efile	e GF	RAPHIC	print	Submission D	Date - 20	22-11-15				DL	N: 9	3493319024462	
		90	Re	eturn of C	Drgani	ization	Exemp	ot Fr	om Ind	come Tax	(OMB No. 1545-0047	
Form	3	30		section 501(c), 52	-		-					2021	
							pers on this for						
Treas	ury	ent of the		► Go to <u>www</u>	<u>v.irs.gov/F</u>	orm990 for	instructions	and the	latest info	ormation.		Open to Public Inspection	
S erv F	ar th	evenue 1e 2021 d		year, or tax year	r beginnin	g 01-01-202	21 , and end	ling 12-	31-2021				
_		applicable:		of organization 30N OF KANSAS INC						D Employer i	dentif	ication number	
		change hange								48-084928	2		
O Initial return													
O Am	nende plicat	rn/terminated ed return tion	Numbe	er and street (or P.O. b X 1106	box if mail is	not delivered to	o street address)	Room/s	uite	E Telephone number (785) 537-4385			
Gending				r town, state or provine ATTAN, KS 66505	nce, country,	and ZIP or forei	gn postal code			G Gross recei			
			F Nam	ne and address of p	principal of	ficer:			H(a) is	this a group return			
			GARY H	HADEN GAINT ANDREW CIRC					SU	ibordinates?		🗌 Yes 🔽 No	
				ATTAN, KS 66502						e all subordinates cluded?		□ Yes □No	
Г Тах	-exer	mpt status:	V 501((c)(3) 🗌 501(c) () ◀ (insert	no.) 🗌 494	47(a)(1) or	527		"No," attach a list.	See ir	nstructions.	
J W	ebsi	te: 🕨 🕷	WW.AUDU	IBONOFKANSAS.OR	RG				H(c) G	roup exemption nu	mber	►	
					_				L Veer of f	ormation: 1975 M	Ctata	of legal domicile: KS	
K Forn	n of o	organization	i: 🗹 Corp	poration 🗌 Trust 🗌		n 📙 Other 🕨	•			Simation: 1975	State	or legal domicile: KS	
Pa	rt I	Sum	mary										
				e organization's mi									
Ð				ENJOYMENT, UNDE ERVATION AND AN				JRATION	OF NATURA	L ECOSYSTEMS; AN	ID TO	ESTABLISH A	
anc													
Ĩ													
Activities & Governance	2	Check th	nis box 🕨	□ if the organizat	tion discon	tinued its ope	erations or disp	osed of	more than 2	5% of its net asset	s.		
3 3											3	30	
es	4										4	30	
Ê,	5									5	7		
Acti	6	Total nur	mber of v	olunteers (estimate	e if necessa	ary)		• •			6	30	
	7a			isiness revenue fro						•	7a	33,856	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11								• • •	7b	19,178	
		C								Prior Year		Current Year	
en		Contributions and grants (Part VIII, line 1h)					•		209,222		191,115		
Revenue	9 10			ne (Part VIII, colum			· · · ·	•		-10,264		100,920	
å				art VIII, column (A)				•		24,000		91,344	
				ld lines 8 through 1				ne 12)	332,682		491,986		
	13			milar amounts paid (Part IX, column (A), lines 1-3)								0	
	14			r for members (Par						0			
\$2	15	Salaries,	other co	mpensation, emplo	oyee benefi	ts (Part IX, c	olumn (A), line	s 5–10)		134,548		147,370	
nse	16a	a Professi	onal fund	raising fees (Part I)	X, column	(A), line 11e)						0	
Exp enses	b	Total fund	raising exp	enses (Part IX , colun	mn (D), line 2	5) ▶72,933							
a	17	Other ex	penses (l	Part IX, column (A)), lines 11a-	-11d, 11f-24e	e)	•		141,594		219,183	
	18	Total exp	penses. A	dd lines 13–17 (mu	ust equal Pa	art IX, colum	n (A), line 25)			276,142		366,553	
	19	Revenue	e less exp	enses. Subtract line	ie 18 from l	ine 12				56,540		125,433	
let Assets or und Balances									Beginr	ning of Current Year		End of Year	
sets alan	20	Total ass	ets (Part	X, line 16)						3,742,058		3,938,373	
dB				art X, line 26)						6,951		8,866	
Net A Fund				d balances. Subtrac						3,735,107		3,929,507	
Pa	rt II	Sigr	nature E	Block							I		
				declare that I have ue, correct, and cor									
		e and bell ledge.	ei, it is tfl	ue, conect, and col	mpiere. De	ciaración or p					I UI W	men preparer nas	
		- IN								2022 11 14			
Cierr		Signat	ture of offic	cer						2022-11-14 Date			
Sign Here		TOM											
			WERT TRE	ne and title									
		<u> </u>	Print/Type p	preparer's name	P	reparer's signat	ture		Date				
Pai	d								2022-11-15	Check if P00 self-employed	037049	3	
		rer	Firm's nam	e 🕨 POTTBERG GAS	SSMAN & HO	FFMAN CHTD				Firm's EIN 🕨 48-102	6411		
Preparer Use Only			Firm's addr	ess 🕨 529 HUMBOLDT	T SUITE I					Phone no. (785) 537-	9700		

May the IRS discuss this return with the preparer shown above? (see instructions) $\ .$		🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.	Cat. No. 11282Y	Form 990 (2021)

MANHATTAN, KS 66502

Form	990 (2021)				Page 2
Pa	rt III Statement	of Program Service A	ccomplishments		
	Check if Sche	dule O contains a response o	or note to any line in this Part I		🗆
1	Briefly describe the o	organization's mission:	•		
	ROMOTE THE ENJOYME SERVATION AND AN EN		ECTION, AND RESTORATION OF	NATURAL ECOSYSTEMS; AND TO ES	TABLISH A CULTURE OF
2	Did the organization	undertake any significant pr	ogram services during the year	r which were not listed on	
	•	r 990-EZ?			🗌 Yes 🛛 No
		se new services on Schedule			
3	Did the organization	cease conducting, or make s	ignificant changes in how it co	nducts, any program	
		se changes on Schedule O.			🗌 Yes 🗹 No
4	Section 501(c)(3) and		required to report the amount	ree largest program services, as mea t of grants and allocations to others, t	
4a	(Code:) (Expenses \$	238,239 including grants of \$) (Revenue \$	100,920)
	-	TION AND STEWARDSHIP OF KAN		SPECIAL EMPHASIS ON CONSERVATION OF P	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d		ces (Describe in Schedule O.) (Paraman é	<u>``</u>
	(Expenses \$		grants of \$) (Revenue \$)
4e	Total program serv	vice expenses 🕨	238,239		

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

Par	t IV Checklist of Required Schedules (continued)										
			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currer and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J										
24a	La Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a										
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?										
c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?										
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?										
25a	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I										
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I										
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> , Part III	27		No							
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		No							
b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV										
-											
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No							
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No							
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes								
Pai	t 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										
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		Yes	No							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1a5 1b 0										

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Page **4**

Form 990 (2021)	Form	990	(2021)
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Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)											
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes									
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	Yes									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No								
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.	5a		No								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No								
с	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?											
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a										
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c										
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g										
L	required?											
	1098-C?	7h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
a	Gross income from members or shareholders											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a										
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b											
с	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No								
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17										

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI									
Se	ction 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 1a 30									
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30									
2										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	2 3		No No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No						
6	Did the organization have members or stockholders?	6		No						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-								
	members of the governing body?	7a		No						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)							
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		No						
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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No						
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	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		No						
13	Did the organization have a written whistleblower policy?	13		No						
14	Did the organization have a written document retention and destruction policy?	14		No						
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?									
-	The organization's CEO, Executive Director, or top management official	15a		No						
	Other officers or key employees of the organization	15a 15b		No						
D.		130		NU						
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Se	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	🗌 Own website 🛛 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

State the name, address, and telephone number of the person who possesses the organization's books and records: POTTBERG GASSMAN HOFFMAN CHTD 529 HUMBOLDT SUITE I MANHATTAN, KS 66502 (785) 537-9700 20

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 $% \mathcal{A}$.

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

	any related of	gumzuu		mpe	1150	ilcu u	ily c	unene onicer, unee		
(A) Name and title	(B) Average hours per week (list any hours for		ne bo	א, u ו off	che nles icer	s personal and a	son	from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) DAN BAFFA TRUSTEE		x						0	0	0
(2) PHILLIP BAKER TRUSTEE		х						0	0	0
(3) BERNITA BERNTSEN TRUSTEE		х						0	0	0
(4) REX BUCHANAN TRUSTEE		х						0	0	0
(5) ELIZABETH DODD TRUSTEE		х						0	0	0
(6) MICHAEL DONNELLY TRUSTEE		х						0	0	0
(7) STEVE EDMONDS TRUSTEE		x						0	0	0
(8) TOM EWERT TREASURER		х		x				0	0	0
(9) MATT GEARHEART TRUSTEE		х						0	0	0
(10) DAVID GNIRK TRUSTEE		х						0	0	0
(11) ROYCE GUHR TRUSTEE		х						0	0	0
(12) GARY HADEN CHAIR		х		x				0	0	0
(13) DELILIAH HAMILTON TRUSTEE		х						0	0	0
(14) CINDY JEFFREY TRUSTEE		х						0	0	0
(15) LUCIA JOHNSON TRUSTEE		х						0	0	0
(16) BRUCE KENNEDY TRUSTEE		х						0	0	0
(17) GEORGE LEROUX TRUSTEE		x						0	0	0
	1	1					I	1		Form 990 (2021)

Name and title	Average hours per week (list any hours for	hours per than one box, unless person compensation week (list is both an officer and a from the ny hours for director/trustee) organization (W- related							(E) Reportable compensation from related organizations	Estin amount compe from	F) nated of other nsation n the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	rela	ition and ited zations
(18) CATHY LUCAS TRUSTEE		х						0	0		0
TRUSTEE		×						0	0		0
(20) GALEN PITTMAN		х						0	0		0
IRUSIEE											
(21) MARY POWELL		х						0	0		0
TRUSTEE		х						0	0		0
(23) ANICE ROBEL		v						0	0		0
TRUSTEE		×						0	0		0
(24) JOHN SCHUKMAN		х						0	0		0
TRUSTEE		х						0	0		0
								_			
VICE-CHAIR		×		х				0	0		0
(27) RICHARD TUCKER		х						0	0		0
IRUSIEE		····^						, 			Ŭ
(28) JOYCE WOLF		х		х				0	0		0
TRUSTEE		X						0	0		0
(30) JOHN ZEMPEL											
TRUSTEE		×						0	0		0
1b Sub-Total			•)	•					
c Total from continuation sheets to Par	t VII, Section A	••••	•	•							
d Total (add lines 1b and 1c)		· ·	• •			•			I		
2 Total number of individuals (including by reportable compensation from the organ		hose lis	ted a	bove	e) w	ho reo	ceive	ed more than \$100,	000 of		
										Yes	No
3 Did the organization list any former off	icar director or t	ructoo		mnl	~~~~	orb	iaba	ost componented on		ies	NO
line 1a? If "Yes," complete Schedule J for			•	•	•	•••	ingrie •	• • • • •	•••3		No
4 For any individual listed on line 1a, is th	e sum of reportal	ole com	nensa	atior	n an	d othe	er co	mpensation from th			NO
organization and related organizations of individual									4		No
Did any person listed on line 12 receive		• •	• from	•	•	•	• d ar	· · · · · ·			-
5 Did any person listed on line 1a receive services rendered to the organization?If											No
Section B. Independent Contracto	rs								5		110
1 Complete this table for your five highes the organization. Report compensation	t compensated in									sation fro	m
Name an	(A) d business address							Descrir	(B) otion of services		C) ensation
						<u>.</u>				compe	
2 Total number of independent contractors (1100-14-0-1	to 11-		lict			who received as a	than \$100,000 - \$		

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

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on		
line 1a? If "Yes," complete Schedule J for such individual	3	
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? If "Yes," complete Schedule J for such		
individual	4	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	
ection B. Independent Contractors		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com the organization. Report compensation for the calendar year ending with or within the organization's tax year.	pensa	atio
(A) (B) Name and business address Description of services		
		_
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 compensation from the organization >	of	
		Fo

Form 990 (20	021)
Part VIII	Statement of Revenue

Page **9**

		Check if Scheo	dule	O contains	a respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ຕົດ	1 a	Federated campa	igns		1a			Tevenue		512 - 514
ant ar		Membership dues			1b					
<u>B</u> e	c	Fundraising event	s.		1c					
ifts	d	Related organizat	ions		1d					
nig nig		Government grants (1e					
sir	f	All other contributior and similar amounts	ns, gi	fts, grants,						
je je		above			1f	191,115				
ot	g	Noncash contribution lines 1a - 1f:\$	ns inc	cluded in	1g					
Contributions, gifts, grants, and other similar amounts	ŀ	1 Total. Add lines 1	a-1f		-9					
-	-		u			Business Code	191,115			
	2=	HUTTON SANCTUARY				Busiliess coue	56,579	56,579		
9	20	• • • • • • • • • • • • • • • • • • • •								
lenu	b	ACHTERBERG FARM				- 111000	33,856		33,856	
Rev						_	9,930			9,930
lce	C	PRAIRIE-CHICKEN FES	STIVA	L						
Serv	d	CELEBRATION OF CRA	ANES			-	555			555
Ē						_				
Program Service Revenue	e									
ď						-				
	f	All other program	serv	ice revenue	2.					
		Total. Add lines 2				100,920				
		Investment income similar amounts) .				nterest, and other	21,64	7 21,647	,	
	4	Income from invest	men	t of tax-exe	empt bo	nd proceeds	•			
	5	Royalties				🕨	•			
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental								
		expenses	6b				_			
	С	Rental income or (loss)	6c							
	c	d Net rental income	e or ((loss)		· · · •				
				(i) Secu	rities	(ii) Other				
	7a	Gross amount from sales of	7a			86,96	0			
		assets other than inventory					-			
	b	Less: cost or								
	~	other basis and sales expenses	7b							
			_				1			
	-	Gain or (loss)	7c			86,96	86,960	0 86,960		
		Met gain or (loss) Gross income from fu		ising events	· · ·	· · · ►	00,500	00,300		
ue	00	(not including \$ contributions reporte		of						
ven		See Part IV, line 18			8a					
Rei	ł	b Less: direct expen	ses		8b		-			
Other Revenue		Net income or (los				ents 🕨				
						-				
	9a	Gross income from See Part IV, line 19	gami	ing activities	5. 9a					
	ł	b Less: direct expen			9a 9b		-			
		Net income or (los				es				
						-				
	10	aGross sales of inve returns and allowa								
	L	Less: cost of good			10a 10b					
		-								
		Net income or (los Miscellaneo			nivent	ory 🔒 . 🕨 🕨 Business Code				
	11	La EMPLOYEE RETEN	ΙΤΙΟΙ	N TAX CRED	ЛТ		34,123	3 34,123		
	ł	INSURANCE CLAIM	1 ON	HUTTON			29,579	9 29,579	,	
	c	PPP LOAN FORGIV	'ENE	SS			26,073	3 26,073		
	c	d All other revenue	•				1,569	9 1,569		
	e	Total. Add lines 1	1a-1	.1d			91,344	4		
	12	2 Total revenue. S	ee ir	nstructions			491 986		33 856	10 485

Part IX Statement of Functional Expenses

	Section 501(C)(3) and 501(C)(4) organizations must col			s must complete con	, , , , , , , , , , , , , , , , , , ,
	Check if Schedule O contains a response or note to an	y line in this Part IX			🛛
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		expenses	general expenses	expenses
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.				
4	Benefits paid to or for members	I			
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	125,606	76,966	10,335	38,305
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,249	5,299	6,030	920
10	Payroll taxes	9,515	5,531	973	3,011
11	Fees for services (non-employees):				
ā	Management				
ł	Legal				
	Accounting	10,900		10,900	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	11,679	11,679		
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,078	3,623	3,329	126
12	Advertising and promotion	4,379	4,272		107
13	Office expenses	24,870	5,907	9,633	9,330
14	Information technology	23,829	2,306	3,377	18,146
	Royalties				
16	Occupancy	56,488	53,489	2,999	
17	Travel	14,146	11,158		2,988
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	515		515	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	19,353	19,353		
23	Insurance	7,290		7,290	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a REPAIRS	23,793	23,793		
	b FERTILIZER	4,539	4,539		
	c BURN MANAGEMENT	2,992	2,992		
	d CONTRACT SERVICES	1,738	1,738		
	e All other expenses	5,594	5,594		
25	Total functional expenses. Add lines 1 through 24e	366,553	238,239	55,381	72,933
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720).				Forme 000 (2021)

			e te enviline in this Dort IV			\Box
		Check if Schedule O contains a response or not	e to any line in this Part IX .	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		139,835	1	162,613
	2	Savings and temporary cash investments $\ .$			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in se		r	6	
ts	7	Notes and loans receivable, net			7	
ssets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,267,8	78		
	b	Less: accumulated depreciation	10b 238,5	31 1,982,208	10c	2,029,347
	11	Investments—publicly traded securities .			11	
	12	Investments-other securities. See Part IV, line	11	1,619,365	12	1,746,413
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		650	15	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 33)	3,742,058	16	3,938,373
	17	Accounts payable and accrued expenses		849	17	2,173
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	ner officer, director, trustee, k butor, or 35% controlled entit	ey y	22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			23	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	s, 6,102	25	6,693	
	26	Total liabilities. Add lines 17 through 25 .		6,951	26	8,866
Assets or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck here 🕨 🗹 and			
ala	27	Net assets without donor restrictions		383,953	27	436,306
18	28	Net assets with donor restrictions		3,351,154	28	3,493,201
Func		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here 🕨 🗌 an	d		
or	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building or eq	uipment fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
	32	Total net assets or fund balances		3,735,107	32	3,929,507
Net	33	Total liabilities and net assets/fund balances .		3,742,058	33	3,938,373
				•		

Page **11**

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Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			491,986
2	Total expenses (must equal Part IX, column (A), line 25)	2			366,553
3	Revenue less expenses. Subtract line 2 from line 1	3			125,433
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4			3,735,107
5	Net unrealized gains (losses) on investments	5			68,967
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			3,929,507
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	па			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
				Form 0	

efi	le GR	APHIC prii	nt Sub	mission Date	e - 2022-11-15			DLN:	93493319024462
sc	HED	ULE A			harity Statu		ublic S	nort	OMB No. 1545-0047
	rm 9	-			harity Statu organization is a sec				2021
•		-		inplete il tile (4947(a)(1) nonexe	mpt charitable	e trust.	a section	ZUZI
Depa Trea		nt of the	•	Go to www.ir	Attach to Form s.gov/Form990 for in			rmation.	Open to Public
Inter	nal Re	venue			<u>3.907/10111550</u> 101111	isti uctionis and	a the latest line		Inspection
		ne organizat i KANSAS INC	on					Employer identific	ation number
								48-0849282	
	nrt I				tus (All organization			ee instructions.	
	organiz		•		e it is: (For lines 1 throu	5			
1					ssociation of churches			A)(I).	
2	\Box				(1)(A)(ii). (Attach Sche				
3		A hospital of	or a coopera	tive hospital se	rvice organization desc	ribed in sectior	n 170(b)(1)(A)(ii	i).	
4		A medical i name, city,		anization opera	ted in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). Er	ter the hospital's
5				ed for the benef nplete Part II.)	ït of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section
6				•	r governmental unit de	scribed in secti	ion 170(b)(1)(A)	(v).	
7				rmally receives (vi). (Complete	a substantial part of its Part II.)	s support from a	a governmental u	nit or from the gener	al public described in
8				• • •	n 170(b)(1)(A)(vi). (0	Complete Part II.	.)		
9					escribed in 170(b)(1) See instructions. Enter t				ge or university or a
10		activities re income and	elated to its of unrelated b	exempt functior	e income (less section 5	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more publi	cly supported	d organizations	d exclusively for the be described in section 5 ne type of supporting o	509(a)(1) or se	ction 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or anization(s). You must
с					supporting organization must complete Part			d functionally integra	ted with, its supported
d		Type III no functionally	on-function integrated.	ally integrated The organization	d. A supporting organiz on generally must satis rt IV, Sections A and	ation operated fy a distribution	in connection wit requirement and		
e		Check this	box if the or	ganization recei	ived a written determin supporting organization	nation from the I		e I, Type II, Type III fu	nctionally integrated,
f	Ente								
g					t the supported organiz	zation(s).			
1 (i)	Name o	of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
									′
Tota									
⊦or l	Paper	work Reduc	τιon Act No	τιce, see the l	nstructions for	Cat. No. 1128	15F	Schedu	le A (Form 990) 2021

Sch	edule A (Form 990) 2021						Page 2
F	art II Support Schedule for (Complete only if you chu the organization failed to	ecked the box o	n line 5, 7, or 8	of Part I or if the	e organization fa		
5	Section A. Public Support	quality and er e		ciow, picase co			
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	321,802	452,518	181,078	209,222	191,115	1,355,735
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	321,802	452,518	181,078	209,222	191,115	1,355,735
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)						
	Public support. Subtract line 5 from line 4.						1,355,735
	ection B. Total Support		-				
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	fiscal year beginning in) Amounts from line 4.	321,802	452,518	181,078	209,222	191,115	1,355,735
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	39,829	40,971	43,607			124,407
9	Net income from unrelated business activities, whether or not the business is regularly carried on.			10,706	7,227	20,588	38,521
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						1,518,663
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	612,102
13	First 5 years. If the Form 990 is for th	•					ation, check
	this box and stop here					▶∪	
	ection C. Computation of Publi		-				
	Public support percentage for 2021 (lir					14	89.270 %
	Public support percentage for 2020 Scl					15	88.190 %
16 a	33 1/3% support test—2021. If the o and stop here. The organization quali	-					x . 🕨 🔽
b	33 1/3% support test—2020. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	6 or more, check t	his
17a	box and stop here. The organization 10%-facts-and-circumstances test - if the organization meets the "facts-an	— 2021. If the orgoust of the orgoust of the orgoust of the orgon of	anization did not o test, check this bo	heck a box on line ox and stop here.	e 13, 16a, or 16b, Explain in Part VI	and line 14 is 10% how the organizat	or more, and
b	"facts-and-circumstances" test. The org 10%-facts-and-circumstances test and if the organization meets the "fac	t—2020. If the org ts-and-circumstar	ganization did not nces" test, check t	check a box on lin his box and stop l	ie 13, 16a, 16b, or here. Explain in Pa	17a, and line 15 i art VI how the orga	anization meets
18	the "facts-and-circumstances" test. Th Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see	
	instructions						. 🕨 🗆

Schedule A	Form 990	2021

Schedule A	Form	990)	2021
Julieuule A		330)	2021

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.)

36	ction A. Public Support						
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	iscal year beginning in) 🕨	(,	(,	(-,	(-,	(-)	(1) 10 101
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						
5	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.						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support						
-	ndar year						·
	iscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.)		<u> </u>				
13	Total support. (Add lines 9, 10c,						
	11, and 12.).	·				501()(2)	
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third	i, fourth, or fifth ta	x year as a section	n 501(c)(3) organi	zation, check this
	box and stop here						. ► 🗆
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2021 (lir	ne 8, column (f) di	vided by line 13,	column (f))		15	
16	Public support percentage from 2020 S	Schedule A. Part II	l, line 15			16	
-	ction D. Computation of Invest					10	
	Investment income percentage for 202			line 13 column (f))	1 1 7	
17	1 5	•	.,			17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2021. If the o	rganization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not more
	than 33 1/3%, check this box and stop	here. The organia	zation qualifies as	a publicly suppor	ted organization	•	
b	33 1/3% support tests—2020. If the	organization did r	ot check a box o	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	and line 18 is not
D D	more than 33 $_{1/3}$ %, check this box and						
-	_,	•	5	, ,			
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see i		
-							Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2).		
		2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
		3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	-	
		3b	
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	34	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c	
44	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	Ŧu	
-	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b	
	supervised by or in connection with its supported organizations.	45	
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to		
	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the		
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0	
,	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	,	
0	complete Part I of Schedule L (Form 990).	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	8	
		9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in		
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"	-	
	answer line 10b below.	10a	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	

Yes No

Part IV Supporting Organizations (continued)						
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?					
	governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c				
Se	ection B. Type I Supporting Organizations					
			Yes	No		

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	mantanea a close ana continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** _____ The organization satisfied the Activities Test. Complete **line 2** below.
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c 📋 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

з

a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's		
	involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its		
	supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.		

Page 5

1

2

Yes

Yes No

No

3b Schedule A (Form 990) 2021 Schedule A (Form 990) 2021

Section A - Adjusted Net Income (A) Prior Ye I 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 (see instructions) 7 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 Ye 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 a Average monthly value of securities 1a b Average monthly uses balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d Poscount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 6 Multipl	<i>in in Part VI). See ons A through E.</i>
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1Adjusted net income for prior year (from Section A, line 8, Column A)12Enter 85% of line 123Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	
2Enter 85% of line 123Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	Current Year
3Minimum asset amount for prior year (from Section B, line 8, Column A)34Enter greater of line 2 or line 345Income tax imposed in prior year5	
4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5	
5 Income tax imposed in prior year 5	
C Distributable Amount Subtract line 5 from line 4 unless subject to emergenous	
temporary reduction (see instructions)	

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	ganizations (c	ontinued	d)
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 e excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt put	rposes of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	าร		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	ive (<i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018. .				
e From 2020.				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2021 distributable amount				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7 Excess distributions carryover to 2022. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018			_	
c Excess from 2019				
d Excess from 2020				
			S	chedule A (Form 990) (2021)
			3	

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).

Facts And Circumstances 1	Test
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Return Reference	Explanation
PART II. LINE 10	STATE PAYROLL TAX REFUNDS 0

Schedule A (Form 990) 2021

efile GRAPHIC pr	int Su	Ibmission Date	- 2022-11-1	5		DLN	I: 9349331	9024462
SCHEDULE C	F	Political Ca	ampaigr	n and Lobby	ina Ac	tivities	OMB No. 1	.545-0047
(Form 990) Department of the		ganizations Ex		n Income Tax Un	-		20	21
Treasury Internal Revenue Service		ete if the organiza		bed below. ►Attach for instructions and t			Open to Inspe	
			orm 990, Pa	rt IV, Line 3, or Fo	orm 990-E	Z, Part V, line 40	6 (Political	l
 Section 501(c) Section 527 or 	3) organiz (other tha ganizatior	ations: Complete an section 501(c) ns: Complete Par	(3)) organiza t I-A only.	nd B. Do not comple ations: Complete Pa	rts I-A and	C below. Do not c	·	
If the organizatio Activities), then	n answe	red "Yes" on Fo	orm 990, Pa	rt IV, Line 4, or Fo	orm 990-E	Z, Part VI, line 4	7 (Lobbyiı	ng
 Section 501(c)(complete Part II-B. 	-			5768 (election unde		•		
 Section 501(c)(complete Part II-A. 	3) organi	zations that have	NOI filed F	orm 5768 (election	under secti	ion 501(h)): Comp	olete Part II-	B. Do not
If the organizatio	ne 35c (Proxy Tax) (see	separate ir	nt IV, Line 5 (Prox nstructions), then	y Tax) (see	e separate instru	uctions) or	r Form
Name of the organiz		(0) organization	s. complete			Employer identif	ication numb	er
AUDUBON OF KANŠAS IN	С					48-0849282		
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organizatio						ation.		
-	ption of the	e organization's direc	-	political campaign activi		-		
			structions			🕨 💲		
	for politica	l campaign activities	s. See instructio	ons				
Part I-B Comple	ete if the	organization is	exempt und	der section 501(c)(3).			
1 Enter the amour	nt of any ex	cise tax incurred by	the organizatio	on under section 4955		> \$		
	-			nanagers under section				
3 If the organization	on incurred	a section 4955 tax,	did it file Form	4720 for this year?			🗌 Yes	🗌 No
							🗌 Yes	🗆 No
b If "Yes," describe		organization is	exempt und	der section 501(c),	excent se	ction 501(c)(3).		
-		-	-	for section 527 exempt	-			
2 Enter the amour	nt of the fili	ng organization's fu	nds contributed	to other organizations	for section 52	27 exempt		
3 Total exempt fur	nction expe	nditures. Add lines 1	and 2. Enter h	ere and on Form 1120-F	OL, line 17b.	Þ ¢		
4 Did the filing ord	, anization f	ile Form 1120-POL	for this year? .			Ψ		
5 Enter the names organization ma political contribu	s, addresses de paymen utions recei	s and employer iden its. For each organiz ved that were prom	tification numb ation listed, en otly and directly	per (EIN) of all section 52 ter the amount paid fror y delivered to a separate is needed, provide inform	27 political on n the filing or e political org	ganizations to which ganization's funds. A anization, such as a	lso enter the	
(a) Name		(b) Address		(c) EIN	1	d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount contribution and prom directly del separate organizatio	nptly and ivered to a political
				l			enter	r -0
1								
2								
							1	

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

Scł	edule C (Form 990) 2021			Page 2
ŀ	art II-A Complete if the organization is section 501(h)).	exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
	0	5 1 ,	oup member's name	, address, EIN,
<u> </u>	Limits on Lobbyin (The term "expenditures" mean	g Expenditures	(a) Filing organization's totals	(b) Affiliated group totals
la b c d e f	Total lobbying expenditures to influence public opini Total lobbying expenditures to influence a legislative Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and Lobbying nontaxable amount. Enter the amount from columns.	e body (direct lobbying) d 1d)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.		
g h i j	Grassroots nontaxable amount (enter 25% of line 1f Subtract line 1g from line 1a. If zero or less, enter -0 Subtract line 1f from line 1c. If zero or less, enter -0 If there is an amount other than zero on either line 1 section 4911 tax for this year?	,) 1h or line 1i, did the organization file Form 4720 rep		Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
с	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
с	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?		No		
j	Total. Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), oı	sectio	n	
				Yes	;
L	Were substantially all (90% or more) dues received nondeductible by members?			1	

Complete if the computer time is computer when continue 501(-)(2) and here NOT filed

1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	4	
5	axable amount of lobbying and political expenditales. See instructions	,	

Part IV Supplemental Information

Schedule C (Form 990) 2021

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
	AUDUBON OF KANSAS' (AOK) EXECUTIVE DIRECTOR, RON KLATASKE, REACHED OUT TO AOK MEMBERS VIA ELECTRONIC MESSAGING AND MAILINGS TO INFORM THEM ABOUT ISSUES THAT HAD THE POTENTIAL OF DAMAGING, OR ALTERNATIVELY BENEFITTING, WILDLIFE CONSERVATION AND ENVIRONMENTAL PROTECTION. ON VARIOUS OCCASIONS HE ALSO PROVIDED INFORMATION ON THE LEGISLATIVE CALENDAR. PART OF THAT WAS ACCOMPLISHED BY FORWARDING WEEKLY LEGISLATIVE UPDATES PREPARED BY THE KANSAS RURAL CENTER. HE SERVES IN AN ADVISORY CAPACITY ON THE USDA STATE TECHNICAL COMMITTEE, AND THE KANSAS DEPARTMENT OF WILDLIFE, PARKS AND TOURISM'S KANSAS NONGAME WILDLIFE ADVISORY COUNCIL.

Page 3

епіе	e GRAPHIC pr	int	Submission Date - 2022	11-15				DLN: 93493319024462
			Supplement	al F:	inancial State	ment	ts	OMB No. 1545-0047
(Form 990)			 Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 					2021
	rtment of the			Attac	ch to Form 990.	-		Open to Public
Treas Interr Servio	nal Revenue		6 60 60 <u>www.irs.gov/rom</u>	<u>990</u> 10		St mon	nation.	Inspection
Nan	ne of the organiz JBON OF KANSAS IN						Employer i	identification number
AUDI	JBOIN OF KAINSAS IN						48-084928	2
Pa			ns Maintaining Donor Adv ne organization answered "Ye			unds o	r Account	:S.
	Comple	te ii ti	le organización answered re		(a) Donor advised funds		(b) Fu	unds and other accounts
1	Total number at e	end of y	year					
2	Aggregate value	of cont	tributions to (during year)					
3	Aggregate value	of grar	nts from (during year)					
4	Aggregate value	at end	of year					
5			form all donors and donor advisc , subject to the organization's ex-					re the
6	charitable purpo	ses an	form all grantees, donors, and do d not for the benefit of the donor	or don	or advisor, or for any other pu	urpose co		permissible
Par	-		n Easements.					U Yes U No
i ui			ne organization answered "Ye	s" on F	orm 990, Part IV, line 7.			
1	Purpose(s) of co	nserva	tion easements held by the orga	nization	(check all that apply).			
	Preservation	on of la	nd for public use (e.g., recreatior	n or edu	cation) 🗌 Preservati	on of an h	nistorically ir	mportant land area
	Protection	of natu	ıral habitat		Preservati	on of a ce	ertified histor	ric structure
	Preservation	on of op	pen space					
2			ugh 2d if the organization held a	qualifie	d conservation contribution in	n the form	n of a conser	rvation
			lay of the tax year.					d at the End of the Year
a L			vation easements				2a	
b c	-		l by conservation easements n easements on a certified histor				2b 2c	
	Number of conse	ervatior	n easements included in (c) acqu				2d	
3			lational Register n easements modified, transferre	ed, relea	used, extinguished, or termina	ated by th	ne organizati	ion during the
4	Number of state	s wher	e property subject to conservation	on easer	nent is located >			
5			have a written policy regarding t			andling of	f violations. a	and
5	enforcement of	the cor	nservation easements it holds? .			-		🗌 Yes 🗌 No
6	Staff and volunt	eer hou	urs devoted to monitoring, inspec	cting, ha	indling of violations, and enfo	orcing con	iservation ea	asements during the year
7	Amount of expenses	nses in	curred in monitoring, inspecting,	handlin	g of violations, and enforcing) conserva	ation easem	ents during the year
8			n easement reported on line 2(d) B)(ii)?..................				0(h)(4)(B)(i)	🗌 Yes 🗌 No
9	balance sheet, a	nd incl	ow the organization reports conse lude, if applicable, the text of the ounting for conservation easemen	footnot				
Par			ns Maintaining Collections ne organization answered "Ye			or Oth	er Similar	Assets.
1a	If the organization historical treasu	on elec res, or	ted, as permitted under FASB AS other similar assets held for pub	C 958, r lic exhit	not to report in its revenue sta hition, education, or research	atement a in further	and balance rance of pub	sheet works of art, lic service, provide, in
b	If the organization historical treasu	on elec res, or	e footnote to its financial stateme ted, as permitted under FASB AS other similar assets held for pub ting to these items:	C 958, t	o report in its revenue staten			
(i) Revenue includ	ed on I	Form 990, Part VIII, line 1				. ▶\$	
(ii	Assets included	in Forr	m 990, Part X				►\$	
2	If the organization	on rece	eived or held works of art, historic uired to be reported under FASB /	cal treas	ures, or other similar assets			vide the
а	Revenue include	ed on F	orm 990, Part VIII, line 1				►\$	
b			n 990, Part X					

Schedule D (Form	990)	2021

Sche	dule D (Form 990) 2021		Page 2
Par	t III Organizations Maintaining Collection	is of Art, Historical Treasures, or Other Similar Asse	ts (continued)
3	Using the organization's acquisition, accession, and other items (check all that apply):	ner records, check any of the following that are a significant use of	its collection
а	Public exhibition	d Loan or exchange programs	
b	Scholarly research	e 🛛 Other	
с	Preservation for future generations		
4	-	nd explain how they further the organization's exempt purpose in	
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta	and as part of the organization's collection?	Yes 🗌 No
Pa	t IV Escrow and Custodial Arrangements. Complete if the organization answered "Ye line 21.	es" on Form 990, Part IV, line 9, or reported an amount on I	
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?		Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and comple	ete the following table: Amoun	nt
с	Beginning balance	1c	
d	Additions during the year	1d	
е	Distributions during the year	1e	
f	Ending balance	1f	
2a	Did the organization include an amount on Form 990. Pa	art X, line 21, for escrow or custodial account liability?	Yes 🗌 No
b		e if the explanation has been provided in Part XIII	
_	rt V Endowment Funds.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 10.	
_		rent year (b) Prior year (c) Two years back (d) Three years bac	ck (e) Four years back
	Beginning of year balance		
	Contributions		
	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 er	nd balance (line 1g, column (a)) held as:	
а	Board designated or quasi-endowment 🕨		
b	Permanent endowment 🕨		
с	Term endowment 🕨		
	The percentages on lines 2a, 2b, and 2c should equal 10	00%.	
3a	Are there endowment funds not in the possession of the organization by:	e organization that are held and administered for the	Yes No
	(i) Unrelated organizations		3a(i)
	(ii) Related organizations		3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed as	· ·	3b
4	Describe in Part XIII the intended uses of the organization	on's endowment funds.	
Pa	t VI Land, Buildings, and Equipment. Complete if the organization answered "Ye	es" on Form 990, Part IV, line 11a. See Form 990, Part X, lir	ne 10.
	Description of property (a) Cost or other basis (investment)	(b) Cost or other basis (other) (c) Accumulated depreciation	(d) Book value
1a	Land	1,757,131	1,757,131
b	Buildings		
с	Leasehold improvements		
d	Equipment		
е	Other	510,747 238,531	272,216
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	990, Part X, column (B), line 10(c).)	2,029,347

Part VII	(Form 990) 2021 Investments - Other Securities.				Page
	Complete if the organization answered "Yes" on Fo (a) Description of security or category	rm 990, Part IV, li (b) Book value	ne 11b.See Form	n 990, Part X, I (c) Method of v	
	(including name of security)	(b) Book value	Cos	t or end-of-year	
-	l derivatives				
3) Other	S HUTTON RANCH MEMORIAL	1,070,10	6	F	
	S ENDOWMENT FUND	301,97		r	
	S SANCTUARY ENDOWMENT	298,71		' F	
				'F	
		62,69		F	
E) GMCF - A E)	AGENCY FUND	12,91	9	F	
F)					
G)					
H)					
otal. (Colum:	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,746,41	3		
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Fo			m 000 Part V	line 13
	(a) Description of investment	1111 990, Part IV, III	(b) Book value	(c) Met	hod of valuation: -of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
otal. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on For	m 990 Part IV lin	e 11d See Form	n 990 Part X I	ine 15
	(a) Description			1990, 1012 X, 1	(b) Book value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
otal. (Colui Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				
	Complete if the organization answered 'Yes' on For (a) Description of lia		e 11e or 11f.See	e ⊦orm 990, Pa	art X, line 25. (b) Book value
1) Federal i	income taxes	-			
credit car Ra Payable					6,329 364

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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6,693

Schedule D (Form 990) 2021

Page	4
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Ра	rt XI Reconciliation of Revenue per Audited Financial Staten Return.	nents	With Revenue per		
	Complete if the organization answered 'Yes' on Form 990, Part	: IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	•		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pai	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Part			r Retu	rn.
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	· .		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	•		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u>.</u>	5	
Pa	rt XIII Supplemental Information				<u>بــــــــــــــــــــــــــــــــــــ</u>

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.

Return Reference

E	efile GRAPH	IC print	nt	Submission Date -	2022-11-15		DLN	: 93493319024462	
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue			Su	Complete to prov Form 990 or	ide information for 990-EZ or to provi Attach to Forn	n to Form 990 c responses to specific quest de any additional informatio n 990 or 990-EZ. of for the latest information.	ions on	OMB No. 1545-0047 2021 Open to Public Inspection	
B	Lame of the org	anizatio	on				Employer identifi	cation number	
_							48-0849282		
	Return Reference								
	FORM 990, PAGE 6, PART VI, LINE 11B								
FORM 990, PAGE 6, PART VI, LINE 19									
	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2021								