter transactions, and charitable contributions.

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
1a	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.		
	10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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.		
16a	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	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?		

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
FELIX DONGO - (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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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			200,020.	0.	46,600.	
(2) KADJI DIOP CHIEF FINANCE & OPS. OFFICER, TREAS.	40.00			X			159,862.	0.	38,844.	
(3) MOLLY MELCHING FOUNDER	40.00	X					87,400.	0.	5,499.	
(4) CARINA NDIAYE CHIEF P/SHIPS OFF. (FROM NOV. 2022)	40.00			X			19,168.	0.	684.	
(5) KELLY BAXTER CHAIRPERSON	3.00	X		X			0.	0.	0.	
(6) FATIMATA SY VICE-CHAIRPERSON	1.00	X		X			0.	0.	0.	
(7) DIAKA SALL SECRETARY	1.00	X		X			0.	0.	0.	
(8) THIABA CAMARA SY DIRECTOR	1.00	X					0.	0.	0.	
(9) PAPE MOMAR SOW DIRECTOR	1.00	X					0.	0.	0.	
(10) ANNE CHARLOTTE RINQUIST DIRECTOR	1.00	X					0.	0.	0.	
(11) GAIL KANEB DIRECTOR	1.00	X					0.	0.	0.	
(12) JAN CHRISTIANSEN DIRECTOR	1.00	X					0.	0.	0.	
(13) 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			
1b Subtotal							466,450.	0.	91,627.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							466,450.	0.	91,627.	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,244,503.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,790,546.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 334,146.				
	h Total. Add lines 1a-1f		8,035,049.				
Program Service Revenue	2 a TRAINING CENTER	Business Code					
		900099	453,210.	453,210.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		453,210.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,394.			10,394.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	330,228.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	334,086.				
	c Gain or (loss)	7c	-3,858.				
d Net gain or (loss)		-3,858.			-3,858.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		8,494,795.	453,210.	0.	6,536.		

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	266,047.	266,047.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	558,076.	178,680.	179,096.	200,300.
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	4,852,239.	4,041,209.	318,980.	492,050.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	493,692.	401,605.	38,372.	53,715.
9 Other employee benefits	248,456.	201,684.	19,829.	26,943.
10 Payroll taxes	58,677.	46,000.	5,305.	7,372.
11 Fees for services (nonemployees):				
a Management				
b Legal	12,830.	6,604.	2,605.	3,621.
c Accounting	74,500.	38,347.	15,129.	21,024.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,947,702.	1,002,533.	395,533.	549,636.
12 Advertising and promotion				
13 Office expenses	197,975.	125,578.	60,420.	11,977.
14 Information technology				
15 Royalties				
16 Occupancy	582,196.	513,421.	28,780.	39,995.
17 Travel	802.	573.	96.	133.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	481,947.	343,652.	57,874.	80,421.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,559.	122,191.	6,850.	9,518.
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 PROGRAM TRAINING COSTS	2,853,798.	2,558,496.	295,302.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,767,496.	9,846,620.	1,424,171.	1,496,705.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,339,195.	1	6,138,242.
	2 Savings and temporary cash investments	19,104,255.	2	2,448,375.
	3 Pledges and grants receivable, net	886,200.	3	574,364.
	4 Accounts receivable, net	150,392.	4	285,397.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	68,714.	9	320,370.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,014,866.		
	b Less: accumulated depreciation	10b 1,201,399.	884,311.	10c 813,467.
	11 Investments - publicly traded securities		11	10,086,751.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,433,067.	16	20,666,966.	
Liabilities	17 Accounts payable and accrued expenses	518,643.	17	674,940.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	518,643.	26	674,940.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,576,928.	27	18,092,018.
	28 Net assets with donor restrictions	2,337,496.	28	1,900,008.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,914,424.	32	19,992,026.
	33 Total liabilities and net assets/fund balances	25,433,067.	33	20,666,966.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,494,795.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,767,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,272,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,914,424.
5	Net unrealized gains (losses) on investments	5	85,692.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-735,389.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,992,026.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.			
2a	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	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 (2022)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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 stop here. 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 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization'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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	Total annual distributions. 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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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 provided 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 for the latest information.

OMB No. 1545-0047

2022

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 TOSTAN, INC.	Employer identification number 98-0118876
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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>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,523,966.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>828,628.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>720,537.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>535,826.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>333,234.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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>299,757.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>297,765.</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>250,000.</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>231,374.</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>198,258.</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>197,864.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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/>	\$ <u>179,610.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>154,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>131,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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/>	\$ 100,000.	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/>	\$ 90,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 84,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 42,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 17,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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		\$ <u>10,474.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ <u>5,613.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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
6	DONATED STOCK _____ _____ _____	\$ 333,234.	12/31/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization TOSTAN, INC.	Employer identification number 98-0118876
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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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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? <input type="checkbox"/> | 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		249,064.		249,064.
b Buildings		535,960.	348,922.	187,038.
c Leasehold improvements				
d Equipment		586,698.	383,685.	203,013.
e Other		643,144.	468,792.	174,352.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				813,467.

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	8,580,487.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	85,692.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	85,692.
3	Subtract line 2e from line 1	3	8,494,795.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,494,795.

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

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

1	Total expenses and losses per audited financial statements	1	12,767,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	12,767,496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,767,496.

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, 2022, 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

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

Go to 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 tax 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
1	X	
2	X	
3		X
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, 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) 2022

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. See instructions.

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 2022, TOSTAN RECEIVED \$2,244,503 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 for instructions and the latest information.

OMB No. 1545-0047

2022

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	12	654	PROGRAM SERVICE ACTIVITIES	COMMUNITY EMPOWERMENT PROGRAMS	9,571,901.
SUB-SAHARAN AFRICA	1	47	MANAGEMENT & GENERAL		2,929,548.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		266,047.
3 a Subtotal	13	701			12,767,496.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	13	701			12,767,496.

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)

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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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) 2022

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.

GENERAL EXPLANATION:

SCHEDULE F, PART I REPORTS \$266,047 OF COMMUNITY DEVELOPMENT GRANTS. NONE ARE DETAILED IN PART II BECAUSE NO SINGLE ORGANIZATION RECEIVED OVER \$5,000 OF ASSISTANCE.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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)	199,854.	166.	0.	39,600.	7,000.	246,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KADJI DIOP CHIEF FINANCE & OPS. OFFICER, TREAS.	(i)	159,696.	166.	0.	35,522.	3,322.	198,706.	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)							

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 \$14,950 AND KADJI DIOP \$14,950.

PART I, LINE 7:

THE FOLLOWING EMPLOYEES REPORTED IN FORM 990, PART VII RECEIVED BONUS COMPENSATION:

ELENA BONOMETTI \$166

KADJI DIOP \$166

CARINA NDIAYE \$166

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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	2	334,146.	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 3 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) 2022

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

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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

TOSTAN, INC.

Employer identification number

98-0118876

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

GUINEA-BISSAU: TOSTAN WORKED WITH 120 COMMUNITIES, WITH A TOTAL OF
8,895 PARTICIPANTS.

MALI: TOSTAN WORKED WITH 30 COMMUNITIES, WITH A TOTAL OF 3,228
PARTICIPANTS.

SENEGAL: TOSTAN WORKED WITH 151 COMMUNITIES, WITH A TOTAL OF 6,996
PARTICIPANTS.

THE GAMBIA: TOSTAN WORKED WITH 60 COMMUNITIES, WITH A TOTAL OF 6,453
PARTICIPANTS.

IN GUINEA, TOSTAN PARTNERED WITH 72 COMMUNITIES THROUGH POST-CEP
PROGRAMMING (PEACE AND SECURITY PROJECT AND STRENGTHENING DEMOCRACY AND
CIVIC ENGAGEMENT).

TOTAL NUMBER OF COMMUNITY EMPOWERMENT PROGRAM PARTICIPANTS IN THESE
COUNTRIES: 25,572.

TOTAL NUMBER OF AFRICAN COMMUNITIES HOSTING TOSTAN'S CEP-RELATED
PROGRAMS IN 2022: 341.

ACROSS ALL CEP-RELATED PROGRAMS, 78% OF PARTICIPANTS WERE WOMEN AND
GIRLS. CEP COMMUNITIES ENGAGED AN ADDITIONAL 3,360 COMMUNITIES (SEE
ORGANIZED DIFFUSION, BELOW).

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
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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 2022.

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:

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

EACH COMMUNITY DEMOCRATICALLY SELECTS 19 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

Name of the organization

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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 2022, 100% OF CMCS IN GUINEA, GUINEA-BISSAU, MALI, GAMBIA AND SENEGAL HAD A MAJORITY OF FEMALE MEMBERS. 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 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 2022, BRINGING THE TOTAL NUMBER TO 10,025. 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 LANGUAGE AS WELL AS SEND AND RECEIVE SMS TEXT MESSAGES THROUGH THE MOBILE PHONES FOR LITERACY AND DEVELOPMENT (MPLD) MODULE DESCRIBED BELOW. THE MODULE ENCOURAGES PARTICIPANTS TO PRACTICE AND SHARE THEIR NEWLY ACQUIRED LITERACY SKILLS.

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IN 2022 TOSTAN CONTINUED BUILDING OPPORTUNITIES AND PARTNERSHIPS AROUND ITS REINFORCEMENT OF PARENTAL PRACTICES (RPP) PROGRAMMING, 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). IN 2022, WE ENGAGED WITH 30 COMMUNITIES IN THE KOLDA REGION OF SENEGAL WITH OUR NEW ECD PARTNER, VROOM, ADDING A SELECTION OF THEIR SCIENCE-BASED "TIPS" TO STRENGTHEN THE CAPACITY OF PARENTS AND CARETAKERS TO SUPPORT INFANT BRAIN DEVELOPMENT. WE ALSO INTEGRATED A TECHNOLOGY-BASED INNOVATION INTO THE PROGRAM USING AMPLIO'S TALKING BOOK DEVICES TO RECORD CONTENT ON ECD. THIS INNOVATION ALLOWS PROJECT PARTICIPANTS TO CONTINUALLY REVIEW THE VROOM TIPS AND TOSTAN-DEVELOPED STORY BOOKS TOGETHER IN CLASS AND WITH OTHER FAMILY AND COMMUNITY MEMBERS. TO DATE 462 COMMUNITIES HAVE BENEFITTED FROM TOSTAN'S RPP PROGRAMS SINCE 2012.

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 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

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

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

IN 2022, SIX PUBLIC DECLARATIONS WERE HELD BY 332 COMMUNITIES IN SENEGAL, MALI, AND GUINEA BISSAU TO ANNOUNCE THEIR DECISION TO ABANDON HARMFUL TRADITIONAL PRACTICES.

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

CHILD PROTECTION: THROUGH OUR CEP MODULE ON CHILD PROTECTION, CMCS ARE TRAINED TO ADDRESS THE DEEP SOCIAL NORMS AND PRACTICES THAT NEGATIVELY

Name of the organization TOSTAN, INC.	Employer identification number 98-0118876
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AFFECT CHILDREN. THE CHILD PROTECTION MODULE TRAINING IS FOR CMC 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.

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

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

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 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.

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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 2022, TOSTAN CONTINUED 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. THE ORGANIZATION ALSO WORKED WITH PARTNER AMPLIO TO DEVELOP "TALKING BOOKS" TO REINFORCE IMPORTANT ASPECTS OF ITS PROGRAMS.

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 2022, TOSTAN CONTINUED IMPLEMENTATION OF A CURRICULUM TO 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 2022, TOSTAN TRAINED 666 LOCAL ELECTED OFFICIALS FROM SENEGAL AND THE GAMBIA TRAINED ON STRENGTHENING DEMOCRACY AND CIVIC ENGAGEMENT.

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

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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 19 MEMBERS, TEN OF WHOM MUST BE
WOMEN. EACH COMMITTEE IS MADE UP OF SEVERAL COMMISSIONS, INCLUDING
HEALTH, ENVIRONMENT, CHILD PROTECTION, EDUCATION, INCOME-GENERATING
ACTIVITIES, 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.

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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 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

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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 2022 TOSTAN SUPPORTED THESE GRANTS IN PARTNERSHIP WITH 60 COMMUNITIES IN THE GAMBIA, 120 IN GUINEA-BISSAU AND 120 IN SENEGAL. IN TOTAL 9,764 PEOPLE ACCESSED COMMUNITY DEVELOPMENT FUNDS TO SUPPORT THEIR INCOME GENERATING ACTIVITIES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
 IN 2022 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.

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

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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 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 2022, 72 PEACE AND SECURITY COMMITTEES WERE SET UP IN MALI AND GUINEA THROUGH THIS PROGRAMMING.

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

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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 2022 THE PRISON PROJECT (PP) WORKED IN NINE SENEGALESE PRISONS.

IN 2022, 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. 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 414 IN-PERSON MEDIATIONS OF WHICH 335 WERE SUCCESSFUL AND 10,183 TELEPHONE MEDIATIONS OF WHICH 8,072 WERE SUCCESSFUL. 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 2022 TOSTAN CONTINUED TO MAKE AVAILABLE ITS OPEN-SOURCE

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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 2022 TOSTAN HAS CONTINUED ITS FISTULA PROGRAM, 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, IS DEVELOPING A HOLISTIC AND REPLICABLE MODEL TO CREATE AN EFFECTIVE SYSTEM THAT CAN SUPPORT IDENTIFICATION, TREATMENT, MONITORING, AND REHABILITATION OF FISTULA PATIENTS ON AN ONGOING BASIS. IN 2022, IN PARTNERSHIP WITH UNFPA AND THE MALIAN GOVERNMENT, TOSTAN SUPPORTED 40 WOMEN IN THE KOULIKORO REGION LIVING WITH FISTULA TO ACCESS MEDICAL TREATMENT AT UNFPA'S REPAIR CAMPS. OUR IN-COMMUNITY CLASSES PROVIDE AN OPPORTUNITY FOR PARTICIPANTS TO LEARN ABOUT FISTULA WHAT IT IS, HOW TO PREVENT IT AND HOW TO ACCESS SUPPORT, OFTEN FOR THE FIRST TIME. COMMUNITY MANAGEMENT COMMITTEES NOW PLAY A VITAL ROLE IN IDENTIFYING AND REFERRING WOMEN LIVING WITH FISTULA FOR LIFE-SAVING SUPPORT.

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 (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

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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 32 YEARS OF IMPLEMENTATION. IN 2022, 119 PEOPLE FROM 10 COUNTRIES ATTENDED TOSTAN TRAININGS. BY THE END OF 2022, THE TOSTAN TRAINING CENTER HAD REACHED A TOTAL OF 843 ALUMNI FROM 49 COUNTRIES. THE ORGANIZATION ALSO CONTINUED TO SHAPE ITS POST-TRAINING PARTNERSHIPS, CREATING NETWORKS WITHIN EACH TRAINING COHORT USING WHATSAPP GROUPS AND OTHER MEANS OF CONNECTION.

TRAINING AND SHARING THROUGH PARTNERSHIPS IN NIGERIA AND OTHER COUNTRIES. TOSTAN FIRST STARTED TRAINING PARTNERS IN NIGERIA IN 2015. IN 2022, TOSTAN CONTINUED DEVELOPING A STRATEGIC PARTNERSHIP THAT BEGAN IN 2020 WITH SELECTED NETWORKS OF NIGERIAN CIVIL SOCIETY ORGANIZATIONS (CSO) AND RELIGIOUS LEADER NETWORKS COMMITTED TO REDUCING VIOLENCE AGAINST WOMEN AND GIRLS AND INCREASING GENDER EQUALITY. IN 2022, A KEY INNOVATION WAS THE CREATION OF TOSTAN'S FIRST ADVANCED TRAINING SEMINAR: A 'TRAINING OF TRAINERS' FOR 16 NIGERIAN PARTICIPANTS WHO PREVIOUSLY COMPLETED TOSTAN'S INTRODUCTORY SEMINAR. THE ADVANCED TRAINING DEEPENED PARTICIPANTS' UNDERSTANDING OF TOSTAN'S PROGRAM PRINCIPLES AND BUILT THEIR CAPACITY TO FACILITATE SEMINARS FOR THEIR CSO PLATFORMS AND RELIGIOUS LEADER NETWORKS IN THEIR HOME COUNTRY. THEY THEN RETURNED AND FACILITATED 'STEP-DOWN' TRAINING SEMINARS IN SEVEN STATES OF NIGERIA, REACHING 260 PARTICIPANTS FROM OVER 150 CSO

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PLATFORMS AND RELIGIOUS LEADER NETWORKS. ALONGSIDE THIS, A COMMUNITY OF PRACTICE TO FACILITATE MUTUAL SUPPORT, EXCHANGE, AND CONTINUED LEARNING AMONG TOSTAN TRAINEE ALUMNI IS NOW OPERATIONAL WITH A FIRST IN-COUNTRY SHARING FORUM PLANNED FOR 2023 IN NIGERIA. ITS DESIGN WAS LED BY A CORE GROUP OF TRAINING ALUMNI FROM DIFFERENT COUNTRIES IN ORDER TO FULLY REFLECT THEIR NEEDS AND ASPIRATIONS. THESE EFFORTS IN NIGERIA ARE A CORE PART OF THE LARGER LANDSCAPE OF PARTNERSHIPS WITH TRAINING PARTNERS AND TRAINING ALUMNI - INCLUDING EMERGING OPPORTUNITIES IN COUNTRIES LIKE KENYA, SIERRA LEONE, LIBERIA, AND GHANA.

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 IN 2022, TOSTAN WAS ABLE TO PARTICIPATE AS A LEADER IN THE GLOBAL CONVERSATION ON CREATING PARTNERSHIPS THAT SUPPORT COMMUNITY-LED WELLBEING, AND TO INCLUDE AND AMPLIFY THE VOICES OF MANY LOCAL PARTNERS TO THAT END. IN 2022 TOSTAN CONTINUED ITS PRESENCE IN A RANGE OF GLOBAL NETWORKS AND COMMUNITIES, AND HOSTED A RANGE OF WEBINARS WITH COMMUNITY MEMBERS, PARTNERS, AND GLOBAL THOUGHT LEADERS. THE ORGANIZATION AND ITS LEADERSHIP AND PROGRAMS HAVE CONTINUED TO BE FEATURED IN THE PRESS, AND REFERENCED IN ACADEMIC PUBLICATIONS. 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.

2022: A MAJOR NEW STRATEGY TAKES SHAPE

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2022 MARKED THE FINAL YEAR OF AN IMPACTFUL STRATEGIC PERIOD ADVANCING COMMUNITY WELL-BEING, WITH MANY STRATEGIC GOALS BEING MET AND MANY INNOVATIONS TAKING PLACE AS WELL. IN 2023 TOSTAN WILL PRODUCE A REPORT DOCUMENTING ITS LEARNING JOURNEY ACROSS THE 2016-2022 STRATEGIC PERIOD. 2022 ALSO PRESENTED AN OPPORTUNITY TO CONSULT OUR GLOBAL COMMUNITY OF SUPPORTERS AND PARTNERS TO CO-CREATE TOSTAN'S NEW STRATEGY: AN AMBITIOUS ROADMAP TOWARDS 2030. DEVELOPED THROUGH A DEEPLY INCLUSIVE PROCESS, WE WORKED WITH COMMUNITY MEMBERS AND PARTNERS FROM ACROSS 12 COUNTRIES OVER 12 MONTHS TO DEFINE OUR COLLECTIVE GOALS. WE COLLABORATED WITH PARTNER COMMUNITIES, LOCAL AND NATIONAL GOVERNMENT, AND SUPPORTERS FROM AROUND THE GLOBE TO CO-CREATE TOSTAN'S STRATEGY 2023-2030: IN PARTNERSHIP FOR COMMUNITY WELL-BEING, WHICH WILL CONTRIBUTE TO COMMUNITY WELL-BEING ON A DEEPER, WIDER, AND MORE HOLISTIC SCALE. OUR 2023-2030 STRATEGY IS AMBITIOUS, EXPANSIVE AND ALIGNS THE GOALS OF TOSTAN, THE COMMUNITIES WE PARTNER WITH, AND THE WIDER GLOBAL COMMUNITY MOBILIZING TOWARDS THE SUSTAINABLE DEVELOPMENT GOALS. THE RESULT IS AN EIGHT-YEAR STRATEGY WITH PARTNERSHIPS AT ITS HEART, AIMING TO CATALYZE A MOVEMENT FOR COMMUNITY WELL-BEING IN ENTIRE REGIONS OF FIVE WEST AFRICAN COUNTRIES AND BEYOND. TOSTAN LOOKS FORWARD TO CONTINUED PROGRAMMING AND NEW INNOVATIONS AND TO PROVIDING FURTHER UPDATES IN THE FUTURE.

FORM 990, PART I LINE 5 AND PART V, LINE 2A:
THE ORGANIZATION ALSO HAS ADDITIONAL STAFF OF 701 LOCATED IN AFRICA.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
MALI, GUINEA, GUINEA-BISSAU, SENEGAL,
THE GAMBIA

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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 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

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

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:

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PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,002,533.
MANAGEMENT AND GENERAL EXPENSES	395,533.
FUNDRAISING EXPENSES	549,636.
TOTAL EXPENSES	1,947,702.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,947,702.

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

EXCHANGE RATE GAIN/LOSS	-735,389.
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