EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | ror the | e 2022 calendar year, or tax year beginning and | enaing | _ | |
|--------------------------------|-------------------------|---|---------------|------------------------------|-------------------------------|
| В | Check if applicabl | C Name of organization | | D Employer identific | cation number |
| | Addre chang | CONNOLLY RANCH EDUCATION CENTER | | | |
| | Name chang | Doing business as | | 80-04933 | 40 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | r |
| | Final return. | 3141 BROWNS VALLEY ROAD | | 707-224- | 1894 |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,316,983. |
| | Amen | NAFA, CA 94550 | | H(a) Is this a group re | |
| | Applic tion pendi | | | for subordinates | ? Yes X No |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| <u>I</u> | Tax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. See instructions |
| | Websi | | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 2009 | State of legal domicile: CA |
| P | art I | Summary | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: TO I | NSTILI | CHILDREN W | ITH A DEEP |
| Activities & Governance | | RESPECT AND CONNECTION TO THE NATURAL WO | | 0 | |
| ērn | | Check this box if the organization discontinued its operations or disposit | sed of more | | |
| Š | | | | 3 | 8 |
| <u>«</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 8 |
| ies | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | 5 | 34 |
| Ĭ | | Total number of volunteers (estimate if necessary) | | | 25 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. |
| | | A () | | Prior Year | Current Year |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 263,533. | 297,365. |
| en | 9 | Program service revenue (Part VIII, line 2g) | | 974,573. | 933,682. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 412. | -2,026. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -5,373. | 64,226. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,233,145. | 1,293,247. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 755,322. | 881,755. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 96,4 | | 0. | 0. |
| ă | b | Total fundraising expenses (Part IX, column (D), line 25)96,4 | 13. | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 213,543. | 234,192. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 968,865. | 1,115,947. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 264,280. | 177,300. |
| Or Open | | | Ве | eginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 1,230,000. | 1,303,322. |
| t As | 21 | Total liabilities (Part X, line 26) | | 482,036. | 377,447. |
| Net Assets or Find Ralances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 747,964. | 925,875. |
| | art II | Signature Block | | | |
| Und | der pena | lties of perjury, I declare that I have examined this return, including accompanying schedule | es and statem | ents, and to the best of m | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | hich preparei | r has any knowledge. | |
| | | | | | |
| Sig | jn | Signature of officer | | Date | |
| He | re | CRAIG FINSTER, BOARD CHAIR | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | d | DEBRA M. HAVERSTICK, CPA | | LU/US/23 self-employe | |
| Pre | parer | Firm's name GANZE TAX & CONSULTING | | Firm's EIN 8 | 5-4044283 |
| Use | Only | Firm's address 1500 THIRD STREET, SUITE C | | | |
| | | NAPA, CA 94559-2866 | | Phone no. (7 | 07)255-6540 |
| Ма | y the II | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

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Form 990 (2022)

Form 990 (2022) CONNOLLY RAN Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 7,7 |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | 1 | 77 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | 7 | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 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? | 9 | | X |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 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, | | 77 | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | | X |
| 19a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | |
| 124 | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 | 444 | | Х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 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 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | 17 |
| 46 | column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 18 | Х | |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | ΙÓ | - 22 | |
| IJ | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

Form 990 (2022) CONNOLLY RANCH EDU Part 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 | | | l |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | ۱ |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | 7 | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | 25a | | X |
| 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 | | | 3,7 |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 37 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | v |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | X |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?// | 00- | | X |
| 00 | "Yes," complete Schedule L, Part IV | 28c 29 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 20 | | X |
| 24 | contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 30 | | X |
| 31 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | <u> </u> |
| 32 | | 32 | | х |
| 22 | Schedule N, Part II | 32 | | <u> </u> |
| 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 | | Х |
| 24 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | <u> </u> |
| 34 | | 34 | | X |
| 35 2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 558 | | |
| ~ | 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 | | Х |
| 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 | | Х |
| 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 | Х | 1 |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |

022) CONNOLLY RANCH EDUCATION CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No | | | | | |
|------------|---|----------|-----|----|--|--|--|--|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | | 4 | 37 | | | | | | |
| _ | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | X | v | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | X | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Α. | | | | | |
| D | If "Yes," enter the name of the foreign country See instructions for filling years in the Fig. (FRAR) | | \ | | | | | | |
| 5 0 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 5a | 7 | Х | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party potify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | X | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | 1 | | | | | | |
| | 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| ou | any contributions that were not tax deductible as charitable contributions? | 6a | | х | | | | | |
| 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). | 0.5 | | | | | | | |
| a | 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 | | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 71- | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7с | | Х | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | 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? | | | | | | | | |
| 9 | 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | _ | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| - | Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against | _ | | | | | | | |
| b | | | | | | | | | |
| 12a | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| 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 | | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 | | X | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

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 | | | X |
|------------|--|---------|---------------|------|
| Sec | tion 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 la | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 8 | | | |
| 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? | 2 | $\overline{}$ | Х |
| 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? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| | | | | |
| | more members of the governing body? | 7a | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | and an analysis (This account a requester in an analysis and a | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | 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 | Х | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 1 10. | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 122 | | |
| · | on Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| | Other officers or key employees of the organization | 15b | | Х |
| - | 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? | 16a | | Х |
| 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 | | |
| Sec | tion C. Disclosure | 100 | | |
| <u> 17</u> | List the states with which a copy of this Form 990 is required to be filed CA | | | |
| 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 |) availa | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | 2 2. my | , | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | ncial | |
| | statements available to the public during the tax year. | u | .5.41 | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| _0 | THE ORGANIZATION - 707-224-1891 | | | |
| | 3141 BROWNS VALLEY ROAD NAPA CA 94558 | | | |

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.

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

- 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.

| (A) | (B) | Juga | ai ilZč | | C) | iiipe | ıısal | (D) | (E) | (F) | |
|------------------------------|------------------------|-------------------------------|-----------------------|---------|--|------------------------------|-------|------------------|----------------------------------|-----------------------|--|
| Name and title | Average | (4- | not - | Pos | ition | 1 than | | Reportable | Reportable | Estimated | |
| | hours per | box | , unle | ss pe | erson | is bot | h an | compensation | compensation | amount of | |
| | week | _ | cer ar | id a d | irecto | or/trus | itee) | from | from related | other | |
| | (list any hours for | ndividual trustee or director | | | | L | | the organization | organizations (W-2/1099-MISC/ | compensation from the | |
| | related | 3e or c | stee | | | ısatec | | (W-2/1099-MISC/ | 1099-NEC) | organization | |
| | organizations | truste | al tru | | yee | nubei | | 1099-NEC) | | and related | |
| | below | vidual | Institutional trustee | je, | Key employee | Highest compensated employee | ner | | | organizations | |
| | line) | lndi | Inst | Officer | Ke | High | For | | | | |
| (1) HEIDI SOLDINGER | 40.00 | 1 | | | | | | | 104 100 | • | |
| CO EXECUTIVE DIRECTOR | 40.00 | | | Х | igspace | _ | | 0. | 104,182. | 0. | |
| (2) KATIE HACKETT | 40.00 | 1 | | ,, | | | | | 47 400 | | |
| CO EXECUTIVE DIRECTOR | 1 00 | | | Х | Ц | | | 0. | 47,428. | 0. | |
| (3) PER CASEY | 1.00 | 1 | | 77 | | | | | | | |
| BOARD CHAIR EMERITUS | 1 00 | | | Х | | | | 0. | 0. | 0. | |
| (4) KATHARINE FALACE | 1.00 | | | X |) (| | | 0. | | _ | |
| TREASURER | 1.00 | | | Λ | ⊨ | - | | 0. | 0. | 0. | |
| (5) CRAIG FINSTER | 1.00 | - | D | x | | | | 0. | 0. | 0. | |
| BOARD CHAIR (6) ARTHUR ROOSA | 1.00 | | | ^ | ├ | \vdash | | 0. | 0. | 0. | |
| MEMBER AT LARGE | 1.00 | x | | | | | | 0. | 0. | 0. | |
| (7) GENE KELLY | 1.00 | ^ | | | <u> </u> | - | | 0. | 0. | 0. | |
| MEMBER AT LARGE | 1.00 | X | | | | | | 0. | 0. | 0. | |
| (8) CHELSEA KOHLER | 1.00 | | | | ┢ | \vdash | | | | | |
| SECRETARY | | x | | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | | |
| | | | | | ╙ | _ | _ | | | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | \vdash | \vdash | | | | | |
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| | | | | | | | | | | | |
| | | | | | | - | | | | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | 1 | 1 | l | l | 1 | 1 | 1 | l | l | | |

232007 12-13-22 Form **990** (2022)

| Part VII Section A. Officers, Directors, 1 | rustees, Key Em | ploy | ees | , and | d Hi | ighe | st C | ompensated Employe | es (continued) | | | |
|--|--|----------------------------|---|---------|--------------|------------------------------|-----------------------|---|--|--------------|--|---|
| (A) Name and title | (B) Average hours per week (list any hours for related | tee or director open (pox) | Pos (do not check box, unless pe officer and a d | | | than is bot or/trus | one th an stee) | (D) Reportable compensation from the organization (W-2/1099-MISC/ | (E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC) | on I s | Estir amo ot compe fror orgar | mated unt of ther ensation the nization |
| | organizations below line) | Individual tru | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-NEC) | | | | related izations |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | 20 | | | | |
| | | | | | | | | X | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | 151,63 | 10. | | 0. |
| d Total (add lines 1b and 1c) | | | .(. | | <u></u> | | | 0 • eceived more than \$100 | 151,61 0,000 of reportab | | | 0. |
| compensation from the organization | | _ |) | | | | | | | | Y | es No |
| 3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J1 | for such individual | | | | | | | | | | 3 | Х |
| For any individual listed on line 1a, is the and related organizations greater than 3 | \$150,000? If "Yes, | " cor | mple | ete S | Sche | edul | e J t | for such individual | | | 4 | Х |
| 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," of Section B. Independent Contractors | | | | | - | | | ed organization or indiv | | | 5 | Х |
| Complete this table for your five highes the organization. Report compensation | | | | | | | | | | npens | ation fro | om |
| (A) Name and busin | ess address | NC | NI | 3 | | | | (B) Description of s | services | С | (C) ompens | ation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractor \$100,000 of compensation from the org | | ot lir | nite | d to | tho (| se li: 0 | stec | l above) who received n | nore than | | | 20 (2222) |

| | | Check if Schedule O contains a response | or note to any lir | ne 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 |
| ts ts | 1 a | Federated campaigns 1a | | | | | 30000013 312 314 |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | 16,848. | | | | |
| , B | | Fundraising events 1c | 1,084. | | | | |
| ar / | | Related organizations 1d | · | | | | |
| s, G | | Government grants (contributions) 1e | 210,202. | | | | <i>A</i> |
| rigi | | All other contributions, gifts, grants, and | | | | | <u> </u> |
| the l | | similar amounts not included above 1f | 69,231. | | | | |
| g d | g | | | | | | |
| a C | h | Total. Add lines 1a-1f | | 297,365. | | | <i>)</i> • |
| | | | Business Code | | | | |
| 9 | 2 a | PROGRAM REVENUE | 900099 | 933,682. | 933,682. | | |
| e Z | b | | | | | | |
| en S | С | | | | | | |
| Program Service Revenue | d | | | | | | |
| og H | е | | | | | | |
| ۵. | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 933,682. | | | |
| | 3 | Investment income (including dividends, inter | • | 420 | | | 420 |
| | | other similar amounts) | | 432. | | | 432. |
| | 4 | Income from investment of tax-exempt bond | | | <i>J</i> * | | |
| | 5 | Royalties | | 5 | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | | | | | | |
| | b | ' ''' | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | Net rental income or (loss) | (ii) Other | J. | | | |
| | <i>i</i> a | | (ii) Other | | | | |
| | | assets other than inventory Less: cost or other basis | | | | | |
| <u>o</u> | b | and sales expenses 7b | 2,458. | | | | |
| enr | • | Gain or (loss) 7c | -2,458. | | | | |
| ther Revenue | | Net gain or (loss) | 2/1301 | -2,458. | | | -2,458. |
| e | | Gross income from fundraising events (not | ····· | 2,1301 | | | 271300 |
| 됩 | o u | including \$ 1,084. of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | 85,504. | | | | |
| | b | Less: direct expenses | | | | | |
| | | Net income or (loss) from fundraising events | | 64,226. | | | 64,226. |
| | | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 | | | | | |
| | b | Less: direct expenses 9b | | | | | |
| | C | Net income or (loss) from gaming activities | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10 | | | | | |
| | b | Less: cost of goods sold10 | o | | | | |
| | С | Net income or (loss) from sales of inventory . | | | | | |
| छ | | | Business Code | | | | |
| eo e | 11 a | | | | | | |
| lan | b | | | | | | |
| Miscellaneous Revenue | С | | | | | | |
| Ĕ | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | 1,293,247. | 022 602 | 0. | 62,200. |
| | 12 | Total revenue. See instructions | | 上 , ムヲコ , ム4 / • | | J 0. | 04,400. |

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).

| 3601 | Ohank if Sahadula Capitaina a vacan | • | | <u> </u> | |
|----------|--|---------------------------------|-----------------------------|------------------------------------|--|
| | Check if Schedule O contains a respon | nse or note to any line in (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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 | | | | |
| 4 | Benefits paid to or for members | | | | \longleftrightarrow |
| 5 | Compensation of current officers, directors, | | | | |
| 6 | trustees, and key employees | | | |) |
| 0 | persons (as defined under section 4958(f)(1)) and | | | | |
| | namena described in section 4000(a)(0)(D) | | | | |
| 7 | Other salaries and wages | 747,141. | 603,143. | 89,882. | 54,116. |
| 8 | Pension plan accruals and contributions (include | · = · / = - = · | | | , |
| 3 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 75,781. | 61,176. | 9,117. | 5,488. |
| 10 | Payroll taxes | 58,833. | 47,494. | 7,078. | 4,261. |
| 11 | Fees for services (nonemployees): | - | | - | <u> </u> |
| | Management | | | | |
| b | Legal | | 6 | | |
| С | Accounting | 11,296. | | 11,296. | |
| | Lobbying | | | | |
| | 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.) | 21,025. | 3,960. | 16,709. | 356. |
| 12 | Advertising and promotion | 4 000 | | 4 002 | |
| 13 | Office expenses | 4,803. | | 4,803. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | 4,125. | | 4,125. | |
| 20 21 | Payments to affiliates | -, | | 1,123 | |
| 22 | Depreciation, depletion, and amortization | 18,383. | 18,383. | | |
| 23 | Incurance | 10,158. | = 0 / 0 0 0 | 10,158. | |
| 24 | Other expenses. Itemize expenses not covered | 7 = 3 3 3 | | | |
| | 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.) | | | | |
| а | ALL OTHER EXPENSES | 101,978. | 45,919. | 23,867. | 32,192. |
| b | FARM REPAIRS AND MAINTE | 25,387. | 25,209. | 178. | |
| С | UTILITIES | 21,971. | 10,447. | 11,524. | |
| d | PROFESSIONAL SERVICES | 9,668. | | 9,668. | |
| е | All other expenses | 5,398. | 3,167. | 2,231. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,115,947. | 818,898. | 200,636. | 96,413. |
| 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) | | | | Earm 990 (2022) |
| | 0 10 10 00 | | | | |

Form 990 (2022) Part X Balance Sheet

| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
|-----------------------------|----|--|-----------|-----------------------|---------------------------------|----------|---------------------------|
| | | | | | | | |
| - | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 155,878. | 1 | 249,640. |
| | 2 | Savings and temporary cash investments | | | 869,254. | 2 | 869,655. |
| | | Pledges and grants receivable, net | | | | 3 | |
| | | Accounts receivable, net | | | | 4 | |
| | | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial o | contributor, or 35% | | | A |
| | | controlled entity or family member of any of thes | se pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| <u>ب</u> | | Notes and loans receivable, net | | 7 | | | |
| Assets | | Inventories for sale or use | | | | 8 | |
| ¥ | | Prepaid expenses and deferred charges | | | | 9 | <i>)</i> 7 |
| 1 | | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 366,615. | | 1 | |
| | b | Less: accumulated depreciation | | 182,588. | 204,868. | 10c | 184,027. |
| 1 | | Investments - publicly traded securities | | | 11 | | |
| 1 | | Investments - other securities. See Part IV, line | | 12 | | | |
| 1 | | Investments - program-related. See Part IV, line | | 13 | | | |
| 1 | | Intangible assets | | | 14 | | |
| 1 | | Other assets. See Part IV, line 11 | 17 | 15 | | | |
| 1 | | Total assets. Add lines 1 through 15 (must equ | | | 1,230,000. | 16 | 1,303,322. |
| 1 | 17 | Accounts payable and accrued expenses | | | 15,057. | 17 | 4,533. |
| 1 | | Grants payable | | | | 18 | |
| 1 | 19 | Deferred revenue | | 110,810. | 19 | 199,944. | |
| 2 | 20 | Tax-exempt bond liabilities | | 20 | | | |
| 2 | 21 | Escrow or custodial account liability. Complete | Part IV | of Schedule D | | 21 | |
| တ္က 2 | 22 | Loans and other payables to any current or forn | ner offic | cer, director, | | | |
| ≝ | | trustee, key employee, creator or founder, subs | antial o | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | e pers | ons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted thi | rd parties | | 23 | |
| 2 | 24 | Unsecured notes and loans payable to unrelate | d third | parties | 355,782. | 24 | 159,073. |
| 2 | 25 | Other liabilities (including federal income tax, pa | yables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X | | | |
| | | of Schedule D | | | 387. | 25 | 13,897. |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | | | 482,036. | 26 | 377,447. |
| ,, | | Organizations that follow FASB ASC 958, che | ck her | e X | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | | | |
| [월 2 | 27 | Net assets without donor restrictions | | | 719,191. | 27 | 897,102. |
| <u>m</u> 2 | 28 | Net assets with donor restrictions | | ····· | 28,773. | 28 | 28,773. |
| ğ | | Organizations that do not follow FASB ASC 9 | 58, che | eck here | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| ပ္သို့ 2 | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| Se Se | 30 | Paid-in or capital surplus, or land, building, or ed | Juipme | nt fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | come, | or other funds | | 31 | |
| ₽ 3 | 32 | Total net assets or fund balances | | | 747,964. | 32 | 925,875. |
| 3 | | Total liabilities and net assets/fund balances | | | 1,230,000. | 33 | 1,303,322. |

Form **990** (2022)

| Pa | rt 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 | 1,29 | 3 2 | 47. | | | |
| | | 2 | 1,11 | 5,2 | 17 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 3 | 17 | $\frac{3,3}{7,3}$ | 00 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 4 | | | $\frac{64.}{}$ | | | |
| 4 | rior accord or raine definiting or year (macroquair arror, mic ce, colemn v y/ | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | | | - 0 | <u> 11.</u> | | | |
| 6 | Donated services and use of facilities | 6 | | · | | | | |
| 7 | Investment expenses | 7 | | _ | | | | |
| 8 | Prior period adjustments | 8 | | \rightarrow | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | _ | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| _ | column (B)) | 10 | 92 | 5,8 | 75. | | | |
| Ра | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <i>.</i> | | Ш | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | Yes | No | | | |
| | 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 | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | e 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 on Sch | | | | | | | |
| За | 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? | | 3a | | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

n 990 or Form 990-EZ.
Instructions and the latest information.

Open to Public
Inspection

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

Employer identification number

OMB No. 1545-0047

| | | | | | EDUCATION C | | | | | 0-0493340 | |
|----------------|-------|---|-------------------|----------------|--|-------------------------------------|--------------------|-----------------|-----------------------------|----------------------------|--|
| Pa | rt I | Reason for Public | Charity | Status. | (All organizations must o | omplete th | nis part.) S | ee instruction | ns. | | |
| The | organ | ization is not a private found | dation bed | cause it is: | For lines 1 through 12, o | check only | one box.) | | | | |
| 1 | | A church, convention of ch | urches, o | r associatio | on of churches describe | d in sectio | n 170(b)(| 1)(A)(i). | | | |
| 2 | | A school described in sect | ion 170(b |)(1)(A)(ii). (| Attach Schedule E (Forn | n 990).) | | | | 4 | |
| 3 | | A hospital or a cooperative | hospital | service org | anization described in s e | ection 170 | (b)(1)(A)(i | ii). | | | |
| 4 | | A medical research organiz | ation ope | erated in co | njunction with a hospita | l described | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the ber | nefit of a co | llege or university owne | d or opera | ted by a g | overnmental ı | unit describ | oed in | |
| | | section 170(b)(1)(A)(iv). (C | 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). (C | omplete F | Part II.) | | | | | | | |
| 8 | | A community trust describe | ed in sect | tion 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultural research org | ganization | n described | in section 170(b)(1)(A)(| (ix) operate | ed in conju | ınction with a | land-grant | college | |
| | | or university or a non-land-o | grant colle | ege of agric | culture (see instructions) | . Enter the | name, cit | , and state o | f the colleg | e or | |
| | | university: | | | | | | | | | |
| 10 | X | An organization that norma | Illy receive | es (1) more | than 33 1/3% of its sup | port from | contributio | ons, members | hip fees, a | nd gross receipts from | |
| | | activities related to its exen | npt functi | ons, subjec | ct to certain exceptions; | and (2) no | more that | n 33 1/3% of | its support | from gross investment | |
| | | income and unrelated busin | ness taxa | ble income | (less section 511 tax) fr | om busine | sses acqu | ired by the o | ganization | after June 30, 1975. | |
| | | See section 509(a)(2). (Con | mplete Pa | art III.) | | | | | | | |
| 11 | Ш | An organization organized a | - | | | | | | | | |
| 12 | | An organization organized a | | | | | | | | | |
| | | more publicly supported or | - | | | | | | | Check the box on | |
| | | lines 12a through 12d that | | | | | | | | | |
| а | | ☐ Type I. A supporting orga | | | | | | | | | |
| | | the supported organization | | | | a majority | of the dire | ctors or truste | ees of the s | supporting | |
| | | organization. You must o | - | | | 41 | | | · · · (-) - · · - · | | |
| b | | Type II. A supporting org | | | | | | | | | |
| | | control or management o | | | | same perso | ons that co | ontrol or mana | age the sup | рропеа | |
| _ | | organization(s). You mus | | | | in connoc | tion with | and functions | lly intograt | ad with | |
| C | | Type III functionally inte its supported organizatio | | | | | | | lly integrati | eu wiiii, | |
| d | | Type III non-functionally | | | - | | | | rted organi | zation(s) | |
| u | | that is not functionally int | | h | | | | | | | |
| | | requirement (see instruct | | | | | | | a an attent | 17011033 | |
| е | | Check this box if the orga | | | | | | | II Type III | | |
| Ū | | functionally integrated, or | | | | | | , po ., . , po | , .,po | | |
| f | Ente | er the number of supported of | • • | | , | | | | | | |
| g | | vide the following information | • | | ed organization(s). | | | | | | |
| | | i) Name of supported | | EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | nstructions) | support (see instructions) | |
| | | | | | | | | | | | |
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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.)

| Sec | ction A. Public Support | | | | | | | |
|------|--|-------------------------|---------------------|----------------------|---------------------|---------------------|-----------|--|
| Cale | ndar 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 organ- | | | | | | | |
| | ization'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. | | | | | | | |
| Sec | ction B. Total Support | | | | 7 | | | |
| Cale | ndar 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 | | A (| | | | | |
| | 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 instruction | ons) | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | | |
| | organization, check this box and stor | | | | | | <u></u> | |
| | ction C. Computation of Publ | | | | | | | |
| | Public support percentage for 2022 (| | | | | 14 | <u>%</u> | |
| | Public support percentage from 2021 | | | | | 15 | <u>%</u> | |
| 16a | 6a 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 | | | | | | | |
| b | 33 1/3% support test - 2021. If the | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 1/a | 10% -facts-and-circumstances tes | | | | | | | |
| | and if the organization meets the fact | | | | • | _ | | |
| | meets the facts-and-circumstances to | ~ | | • • • | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or | |
| | more, and if the organization meets the | | | | - | | | |
| 40 | organization meets the facts-and-circ | | | | | | - | |
| Ιğ | Private foundation. If the organization | in did not check a | 00x on line 13, 16 | a, 160, 1/a, or 1/1 | o, cneck this box a | ina see instruction | s | |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | leiow, piease comp | Diete Part II.) | | | | |
|----|---|---|-----------------------|---------------------------------------|---------------------|----------------------|-----------------------|
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | (4) 2010 | (2) 2010 | (6) 2020 | (4) 2021 | (6) 2022 | (i) rotal |
| · | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 167,126. | 177,009. | 626,402. | 157,538. | 100.399. | 1228474. |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | < \ |
| | any activity that is related to the organization's tax-exempt purpose | 597,654. | 689,156. | 789.737. | 974,573. | 933,682. | 3984802. |
| 3 | Gross receipts from activities that | 7001 | 7 - 2 - 2 - 2 | , , , , , , | | | |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | 77,316. | 113,189. | 7,121. | 9,251. | 65,311. | 272,188. |
| 4 | Tax revenues levied for the organ- | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,=== | 7,202 | 17712 | 7 |
| · | ization's benefit and either paid to | | | | | | • |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 842,096. | 979,354. | 1423260. | 1141362. | 1099392. | 5485464. |
| | Amounts included on lines 1, 2, and | 012,0300 | 3,3,3310 | | 22123021 | | |
| ,, | 3 received from disqualified persons | | 25,780. | 500,000. | | | 525,780. |
| ŀ | Amounts included on lines 2 and 3 received | | | | Y' | | |
| | from other than disqualified persons that | | | | , | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| , | Add lines 7a and 7b | | 25,780. | 500,000. | | | 525,780. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 4959684. |
| Se | etion B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2018 842, 096. | 979,354. | 1423260. | 1141362. | 1099392. | (f) Total 5485464. |
| | Gross income from interest, | , | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | 81. | 412. | 432. | 925. |
| ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | 81. | 412. | 432. | 925. |
| 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | 842,096. | 979,354. | 1423341. | 1141774. | 1099824. | 5486389. |
| | First 5 years. If the Form 990 is for th | | | fourth, or fifth tax | year as a section 5 | 501(c)(3) organizati | on, |
| | check this box and stop here | | , , , , | · · · · · · · · · · · · · · · · · · · | , | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2022 (| line 8, column (f), c | livided by line 13, | column (f)) | | 15 | 90.40 % |
| 16 | Public support percentage from 2021 | Schedule A, Part | III, line 15 | | | 16 | 89.41 % |
| Se | ction D. Computation of Inves | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 122 (line 10c, colun | nn (f), divided by li | ne 13, column (f)) | | 17 | .02 % |
| 18 | Investment income percentage from | 2021 Schedule A, | Part III, line 17 | | | 18 | .01 % |
| | 33 1/3% support tests - 2022. If the | | | | | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | | | | | | X |
| k | 33 1/3% support tests - 2021. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | eck this box and st | op here. The orga | nization qualifies a | s a publicly suppo | rted organization | |
| | Private foundation. If the organization | | | | | | |

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

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

| | | Yes | No |
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| | 10b | | |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|---------|--|---------------|-----|------|
| | | Continuedy | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| | | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | | ily member of a person described on line 11a above? | 11b | | |
| | | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | - 112 | | |
| _ | | in Part VI. | 11c | | |
| Sec | | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e 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, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | _ | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | be organization operate for the benefit of any supported organization other than the supported | | | |
| | | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | • | It how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization'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 | | | |
| | organ | ization'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 | | | |
| | • | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | • | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | • | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0 | | orted organizations played in this regard. | 3 | | |
| | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete</i> line 3 <i>below.</i> | | 1 | |
| C | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structioi | | NI - |
| 2 | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | e supported organization(s) to which the organization was responsive? If Tes, then in Fart Vi identity | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | | | |
| | | nese activities constituted substantially all of its activities. | 2a | | |
| h | | e activities described on line 2a, above, constitute activities that, but for the organization's involvement, | <u> La</u> | | |
| J | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's position that its supported organization(s) would have organization and activities but for the organization is involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | es of each of the supported organizations: In Test of No provide details In Part VI. | J u | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | Org | anizations | J |
|------|---|---------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust c | on Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must of | comple | ete Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | <i>A</i> |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | • | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | .,7 | |
| | (explain in detail in Part VI): | |)4 | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990) 2022

instructions).

| _ | | CH EDUCATION CE | | 8 | U-0493340 Page 7 |
|-------|---|------------------------------------|---------------------------------------|------|---|
| Par | t V Type III Non-Functionally Integrated 509 | 9(a)(3) Supporting Orga | anizations _{(continu} | ıed) | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exem | pt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ses of supported organization | ns | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | rovide 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 | 4 |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | е | | |
| | (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 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | 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: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| С | 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 | | | | |

Schedule A (Form 990) 2022

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

| 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, |
| | 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.) |
| | · · · · · · · · · · · · · · · · · · · |
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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 Open to Public Inspection

Name of the organization

CONNOLLY RANCH EDUCATION CENTER

Employer identification number 80-0493340

| Pai | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir | | Similar Funds | or Accou | nts.Complete if the |
|-----|--|-----------------------------|--|------------------|----------------------------------|
| | organization anowared 100 on 10111000, 1 artiv, iii | (a) Donor advise | d funds | (b) Fund | ds and other accounts |
| 1 | Total number at end of year | . , | | · · · | |
| 2 | Aggregate value of contributions to (during year) | | | | <i>A</i> |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and donor advisors in | | eld in donor advis | ed funds | |
| | are the organization's property, subject to the organization's | - | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor of | | | |) y |
| | impermissible private benefit? | | | | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Ye | s" on Form 990, F | Part IV, line 7. | 7 |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | | | |
| | Preservation of land for public use (for example, recrea | ation or education) | Preservation of | a historically | important land area |
| | Protection of natural habitat | | Preservation of | a certified his | storic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contrib | ution in the form | of a conserva | ation easement on the last |
| | day of the tax year. | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | <u>) </u> | 2c | |
| d | Number of conservation easements included in (c) acquired | after July 25,2006, and n | ot on a | | |
| | historic structure listed in the National Register | | | 2d | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or | terminated by the | e organization | during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspec | tion, handling of | | |
| | violations, and enforcement of the conservation easements i | , | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, ar | nd enforcing cons | servation eas | ements during the year |
| | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and en | forcing conserva | tion easemer | its during the year |
| • | Donate de la constant | | | (I-)(A)(D)(!) | |
| 8 | Does each conservation easement reported on line 2(d) above | | | | □v _{ee} □v _e |
| • | and section 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | | | | |
| | balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements. | note to the organization s | inanciai statem | ents that des | cribes trie |
| Pai | t III Organizations Maintaining Collections o | f Art. Historical Tre | easures, or O | ther Simil | ar Assets |
| | Complete if the organization answered "Yes" on Form | | , a c a . c . c . c . c | | ai 71000101 |
| | If the organization elected, as permitted under FASB ASC 95 | | enue statement a | and halance s | heet works |
| ıu | of art, historical treasures, or other similar assets held for pul | • | | | |
| | service, provide in Part XIII the text of the footnote to its fina | • | • | | pasiic |
| h | If the organization elected, as permitted under FASB ASC 95 | | | | t works of |
| ~ | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items: | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ç | 8 |
| | | | | | <u> </u> |
| 2 | If the organization received or held works of art, historical tre | | | | · e |
| _ | the following amounts required to be reported under FASB A | | | Ja, provid | = |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | |
| | Assets included in Form 990, Part X | | | | · |

| Par | t III Organizations Maintaining C | Collections of Art | t, Historical Tr | easures, or | Other Simila | ar Assets | continue) | ed) |
|--------|---|--------------------------|-------------------------|-----------------|-------------------|-----------------|--------------|-------------|
| 3 | Using the organization's acquisition, access | ion, and other records | s, check any of the | following that | make significant | use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange progran | n | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explain | how they further t | he organization | n's exempt purpo | se in Part) | KIII. | |
| 5 | During the year, did the organization solicit of | or receive donations of | f art, historical trea | sures, or other | similar assets | | _ | |
| | to be sold to raise funds rather than to be m | | | | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arran | | e if the organization | n answered "Y | es" on Form 990 |), Part IV, lir | ne 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | |
| | on Form 990, Part X? | | | | | | Yes L | ↓ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follo | owing table: | | | | | |
| | | | | | | 1 | Amount | |
| | Beginning balance | | | | | | | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | | | |
| | Ending balance | | | | | | [| |
| | Did the organization include an amount on F | | | | | | Yes l | — No |
| | If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete | | | | | | L | |
| Fai | Elidowillent Fullus. Complete | (a) Current year | (b) Prior year | | back (d) Three y | pare hack | (e) Four ye | are hack |
| 4. | Designing of year belongs | (a) Current year | (b) Filor year | (C) Two years | Dack (a) Tilled y | cars back | (e) i our yo | ars back |
| | Beginning of year balance | | | Y ′ | | | | |
| | Contributions | | | | | | | |
| | Net investment earnings, gains, and losses | | | | | | | |
| | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| | Administrative expenses | | | | | | | |
| g | End of year balance | wont year and balance | /line 1 a column / |)) bold oo: | | | | |
| 2 | Provide the estimated percentage of the cur Board designated or quasi-endowment | | e (iirie 19, columni (a | a)) neid as. | | | | |
| a b | Permanent endowment | % | | | | | | |
| | | % | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | | | | | | | |
| 32 | Are there endowment funds not in the posse | • | tion that are held a | and administers | ad for the | | | |
| Ja | organization by: | ession of the organizat | tion that are new a | ind administere | ed for the | | Ye | s No |
| | | | | | | | 3a(i) | 111 |
| | (ii) Related organizations | | | | | | 3a(ii) | |
| h | If "Yes" on line 3a(ii), are the related organization | ations listed as require | ed on Schedule R? | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | · | | | | | 00 | |
| Par | t VI Land, Buildings, and Equipn | | vinorit rarido. | | | | | |
| | Complete if the organization answere | | Part IV, line 11a. | See Form 990, | Part X, line 10. | | | |
| | Description of property | (a) Cost or oth | 1 | or other | (c) Accumulate | ed (| d) Book va | alue |
| | N. P. Spany | basis (investme | ', | (other) | depreciation | ` | , | |
| 1a | Land | | | | | | | |
| | Buildings | | 12 | 7,724. | 15,28 | 83. | 112, | 441. |
| | Leasehold improvements | | | | | | | |
| | Equipment | | | | | | | |
| | Other | | 23 | 8,891. | 167,30 | 05. | | 586. |
| Total | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part X | K, column (B), line | 10c.) | | | 184, | 027. |
| | | | | | | | | |

| Schedule D (Form 990) 2022 CONNOLLY RA | NCH EDUCATIO | N CENTER | 80-0493340 Page 3 |
|--|------------------------------|--|------------------------------------|
| Part VII Investments - Other Securities. | | | . age : |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | e 11b. See Form 990. Part X. | line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | | : Cost or end-of-year market value |
| (1) Financial derivatives | (-, | (0,1112111211111111111111111111111111111 | |
| | | | |
| (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 | e 11c. See Form 990. Part X. | line 13. |
| (a) Description of investment | (b) Book value | | : Cost or end-of-year market value |
| | (a) I som raide | (0) | , occording to your manner raise |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | A (| | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, lin | e 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 | 0.15) | | |
| Part X Other Liabilities. | - 10.) | | |
| Complete if the organization answered "Yes" | on Form 000 Port IV lin | a 11a av 11f Saa Farm 000 F | Part V line OF |
| 1.75 1.11 (11.1111) | OII FOITH 990, Part IV, IIII | e Tie of Til. See Follif 990, F | <u> </u> |
| | | | (b) Book value |
| (1) Federal income taxes | | | 4 066 |
| (2) CREDIT CARD | | | 4,066. |
| (3) ACCRUED INTEREST | | | 9,831. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (0) | | | |

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...

13,897.

| Pai | rt XI | Reconciliation of Revenue per Audited Financial Statemer | its With Revenue per R | eturn | |
|-------|---------|---|------------------------|---------|---------------------|
| | | 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 | |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net ur | nrealized gains (losses) on investments | 2a | | |
| b | | ted services and use of facilities | 2b | | |
| С | | veries of prior year grants | 2c | | |
| d | | (Describe in Part XIII.) | 2d | | |
| е | | nes 2a through 2d | | 2e | |
| 3 | Subtra | act line 2e from line 1 | | 3 | 1 |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Invest | tment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | Add li | nes 4a and 4b | | 4c | |
| 5 | | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pai | rt XII | Reconciliation of Expenses per Audited Financial Stateme | nts With Expenses per | Retu | 'n. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | |
| 1 | Total | expenses and losses per audited financial statements | | 1 | |
| 2 | Amou | nts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donat | ted services and use of facilities | 2a | | |
| b | Prior y | year adjustments | 2b | | |
| С | | losses | 2c | | |
| d | Other | (Describe in Part XIII.) | 2d | | |
| е | | nes 2a through 2d | | 2e | |
| 3 | Subtra | act line 2e from line 1 | | 3 | |
| 4 | | ints included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Invest | tment expenses not included on Form 990, Part VIII, line 7b |) 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | Add li | nes 4a and 4b | | 4c | |
| 5 | | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| Pai | rt XIII | Supplemental Information. | | | |
| | | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | | 4; Part | X, line 2; Part XI, |
| lines | 2d and | d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi | onal information. | | |
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SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number CONNOLLY RANCH EDUCATION CENTER 80-0493340 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross receipts greater than \$5,000 of fundraising event contributions and gross receipts greater than \$5,000 of fundraising event contributions and gross receipts greater than \$5,000 of fundraising event contributions and gross receipts gre

| | | of fundraising event contributions and gro | 288 IIICOITIE ON FOITH 990 | | events with gross receip | nts greater than \$5,000. | | | |
|-----------------|---|--|----------------------------|--------------------------|--------------------------|----------------------------|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | | |
| | | | DINNER AT | EARTH NIGHT | | (add col. (a) through | | | |
| | | | THE RANCH | FESTIVAL | 2 | ` | | | |
| | | | (event type) | (event type) | (total number) | col. (c)) | | | |
| Revenue | | | , ,,, | , ,, | , | | | | |
| Ver | | Cross resoints | 67,400. | 9,246. | 9,942. | 86,588. | | | |
| Be | ' | Gross receipts | 07,400. | J, 240. | 7,744. | 00,500. | | | |
| | _ | | | 410. | 674. | 11 001 | | | |
| | 2 | Less: Contributions | | 410. | 0/4. | 1,084. | | | |
| | | | 67 400 | 0 026 | 0 000 | 05 504 | | | |
| | 3 | Gross income (line 1 minus line 2) | 67,400. | 8,836. | 9,268. | 85,504. | | | |
| | | | | | | | | | |
| | 4 | Cash prizes | | | | | | | |
| | | | | | | | | | |
| | 5 | Noncash prizes | | | | / / | | | |
| ses | | | | | | | | | |
| Sen | 6 | Rent/facility costs | 3,983. | | | 3,983. | | | |
| Direct Expenses | | | | | | | | | |
| 3Ct | 7 | Food and beverages | 15,350. | 1,185. | | 16,535. | | | |
| Ë | | | | | | | | | |
| | 8 | Entertainment | 4,350. | | | 4,350. | | | |
| | 9 | Other direct expenses | 4,534. | 1,488. | 1,198. | 7,220. | | | |
| | 10 | Direct expense summary. Add lines 4 through | n 9 in column (d) | | | 32,088. | | | |
| | | Net income summary. Subtract line 10 from li | | | | 53,416. | | | |
| Pa | Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than | | | | | | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | • | | | | |
| | | | () 5: | (b) Pull tabs/instant | () () (| (d) Total gaming (add | | | |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) | | | |
| € | | | | | | | | | |
| ď | 4 | Gross revenue | | | | | | | |
| | ÷ | GIOGG TEVERIDE | | | | | | | |
| | 2 | Cash prizes | | | | | | | |
| Direct Expenses | _ | Oasii prizes | | | | | | | |
|)en | 2 | Noncash prizes | | | | | | | |
| Ä | 3 | Noncasii prizes | | | | | | | |
| 3Ct | | Doublife cilibra costs | | | | | | | |
| Ë | 4 | Rent/facility costs | | | | | | | |
| | _ | | | | | | | | |
| | 5 | Other direct expenses | | | | | | | |
| | | | Yes% | Yes % | Yes % | | | | |
| | 6 | Volunteer labor | └── No | └── No | └── No | | | | |
| | | | | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | | | | |
| | | | | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | | | | |
| | | | | | | | | | |
| | | ter the state(s) in which the organization condu | · · · · - | | | | | | |
| а | ls t | the organization licensed to conduct gaming a | ctivities in each of these | states? | | Yes No | | | |
| b | If " | No," explain: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or to | erminated during the tax | year? | Yes No | | | |
| b | If " | Yes," explain: | | | | | | | |
| | | | | | | | | | |
| | _ | | | | | | | | |

| Sch | nedule G (Form 990) 2022 CONNOLLY RANCH EDUCATION CENTER 80-0 | 493 | 340 | Page 3 |
|-----|--|------------|---------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | └── No |
| | Indicate the percentage of gaming activity conducted in: | ۔مد ا | 1 | 0.4 |
| | a The organization's facility a An outside facility | 13a 13b | 1 | <u>%</u> |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | | |
| | | | | |
| | Name | | _ | |
| | Address | | 1 | |
| | Address | | | |
| b | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| | | | | |
| | of regular resource who is all but the about 100 per control of gaming revenue received by the organization \$ and the amount | | | |
| | of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party: | | | |
| | on res, enternance and address of the time party. | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation \$ | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| a | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | . Ш | Yes | └── No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | | | |
| Pa | Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III is a column of the case of the explanation of the explanation of the case of the explanation of the explanati | rt III, I | ines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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232083 10-27-22 Schedule G (Form 990) 2022

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CONNOLLY RANCH EDUCATION CENTER Employer identification number 80-0493340