990 **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	e 2020 calend	dar year, or tax year beginning Oct 1 , 2020, and ending	ng Se	p 30	, 20 21							
В	Check i	f applicable:	C Name of organization Merrohawke Nature School, Inc.		D Empl	oyer identification number							
	Address	s change	Doing business as		26-1	462660							
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	none number							
	Initial re	turn	PO Box 235		(978) 463-2233							
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return	Newburyport, MA 01950		G Gross	receipts \$ 612,602.							
	Applica	tion pending	F Name and address of principal officer:	H(a) Is this a gro	oup return fo	or subordinates? Yes X No							
			Katie M. Yeomans, PO Box 235, Newburyport, MA 019	950 H(b) Are all su	all subordinates included? \square Yes \square No								
ı	Tax-exe	empt status:	X 501(c)(3)			st. See instructions							
J	Website	e: ► www.m	errohawke.org	H(c) Group ex	oup exemption number 🕨								
K	Form of	organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 2007	M State	of legal domicile: MA							
Р	art I	Summa	ry										
	1	Briefly des	cribe the organization's mission or most significant activities: The Organ	ization is committed t	o quiding	learning in nature that inspires							
Se			, resilience, grit and a deep connection to the										
Jan		September 30, 2021 the Organization's staff provided 19,097 hours of nature-based learning to 651 youth.											
Governance	2		box ▶ ☐ if the organization discontinued its operations or disposed										
Š	3	Number of	voting members of the governing body (Part VI, line 1a)		3	11							
જ	4	Number of	independent voting members of the governing body (Part VI, line 1b)	4	11							
ijes	5	Total numb	per of individuals employed in calendar year 2020 (Part V, line 2a)		5	23							
Activities &	6	Total numb	per of volunteers (estimate if necessary)		6	20							
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.							
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.							
				Prior Year		Current Year							
ø	8	Contribution	ons and grants (Part VIII, line 1h)	175,	713.	169,705.							
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)	234,	300.	410,337.							
eve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		68.	815.							
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,	102.	26,859.							
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	425,	183.	607,716.							
	13	Grants and	I similar amounts paid (Part IX, column (A), lines 1-3)	,		<u>, </u>							
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)										
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)	198,	906.	292,955.							
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)										
ф	b	Total fundr	aising expenses (Part IX, column (D), line 25) ▶ 7,729.										
û	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	178,	065.	210,062.							
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	376,	971.	503,017.							
	19	Revenue le	ess expenses. Subtract line 18 from line 12	48,	212.	104,699.							
o Ses	3	•		Beginning of Curre	ent Year	End of Year							
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	204,	636.	334,625.							
t As	21	Total liabili	ties (Part X, line 26)	151,	229.	255,584.							
활	22	Net assets	or fund balances. Subtract line 21 from line 20	53,	407.	79,041.							
P	art II	Signatu	re Block										
			I declare that I have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and belief, it is							
				0.8	/12/2	022							
Si	gn	Signati	,, _										
He	ere	Kat	ie M Yeomans, Executive Director										
			r print name and title										
D-	.i.d	Print/Type preparer's name Preparer's signature Date Check ☐ if PTIN											
	aid	Daniel	E. Schaffner, CPA	08/15/2022	1 ., 👇 .)								
	epare	Firma's man				04-3447507							
US	se On	IV	dress ► 8 ESSEX STREET, NEWBURYPORT, MA 01950			78)462-2161							
Ma	v the II		this return with the preparer shown above? See instructions			. X Yes No							

Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The Organization is committed to guiding learning in nature that inspires	
	empathy, resilience, grit and a deep connection to the earth. From October 1, 2020	
	eptember 30, 2021 the Organization's staff provided 19,097 hours of nature-based learning to 651 years.	outh.
2	old the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	"Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ervices?	l NI =
	ervices?	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	thers,
4a	Code:) (Expenses \$463,746. including grants of \$0.) (Revenue \$410,337.)	
	The Organization is committed to guiding learning in nature that inspires	
	empathy, resilience, grit and a deep connection to the earth. From October 1,	
	020 to September 30, 2021, the Organization's staff provided 19,097 hours	
	f nature-based learning to 651 youth.	
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
- u	Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 463,746.	

Part	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	×	
2	complete Schedule A	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D. Part III</i>	7		×
9	complete Schedule D, Part III	8		×
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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 Schedule J	23		×
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			
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
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 contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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? <i>If "Yes," complete Schedule R, Part I </i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

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, filed for the calendar year ending with or within the year covered by this return 23 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a × 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с × If "Yes," indicate the number of Forms 8282 filed during the year d 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 × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h × Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ... 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a × If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on 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 11			
	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.			
L	· ·			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 11	-		
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		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	<	
13	describe in Schedule O how this was done	12c	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
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		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401-		
Socti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (\$40	tion F	501(a)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)	1 (360	uon c) (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.		•	

Form 990 (2020) Pac

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

Officer this box in ficture, the organization fic		u 0.g			C)	<u>р</u> -с				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do not ched box, unless officer and a or direct the control of th		s pe	k more than one erson is both an director/trustee) Former Highest compensated		n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) David Marroncelli	1.00									
Treasurer		×		×				0.	0.	0.
(2) P. J. Solomon	1.00									
Director		×						0.	0.	0.
(3) Meg Connerton	1.00									
Vice President		×		×				0.	0.	0.
(4) Harmony Wilson	1.00									
Clerk		×		×				0.	0.	0.
(5) Rob Ciampitti	1.00									
Director		×						0.	0.	0.
(6) Jane Healey	1.00									
Director		×						0.	0.	0.
(7)Sarah Gurtman	1.00									
President		×		×				0.	0.	0.
(8) Chris Johnston	1.00									
Director		×						0.	0.	0.
(9) Olivia Boger	1.00									
Director		×						0.	0.	0.
(10)Nathan Gray	1.00									
Director		×						0.	0.	0.
(11) Vania O'Connor	1.00	4								
Director		×						0.	0.	0.
(12) Katie M. Yeomans	40.00									
Executive Director				×				74,981.	0.	1,019.
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
					•	C)						
	(A)	(B)	(do n	ot ch		ition mor	e than o	one	(D)	(E)		(F)
	Name and title	Average hours	box, unless person is I officer and a director/t				is both	n an	Reportable compensation	Reports compens		Estimated amount of other
		per week				_	1	—	from the	from rel		compensation
		(list any hours for	Individual to	nstit	Officer	ey e	dighe	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and
		related	dual	tior	¥	mpl	st c	<u> </u>	(11 2) 1000 111100)	(11 27 1000		related organizations
		organizations below	Individual trustee or director	al tr		Key employee	omp					
		dotted line)	tee	Institutional trustee			Highest compensated employee					
							e d					
(15)			-									
(16)												
(10)		 	1									
(17)												
(18)			_									
(4.0)												
(19)			-									
(20)												
<u></u>												
(21)												
(0.0)												
(22)			-									
(23)												
(==)			1									
(24)												
(25)			_									
1b	Subtotal								74,981.		0.	1,019.
C	Total from continuation sheets to Part	 VII. Sectio	n A	•	•			•	74,901.		0.	1,019.
d	Total (add lines 1b and 1c)							>	74,981.		0.	1,019.
2	Total number of individuals (including but							e) w	ho received mor	e than \$1	00,000	of
	reportable compensation from the organi	ization ►										
_	B											Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> of the complete of the com											3 ×
4	For any individual listed on line 1a, is the											
•	organization and related organizations											
	individual											4 ×
5	Did any person listed on line 1a receive of											
Secti	for services rendered to the organization on B. Independent Contractors	en res, c	ЮПРІ	ete	SCI	ieu	ule J I	OI S	such person .			5 X
1	Complete this table for your five high	nest comp	ensate	ed	inde	epe	ndent	CO	ontractors that r	eceived	more 1	than \$100.000 of
	compensation from the organization. Rep											
	(A)								(B)			(C)
	Name and business add	Iress							Description of serv	/ices		Compensation
-												
2	Total number of independent contractor	•	-					o th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gan	nizat	ion	>					

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to an	ıy line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
اع ق	С	Fundraising events			1c	36,250.				
fts, ≱	d	Related organization			1d	30,2001				
ia i	e	Government grants			1e	49,160.				
JS,	f	All other contribution		-		15,100.				
i S	•	and similar amounts no			1f	84,295.				
p a	~	Noncash contribution				01,255.				
	9	lines 1a–1f			1g	\$				
an Co	h	Total. Add lines 1a-				▶	169,705.			
	- ''	Total: / Ga lines Ta			•	Business Code	100,700.			
ce	22	Nature-based	Educ	ration		611000	410,337.	410,337.	0.	0.
Š (b				011000	410,337.	410,337.	0.	0.	
Ser	C									
E S	d									
gram Ser Revenue	u									
Program Service Revenue	f	All other program se								
_	g	Total. Add lines 2a-				•	410,337.			
	3	Investment income					410,337.			
	3	other similar amoun	,	•			457.	0.	0.	457.
	4	Income from investr					157.	0.	0.	157.
	5	Royalties			•					
	3	Hoyanies	· ·	(i) Rea		(ii) Personal				
	6a	Gross rents	6a	(1) 1.00		(.)				
	b	Less: rental expenses	6b							
	C	Rental income or (loss)								
	d	Net rental income o		c)						
	_		1 (103.	(i) Securit	ies .	(ii) Other				
	7a	Gross amount from sales of assets		(7		(4) 5				
		other than inventory	7a			1,000.				
Φ	h	Less: cost or other basis	, u			1,000.				
Revenue	D	and sales expenses .	7b			642.				
) Ke	С	Gain or (loss)	7c			358.				
æ	q					>	358.	0.	0.	358.
Other	Ra	Gross income from	n fu	ndraisina	<u> </u>	,	330.	0.	0.	330.
ᅙ	oa	events (not including								
		of contributions rep								
		1c). See Part IV, line			8a	31,103.				
	b	Less: direct expens	es .		8b	4,244.				
	С	Net income or (loss)			a eve		26,859.		0.	26,859.
	9a	Gross income f	rom	gaming	Ĭ					
		activities. See Part I			9a					
	b	Less: direct expens			9b					
		Net income or (loss)			ctivitie	es >				
		Gross sales of ir								
	-	returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)	from	sales of in	vento	ory >				
SI						Business Code				
e ec	11a									
scellaneo Revenue	b									
	С									
Miscellaneous Revenue	d	All other revenue								
≥	е	Total. Add lines 11a	a–11c	<u> 1</u> .		•				
	12	Total revenue. See	instr	uctions		•	607,716.	410,337.	0.	27,674.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 79,583. 59,687. 15,917. 3,979. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 184,061. 182,503. 0. 1,558. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9,671. 9 10,180. 0. 509. 19,131. 10 Payroll taxes 14,348. 3,826. 957. 11 Fees for services (nonemployees): Management Legal 3,700. 0. 3,700. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,919. 320. 80. 2,319. 12 Advertising and promotion 196. 196. 0. 0. 13 4,966. 3,639. 1,084. 243. Office expenses Information technology 14 15 28,439. Occupancy 28,439. 16 0. 0. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 4,125. 4,125. 0. 20 0. 21 Payments to affiliates 2,569. 1,927. 642. 0. 22 Depreciation, depletion, and amortization . 23 18,662. 15,683. 2,576. 403. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. 15,317. 15,305. 12. Credit card processing and bank fees Boat leases 78,000. 78,000. 0. 0. Professional development 1,729. 0. 18,750. 17,021. Materials and supplies 20,328. 20,328. 0. 0. All other expenses 12,691. 10,955. 1,736. 0. 25 **Total functional expenses.** Add lines 1 through 24e 503,017. 463,746. 31,542. 7,729. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Check if Schedule O contains a response or note to any line in this Part X G	Р	art X				
1			Check if Schedule O contains a response or note to any line in this Par			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 1.144.						
3 Pledges and grants receivable, net 4 1,144.		1	Cash—non-interest-bearing	197,561.	1	326,695.
4 Accounts receivable, net		2	Savings and temporary cash investments		2	
Section Sec		3	Pledges and grants receivable, net		3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, ente. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-related. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Total assets. See Part IV, line 11 15 Total assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Loans and other payables to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 20 Tax-assets unit donor restrictions 20 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 21 Capital stock or trust principal, or current funds 22 Capital stock or trust principal, or current funds 23 Capital stock or trust principal, or current funds 24 Copital accounts that do not follow FASB ASC 958, check here labilities on the country lability and complete lines 27, 28, 29, and 33 30 Pajet-di- or capital stock or trust principal, or current funds 31 Retained earnings,		4	Accounts receivable, net		4	1,144.
The property of the propert		5	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 9 9 9 9 9 9 9		6			6	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D	ts	7	Notes and loans receivable, net		7	
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D	sse	8	Inventories for sale or use		8	
b Less: accumulated depreciation . 10a 18,016. 10b 11,230. 7,075. 10c 6,786. 11 Investments — publicly traded securities	Ÿ	9	Prepaid expenses and deferred charges		9	
11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—other securities. See Part IV, line 11 13 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 204,636. 16 334,625. 16 334,625. 17 Accounts payable and accrued expenses 1,229, 17 19,200. 18 Grants payable 18 Intangible assets 19,209, 17 19,200. Intangible assets 18 Intangible assets 19,209, 17 19,200. Intangible assets 18 Intangible assets 19,209, 17 Intangible assets 19,		10a				
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 204,636 16 334,625 17 19,200 18 Grants payable and accrued expenses 1,229 17 19,200 18 Grants payable 18 19 Deferred revenue 19 86,384 19 Deferred revenue 19 86,384 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 0. 26 Total liabilities. Add lines 17 through 25 151,229 26 255,584 27 Net assets with donor restrictions 46,165 27 72,613 72,242 28 6,428 28 Net assets without donor restrictions 7,242 28 6,428 6,428 72,242 28 6,428 72,242 28 6,428 72,242 28 72,242 28 72,242 28 72,242 28 73,242 28 73,242 28 73,242 28 74,242		b	Less: accumulated depreciation 10b 11,230.	7,075.	10c	6,786.
13 Investments—program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 204,636 16 334,625 17 Accounts payable and accrued expenses 1,229 17 19,200 18 Grants payable and accrued expenses 1,229 17 19,200 18 19 Deferred revenue 19 86,384 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 23 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Other liabilities. Add lines 17 through 25 151,229 26 255,584 25 Ochanizations that follow FASB ASC 958, check here		11	Investments—publicly traded securities		11	
14		12			12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 204,636 16 334,625 17 Accounts payable and accrued expenses 1,229 17 19,200 18 Grants payable 18 19 86,384 19 Deferred revenue 19 86,384 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 25 0 25 0 25 0 25 25		13	· -		13	
16		14			-	
17		15	-			
18 Grants payable 18 19 Deferred revenue 19 Deferred revenue 19 S6,384 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0.					-	
19 Deferred revenue 19 86,384.			· ·	1,229.		19,200.
Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete Part IV of Schedule D			 			86,384.
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		_	•			
Unsecured notes and loans payable to unrelated third parties					21	
Unsecured notes and loans payable to unrelated third parties	bilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
24 Unsecured notes and loans payable to unrelated third parties	Ľ,	23			-	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24		150,000.		150,000.
Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	·		
Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions					25	
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		26		151,229.	26	255,584.
100 Total liabilities and first assets/full a balances	nces		and complete lines 27, 28, 32, and 33.			
100 Total liabilities and first assets/full a balances	ala	27	Net assets without donor restrictions	46,165.	27	72,613.
100 Total liabilities and first assets/full a balances	8	28	Net assets with donor restrictions	7,242.	28	6,428.
100 Total liabilities and first assets/full a balances	Fun					
100 Total liabilities and first assets/full a balances	ō	29	Capital stock or trust principal, or current funds		29	
100 Total liabilities and first assets/full a balances	šets	30			30	
100 Total liabilities and first assets/full a balances	Ass	31			31	
100 Total liabilities and first assets/full a balances	et,				-	
Form 990 (2020	<u>z</u>	33	Total liabilities and net assets/fund balances	204,636.	33	

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60	7,7	16.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		50	3,0	17.			
3	Revenue less expenses. Subtract line 2 from line 1	3		104,699.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5	3,4	07.			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8		-7	9,0	65.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	10		7	9,0	41.			
Part	XII Financial Statements and Reporting					_			
	Check if Schedule O contains a response or note to any line in this Part XII					×			
					es/	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	kplair	n in						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2	a	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	l or						
	reviewed 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?		. 2	b		×_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a						
	separate basis, consolidated basis, or both:								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over								
	the audit, review, or compilation of its financial statements and selection of an independent accounta			c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the						
	Single Audit Act and OMB Circular A-133?		. —	а		×_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	b	200				

REV 02/17/22 PRO Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number**

	ronawke Nature School,					26-1462660		
Par							ons.	
The c	organization is not a private found		,		-	•		
1	☐ A church, convention of church	hes, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).		
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)		
3	☐ A hospital or a cooperative ho	spital service org	ganization described i	n sectio i	170(b)(1	I)(A)(iii).		
4	A medical research organization hospital's name, city, and state							
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit	described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	l in secti e	on 170(b)	(1)(A)(v).		
7	An organization that normally described in section 170(b)(1			port from	n a gover	nmental unit or from	the g	jeneral public
8	☐ A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	☐ An agricultural research organ				erated in	conjunction with a la	and-ai	ant college
	or university or a non-land-grauniversity:	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	ollege or
10	An organization that normally receipts from activities related support from gross investment	I to its exempt fu	nctions, subject to ce	rtain exc	eptions; a	and (2) no more than	331/39	√ of its
	acquired by the organization a	after June 30, 19	75. See section 509(a	a)(2). (Co	nplete Pa	art III.)	Dusine	55565
11	☐ An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).		
12	☐ An organization organized and	l operated exclus	sively for the benefit o	f, to perfe	orm the fu	unctions of, or to car	ry out	the purposes
	of one or more publicly supp							
	Check the box in lines 12a thro	o .	,, ,		Ū	•		,
а	Type I. A supporting organ	•		,		• • • • • • • • • • • • • • • • • • • •	<i>-</i> .	, , , ,
	the supported organization					the directors or trust	ees of	the
	supporting organization. Y	-	•					
b	Type II. A supporting orga control or management of							
	organization(s). You must		•		e persons	that control of man	age in	e supported
С	☐ Type III functionally integ	jrated. A suppor	ting organization oper	rated in c			ally inte	egrated with,
_	its supported organization	. , .	•		-			
d	Type III non-functionally							
	that is not functionally inte requirement (see instruction						a an a	ttentiveness
•	_ ' '	,	•		•		. 11	III
е	Check this box if the organ functionally integrated, or						ıı, ıy	pe III
f	Enter the number of supported							
g		n about the supp	orted organization(s).				-	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)		r support (see structions)
			above (see instructions))			instructions)	"	structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total						1		

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		1	T	1		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		T	T	1	1	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop heron C. Computation of Public Support	re			-	ear as a section	
14	Public support percentage for 2020 (line 6			11 column (f)		14	%
15 16a	Public support percentage from 2019 Sch 33 ¹ / ₃ % support test—2020. If the organi	nedule A, Part	II, line 14 .			15	%
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2019. If the organization this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and stop here .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa	acts-and-circu	mstances test, est. The organi	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization of	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see

Schedule A (Form 990 or 990-EZ) 2020

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	162,864.	94,417.	169,320.	175,713.	169,705.	772,019.
2	Gross receipts from admissions, merchandise			·			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	321,037.	321,696.	294,517.	234,300.	410.337.	1,581,887.
3	Gross receipts from activities that are not an	322,007.	322,000	271,0271	231,3331	110,00.1	273327337
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	483,901.	416,113.	463,837.	410,013.	E90 042	2,353,906.
о 7а	Amounts included on lines 1, 2, and 3	403,901.	410,113.	403,037.	410,013.	360,042.	2,333,900.
1 a	received from disqualified persons .	FF 001	22 500	60 450	F0 000	40.005	055 506
	· ·	55,831.	33,500.	69,450.	50,000.	48,805.	257,586.
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	2 100	11 (50	1 750	_	16 801	22 221
_	-	3,100.	11,650.	1,750.	0.	16,701.	33,201.
	Add lines 7a and 7b	58,931.	45,150.	71,200.	50,000.	65,506.	290,787.
8	Public support. (Subtract line 7c from line 6.)						0 060 110
Sooti	on B. Total Support						2,063,119.
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	483,901.	416,113.	463,837.	410,013.	580,042.	2,353,906.
		403,901.	410,113.	403,037.	410,013.	360,042.	2,333,900.
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	0	0	68.	4 - 7	F 0 F
L	•	0.	0.	0.	08.	457.	525.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	0	0	0	60	455	505
	Net income from unrelated business	0.	0.	0.	68.	457.	525.
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	1000 ITOTTI THE SAIR OF CAPITAL ASSETS		26 017	15 460	15 100	27,217.	02 127
	(Explain in Part VI.)	Q [22]					
13	(Explain in Part VI.)	8,533.	26,817.	15,468.	15,102.	27,217,	93,137.
13	Total support. (Add lines 9, 10c, 11,						
	Total support. (Add lines 9, 10c, 11, and 12.)	492,434.	442,930.	479,305.	425,183.	607,716.	2,447,568.
13 14	Total support. (Add lines 9, 10c, 11, and 12.)	492,434.	442,930. s first, second	479,305. , third, fourth,	425,183. or fifth tax ye	607,716. ar as a sectic	2,447,568. on 501(c)(3)
14	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. corganization's	442,930. s first, second	479,305.	425,183. or fifth tax ye	607,716. ar as a sectic	2,447,568. on 501(c)(3)
14 Secti	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. organization's re t Percentage	442,930. s first, second	479,305. , third, fourth,	425,183. or fifth tax ye	607,716. ar as a sectio	2,447,568. on 501(c)(3)
14 Secti 15	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. e organization's re t Percentage 3, column (f), d	442,930. s first, second	479,305., third, fourth,	425,183. or fifth tax ye	607,716. ar as a sectio	2,447,568. on 501(c)(3) \rightarrow [
14 Secti 15 16	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. e organization's re t Percentage 3, column (f), d nedule A, Part	442,930. s first, second c c c c s ivided by line 1 II, line 15 .	479,305. , third, fourth,	425,183. or fifth tax ye	607,716. ar as a sectio	2,447,568. on 501(c)(3)
14 Secti 15 16 Secti	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. corganization's re t Percentage 3, column (f), d nedule A, Part come Percer	442,930. s first, second b c c c c c c c c c c c c c c c c c c c	479,305., third, fourth,	425,183. or fifth tax ye	607,716. ar as a sectio	2,447,568. on 501(c)(3) •
14 Secti 15 16 Secti 17	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. corganization's re t Percentage B, column (f), d nedule A, Part come Percentage line 10c, column	442,930. s first, second. e fivided by line 1 II, line 15 . htage un (f), divided b	479,305., third, fourth,	425,183. or fifth tax ye	607,716. ar as a section	2,447,568. on 501(c)(3) ►
14 Secti 15 16 Secti 17 18	Total support. (Add lines 9, 10c, 11, and 12.)	492,434. corganization's re t Percentage 3, column (f), d nedule A, Part come Percei line 10c, colum 9 Schedule A, F	442,930. s first, second. e fivided by line 1 II, line 15 htage in (f), divided b	479,305., third, fourth,	425,183. or fifth tax ye	607,716. ar as a section	2,447,568. on 501(c)(3) ►
14 Secti 15 16 Secti 17	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2020 (line Public support percentage from 2019 Schon D. Computation of Investment In Investment income percentage from 2020 (Investment income percentage from 2019 331/3% support tests—2020. If the organ	492,434. e organization's re rt Percentage 3, column (f), d nedule A, Part come Percel line 10c, colum 9 Schedule A, F ization did not	442,930. s first, second by line 1 II, line 15 htage on (f), divided by check the box	479,305. , third, fourth,	425,183. or fifth tax ye	607,716. ar as a section	2,447,568. on 501(c)(3) 84.29 % 84.87 % 0.02 % 0 % %, and line
14 Secti 15 16 Secti 17 18	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2020 (line 8) Public support percentage from 2019 Schon D. Computation of Investment In Investment income percentage for 2020 (Investment income percentage from 2019 331/3% support tests—2020. If the organ 17 is not more than 331/3%, check this box	492,434. corganization's re t Percentage 3, column (f), d nedule A, Part come Percent line 10c, column 0 Schedule A, F ization did not and stop here.	442,930. s first, second ivided by line 1 II, line 15 ntage In (f), divided beart III, line 17 check the box The organization	479,305., third, fourth,	425,183. or fifth tax ye mn (f))	607,716. ar as a section	2,447,568. on 501(c)(3) 84.29 % 84.87 % 0.02 % 0 % %, and line ion . ► 🗵
14 Secti 15 16 Secti 17 18 19a	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2020 (line Public support percentage from 2019 Schon D. Computation of Investment In Investment income percentage from 2020 (Investment income percentage from 2019 331/3% support tests—2020. If the organ	492,434. corganization's re rt Percentage G, column (f), d nedule A, Part come Percentine 10c, colum O Schedule A, F ization did not cate and stop here. retation did not clean	442,930. s first, second ivided by line 1 II, line 15 ntage In (f), divided be Part III, line 17 check the box The organizationeck a box on	479,305., third, fourth,	425,183. or fifth tax ye mn (f)) d line 15 is ma publicly suppo	15 16 17 18 ore than 331/3 orted organizate is more than 3	2,447,568. on 501(c)(3) ▶ □ 84.29 % 84.87 % 0.02 % 0 % %, and line ion . ▶ ⊠ 331/3%, and

Part IV **Supporting Organizations**

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

All Supporting Organizations

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

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sooti		3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notre:	otions	c)
1 a	The organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	S).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	tions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	(Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organizations and explain how these activities directly further the exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	•	, , ,	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	rting organization
•	(see instructions).	any I	megrated Type III Suppo	rung organization

Schedule A (Form 990 or 990-EZ) 2020

Part V

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

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

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt III	Ln 12: Other Income Part III, Line 12 Description: Fundraising event
income,	net 2016: 8533. 2017: 26817. 2018: 15468. 2019: 15102. 2020: 26859. Description:
Sale of	equipment 2016: 0. 2017: 0. 2018: 0. 2019: 0. 2020: 358.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Merrohawke Nature School, Inc. 26-1462660 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2020 Page **2**

Part	Organizations Maintaining Col	lections of A	rt, Hist	orical T	reasures	, or Ot	her Similar As	ssets (con	tinued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and othe	er recor	ds, chec	k any of the	e follow	ving that make s	significant ι	ise of its
а	☐ Public exhibition		d [Loan	or exchang	e progr	am		
b	☐ Scholarly research								
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections an	ıd expla	in how tl	ney further	the org	janization's exe	mpt purpos	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than								☐ No
Part	IV Escrow and Custodial Arrange	ments.							
	Complete if the organization ans 990, Part X, line 21.	wered "Yes"	on Fori	n 990, F	Part IV, line	9, or	reported an ar	mount on I	orm
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?			-					☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete	e the fo	lowing ta	able:		_		
							A	mount	
С	Beginning balance					1c	;		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on					ustodia	account liability	y? 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	III. Check here	if the ex	planation	n has been	provide	ed on Part XIII .		
Par									
	Complete if the organization ans	wered "Yes"	on Fori	n 990, F	Part IV, line	e 10.			
	(a)	Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years bac	k (e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the cu	urrant vaar and	halana	o (lino 1a	column (o)) bold (201		
	Poord designated or quest endowment	urrent year end	Daiai iCi 07	e (iii le 19	, coluitiii (a)) Held (a5.		
a	Board designated or quasi-endowment ► Permanent endowment ► %	·	70						
D		0							
С	Term endowment ▶ %		20/						
20	The percentages on lines 2a, 2b, and 2c sh			otion the	+ ara bald	مما مما	ministered for th	••	
3a	Are there endowment funds not in the posoganization by:	ssession of the	organiz	ation tha	at are neid	and ad	ministered for ti		
									es No
	(i) Unrelated organizations							3a(i)	-
	`,							3a(ii)	
_	If "Yes" on line 3a(ii), are the related organi		-					3b	
4	Describe in Part XIII the intended uses of the		's endo	wment fu	ınds.				
Part			_	000 5			0 5 000	D 1 1 1 1	4.0
	Complete if the organization ans								
	Description of property	(a) Cost or othe (investmen			r other basis ther)		Accumulated epreciation	(d) Book	
1a	Land		0.						0.
b	Buildings								
С	Leasehold improvements								
d	Equipment				18,016.		11,230.	(5,786.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990), Part X	, column	(B), line 10)c.)	>	-	5,786.

 $\mathsf{B}\mathsf{A}\mathsf{A}$

Schedule D (Form 990) 2020 Page **3**

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 000 Part IV lina	11h Coo Form	000 Dart V line 12
-				
	(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn /h) must squal Form 000, Part V sol /P) line 12			
Part VIII	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.			
Part VIII	Complete if the organization answered "Yes" on For	m 000 Part IV line	11c See Form	000 Part V line 13
	(a) Description of investment	(b) Book value		od of valuation: of-year market value
(4)				,
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	000 Doubly line	11d Con Form	000 Dark V line 15
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(5) (6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.	, , ,		,
1.	(a) Description of liability			(b) Book value
(1) Federal ir	ncome taxes			
	liabilities			0.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			0.
	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization'	s financial statemer	

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 . 🗵

Schedule D (Form 990) 2020

Dord	VI Decemblistics of Devenue new Audited Financial Statem	o m t o	With Davanua nas	Datuu	
Part	XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		-	Retur	Π.
1	Total revenue, gains, and other support per audited financial statements			1	634,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				034,400.
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	22,500.	-	
c	Recoveries of prior year grants	2c	22,300.		
d	Other (Describe in Part XIII.)	2d	4,244.	-	
e	Add lines 2a through 2d			2e	26,744.
3	Subtract line 2e from line 1			3	607,716.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				00777201
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b	-		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	607,716.
Part				r Ret	
	Complete if the organization answered "Yes" on Form 990,				
1			·	1	529,761.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,500.		
b	Prior year adjustments	2b	-		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,244.		
е	Add lines 2a through 2d			2e	26,744.
3	Subtract line 2e from line 1			3	503,017.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	503,017.
Part	• •				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Pan	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	ovide any additional in	tormat	ion.
D+ V	, Line 2: The Organization has adopted the applica	n+ i o:	n of the provid	iona	
PL X	, Line 2: The Organization has adopted the applica	1L10.	n of the provis	TOUS	
of E	ASB ASC 740-10 (formerly FASB Interpretation No. 4	1 2	"Accounting For	IInc	ertainty
			Accounting For		ercarncy
in Tr	ncome"). The primary tax positions made by the Organiz	atio	n are the evicte	nce/	non-evistence
of II	nrelated Business Income Tax and the Organization	'	tatus as an exe	mpt	organization
unde	r Section 501(c)(3) of the Internal Revenue Code.	The	Organization c	urre	ntlv
eval	uates all tax positions, and makes determinations	rea	arding the like	liho	od
of t	nose positions and as a result of adoption, the O	can	ization has not	rec	oanized
		gair			
02011	tour bonofits on loss sontingonsies for unsoutain t		nogitions bosed	0.70	i + a
any	tax benefits or loss contingencies for uncertain t	_ax	positions based	on	lts
1	untions The Owner tration to Towns 000 Deturns of	`~~ ~~ ·		£	
eval	uations. The Organization's Forms 990, Return of (Jrga:	urzation Exempt	. roi	
Tnas	no Tax for the wears anded Contember 20 2021 202	20	2010 224 2010	220	gubiost
T11GQ	me Tax, for the years ended September 30,2021, 202	۷0,	۷۰۱۶, alla ۷۱۱۵	аге	sun Jecr
to e	xamination by the IRS, generally for 3 years after	c th	ev are filed		

Schedule D (Form 990) 2020 Pag					
Part XIII	Supplemental Information (continued)				
Pt XI, I	ine 2d: Fundraising event expense				
Pt XII,	Line 2d: Fundraising event expense				

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** Merrohawke Nature School, Inc. 26-1462660 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) organization custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

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

			(a) Event #1 Annual Auction (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	67,353.	(67,353.		
Ŗ	2	Less: Contributions	36,250.			36,250.		
	3	Gross income (line 1 minus line 2)	31,103.			31,103.		
	4	Cash prizes						
	5	Noncash prizes						
sesu	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direc	8	Entertainment						
	9	Other direct expenses .	4,244.			4,244.		
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		4,244.		
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		26,859.		
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Jirect	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)				
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)				
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	in each of these states		🗌 Yes 🗌 No		
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . b If "Yes," explain:								

11	Does the organization conduct gaming activities with nonmembers?		∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		_,
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name >		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		\square No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Addison N		
	Address ►		
16	Gaming manager information:		
.0	daming manager information.		
	Name ►		
	Gaming manager compensation ► \$		
			
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	∟ №
D	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 > \$		
art		(iii) and (v	v). and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

Page 3

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE O (Form 990 or 990-EZ)

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.

rmation.

Employer identification number

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Merrohawke Nature School, Inc.	26-1462660
Pt VI, Line 12c: Compliance with the conflict of interest policy is monitored	
by board members being required to review the policy and their interests on an	
annual basis.	
Pt VI, Line 19: The Organization's governing documents, conflict of interest	
policy, and financial statements are available to the public upon request.	
Pt VI, Line 11b: The Executive Director reviews the form 990 and compares it	
to the financial statements. The board then reviews and approves the form 990.	
Pt VI, Line 15a: Board of Director members review and approve the compensation	
for the executive director and other directors. The review and appr	roval process
includes review of comparable data and contemporaneous documentation	n of the deliberations
and decisions regarding the compensation agreement.	
Pt VI, Line 15b: Board of Director members review and approve the o	compensation
for the other directors and key employees. The review and approval process includes	
review of comparable data and contemporaneous documentation of the	deliberations
and decisions regarding the compensation agreement.	
Pt XII, Line 1: Change from cash to accrual basis. Completed Form 3	3115 to apply
the change for this fiscal year.	