Form **990**

Return of Organization Exempt From Income Tax

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

2020

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

OMB No. 1545-0047

| - | or the | | | inning | | 020, and end | | | , 20 |
|--------------------------------|------------|--|--------------------------|--|---------------------------------------|------------------------|--------------------|----------------|---------------------------------------|
| _ | | | ear, or tax year beg | | • | uzu, and end | | | · · · · · · · · · · · · · · · · · · · |
| | | oplicable: | | SACRED EARTH FOUNDATION | DN | | |) Emplo | yer identification number |
| ∐ Ad | ldress ch | nange | Doing business as | | | | | | 26-2272458 |
| ∐ Na | ame cha | nge | Number and street (or | P.O. box if mail is not delivered to street ac | ldress) | Room/su | uite E | Teleph | one number |
| Ini | tial retur | n | 401 EKONE RD | | | | | | (509)773-4536 |
| Fi | nal returi | n/terminated | City or town, state or p | rovince, country, and ZIP or foreign postal | code | | | G Gross | receipts |
| Ar | nended | return | Goldendale, N | VA 98620-2825 | | | | \$ | 584,855 |
| Ap | plication | pending | F Name and address of | principal officer: SHONIE SCHLOT | ZHAUER | | H(a) Is this a gro | oup return fo | r subordinates? Yes No |
| | | | Same as C abo | ove | | | H(b) Are all su | bordinates | s included? Yes No |
| I Ta | x-exemp | ot status: X 501 | (c)(3) 501(c) (|) 4 (insert no.) 4947(a)(1) 0 | or 527 | | If "No," a | ttach a list. | See instructions |
| J W | ebsite: | | ://www.ekone. | org/ | | | H(c) Group ex | emption n | umber ► |
| K Fo | rm of or | ganization: X Corp | | Association Other ► | L Year of | formation: 20 | | ate of lega | |
| Par | | Summary | <u> </u> | | ' | | | | |
| | | | the organization's mi | ssion or most significant activities | SACRED E | ARTH FOID | י ארד ארו | MTSS | ION IS TO |
| | | - | = | OULTS TO LOVE THE EAR! | | | | | |
| ë | | | | THENTIC COMMUNITY EX | | | | | |
| Governance | | KOCK CKEEK | WAIEKSHED, A | JIHENIIC COMMONIII EX | EKIENCE, AI | ND PLACE | BASED ED | OCALL | ON. |
| ērr | ٠, | Chook this how | if the ergenizati | on discontinued its operations or | dianagad of mar | than 25% of | ita not acceta | | |
| Š | | | | | | | | 1 1 | 10 |
| ø | | | • | , , | (1.1 4.1.) | | | 3 | 10_ |
| es | | | = | ers of the governing body (Part V | | | | 4 | 9 |
| Activities & | | | • • | in calendar year 2020 (Part V, lir | | | | 5 | 14_ |
| Acti | | | , | if necessary) | | | | 6 | 33 |
| • | | | | m Part VIII, column (C), line 12 | | | | 7a | 0 |
| | b | Net unrelated bu | usiness taxable incor | ne from Form 990-T, Part I, line 1 | 1 | | | 7b | 0 |
| | | | | | | | Prior Year | | Current Year |
| | 8 | Contributions and | d grants (Part VIII, lir | ne 1h) | | | 406 | ,688 | 441,153 |
| ne | 9 | Program service revenue (Part VIII, line 2g) | | | | | | | 124,716 |
| Revenue | 10 | Investment incon | ne (Part VIII, column | (A), lines 3, 4, and 7d) | | | 8 , | ,131 | 2,112 |
| Re | 11 | Other revenue (F | Part VIII, column (A), | lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 9 | ,833 | 11,650 |
| | 12 | Total revenue - a | add lines 8 through 1 | 1 (must equal Part VIII, column (A |), line 12) | | 771, | ,839 | 579,631 |
| | | | | t IX, column (A), lines 1-3) | | | | | 2,500 |
| | | | | | | | | | 0 |
| | | | | ee benefits (Part IX, column (A), | | | 270 | 840 | 222,749 |
| es | | | | (, column (A), line 11e) | | | 2,0, | 188 | 1,500 |
| Expenses | | | | column (D), line 25) ► | | 002 | | 100 | 1,300 |
| ă | | | 7 ' | | | _ | 225 | ,834 | 183,602 |
| ш | | | | est equal Part IX, column (A), line | | • • • • – | | | |
| | | | | e 18 from line 12 | | · · · · · | | ,862 | 410,351 |
| | 19 | Revenue less ex | penses. Subtract III | e 18 HOHTIMe 12 | | | 274, | | 169,280 |
| o c | | T-1-1 (D-) | at V. Para (O) | | | | inning of Currer | | End of Year |
| Net Assets or Fund Balances | | | | | | | 2,218 | | 2,599,917 |
| nd E | | Total liabilities (F | | | | | | ,189 | 240,172 |
| | | | | ct line 21 from line 20 | | | 2,173 | ,908 | 2,359,745 |
| Par | | Signature I | | | | | | | |
| | | | | eturn, including accompanying schedules are officer) is based on all information of which | | | wledge and belie | et, it is | |
| | | · | | · | · · · · · · · · · · · · · · · · · · · | | | | |
| O: | | MORGAN | | | | | | | |
| Sign | | Signature of o | officer | | | | | Date | |
| Here | • | | HOUK, TREASUR | RER | | | | | |
| | | Type or print i | name and title | | <u> </u> | | | | |
| | | Print/Type preparer | r's name | Preparer's signature | Date | | Check | if | PTIN |
| Paid | | BRIAN FRAI | NK | BRIAN FRANK | 11-09 | 9-2021 | self-empl | oyed | P01969667 |
| Prep | arer | Firm's name ▶ | Brian I | Frank Consulting LLC | <u>.</u> | | Firm's EIN | | |
| • | Only | Firm's address | 4065 NI | | | | Phone no. | | |
| | , | | | nd OR 97212 | | | | 503-8 | 52-1457 |
| May t | he IRS | discuss this retu | | shown above? (see instructions) | | | | | Yes X No |

| | Check if Schedule O contains a response or note to any line in this Part III | | | | | | |
|----------|--|--|--|--|--|--|--|
| 1 | Briefly describe the organization's mission: | | | | | | |
| • | SACRED EARTH FOUNDATION'S MISSION IS TO ACTIVATE CHILDREN AND ADULTS TO LOVE THE EARTH DEEPLY AND | | | | | | |
| | | | | | | | |
| | WISELY, THROUGH STEWARDSHIP OF THE ROCK CREEK WATERSHED, AUTHENTIC COMMUNITY EXPERIENCE, AND | | | | | | |
| | PLACE-BASED EDUCATION. | | | | | | |
| <u> </u> | Did the experience and exteller any elemificant program comises during the year which were not listed on the | | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | | | | | |
| | prior Form 990 or 990-EZ? | | | | | | |
| | If "Yes," describe these new services on Schedule O. | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | | | | | |
| | services? | | | | | | |
| | If "Yes," describe these changes on Schedule O. | | | | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | | | | | | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | | | | | | |
| | the total expenses, and revenue, if any, for each program service reported. | | | | | | |
| | | | | | | | |
| 4a | (Code:) (Expenses \$ 233,719 including grants of \$ 1,928) (Revenue \$ 59,813) | | | | | | |
| | EDUCATIONAL PROGRAMS. EKONE SUMMER CAMP IMMERSES CHILDREN INTO LIFE ON THE RANCH, WITH SPACIOUS | | | | | | |
| | PLAY, MEANINGFUL WORK, INCLUSIVE COMMUNITY, AND NATURAL LEARNING. ADDITIONAL SCHOOL FIELD TRIPS, | | | | | | |
| | WORKSHOPS, RETREATS, COMMUNITY CELEBRATIONS AND SERVICE OPPORTUNITIES FOR CHILDREN, ADULTS AND | | | | | | |
| | FAMILIES BUILD SKILLS, COMMUNITY AND CONNECTION TO SELF AND PLACE. | | | | | | |
| | IMITTED BOTTO BRIDGE COMMONTAL IND COMMONTAL TO BELL IND THREE. | | | | | | |
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| | | | | | | | |
| 4b | (Code:) (Expenses \$50,330 including grants of \$) | | | | | | |
| | LAND CONSERVATION & STEWARDSHIP. SACRED EARTH FOUNDATION PROTECTS 1,138 ACRES OF THE ROCK CREEK | | | | | | |
| | WATERSHED, THE MOST IMPORTANT WATERWAY IN EASTERN KLICKITAT COUNTY, AN EXPANSE OF OAK/PINE | | | | | | |
| | FOREST, MEADOWS, PONDS, AND CANYONLANDS. | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 4c | (Code:) (Expenses \$ 31,466 including grants of \$ 141) (Revenue \$ 66,744) | | | | | | |
| | GREEN BURIAL SERVICES. WHITE EAGLE MEMORIAL PRESERVE, ONE OF JUST 10 CONSERVATION BURIAL GROUNDS | | | | | | |
| | IN THE NATION, OFFERS A SIMPLE, NATURAL WAY TO RETURN OUR BODIES TO THE EARTH ON WILD LAND. | | | | | | |
| | IN THE NATION, OFFERS A SIMPLE, NATURAL WAT TO RETURN OUR BODIES TO THE EARTH ON WILLD HAND. | | | | | | |
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| | | | | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$) | | | | | | |
| | | | | | | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|------|--|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | _ | | |
| _ | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | v |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | Х |
| 7 | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 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 | | х |
| 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 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | 77 | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | Х | |
| •• | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | х | |
| b | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| e | | 11e | | Х |
| 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 | | х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i> | | | ^ |
| 124 | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | 21 |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 40 | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ., | | Α |
| . • | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 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 | | x |
| 20 a | | 20a | | х |
| 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 | | х |

| Form 990 (2020) SACRED EARTH FOUNDATION | 26-2272458 | Page |
|--|-----------------------------|-------|
| Part IV Checklist of Required Schedules (continued) | 20 22/2130 | ı ago |
| | Ŋ | es No |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for do | omestic individuals on | |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | х |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compen | sation of the | |
| organization's current and former officers, directors, trustees, key employees, and high | hest compensated | |
| employees? If "Yes," complete Schedule J | | х |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amo | ount of more than | |
| \$100,000 as of the last day of the year, that was issued after December 31, 2002? | If "Yes," answer lines 24b | |
| through 24d and complete Schedule K. If "No," go to line 25a | | х |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary p | eriod exception? 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at an | ny time during the year | |
| to defease any tax-exempt bonds? | | |
| 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 of | engage in an excess benefit | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule | | Х |
| b Is the organization aware that it engaged in an excess benefit transaction with a disquare | | |
| year, and that the transaction has not been reported on any of the organization's prior | | |
| If "Yes," complete Schedule L, Part I | | Х |
| Did the organization report any amount on Part X, line 5 or 22, for receivables from or | | |
| or former officer, director, trustee, key employee, creator or founder, substantial contril | | |
| controlled entity or family member or any of these persons? If "Yes," complete Sch | | Х |
| 27 Did the organization provide a grant or other assistance to any current or former office | | |
| employee, creator or founder, substantial contributor or employee thereof, a grant sele | | |
| member, or to a 35% controlled entity (including an employee thereof) or family members are as 2 % (%) of a supplied School of the School of t | | |
| persons? If "Yes," complete Schedule L, Part III | | X |
| Was the organization a party to a business transaction with one of the following particles by instructions for applicable filing thresholds, conditions, and expectages: | es (see scriedule L, Part | |
| IV instructions, for applicable filing thresholds, conditions, and exceptions):a A current or former officer, director, trustee, key employee, creator or founder, or su | thetantial contributor? If | |
| A current or former officer, director, trustee, key employee, creator or founder, or su "Yes," complete Schedule L, Part IV | | x |
| b A family member of any individual described in line 28a? If "Yes," complete Schedu | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in | | Λ |
| "Yes," complete Schedule L, Part IV | | x |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," | | x |
| 30 Did the organization receive contributions of art, historical treasures, or other similar a | | |
| conservation contributions? If "Yes," complete Schedule M | | x |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes | | х |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net | | |
| complete Schedule N, Part II | | х |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization | zation under Regulations | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | x |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete | e Schedule R, Part II, III, | |
| or IV, and Part V, line 1 | | х |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13) |)? | х |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any to | ransaction with a | |
| controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Sched | dule R, Part V, line 2 | х |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an ex | xempt non-charitable | |
| related organization? If "Yes," complete Schedule R, Part V, line 2 | | х |
| 37 Did the organization conduct more than 5% of its activities through an entity that is no | ot a related organization | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," comp | | х |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for | or Part VI, lines 11b and | |
| 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x |

Part V

| | | | | | Yes | No |
|----|--|----|------|----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 9 | | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 1c | x | |

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

| | | | 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 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | 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 | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7с | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| C 140 | Enter the amount of reserves on hand | 4.4- | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b 45 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| 46 | If "Yes," see instructions and file Form 4720, Schedule N. | 40 | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Part VI

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

| , , | • | U | , | | |
|---|--|--------------|------------------|------|---|
| response to line 8a, 8b, or 10b below, describe the c | ircumstances, processes, or changes in | n Schedule (| O. See instructi | ons. | |
| Check if Schedule O contains a response or note to a | nv line in this Part VI | | | | 🗵 |

| Sec | tion A. Governing Body and Management | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 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 | x | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 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 | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | х |
| 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 | x | |
| 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 | x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | x | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | x | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | |
| b | Other officers or key employees of the organization | 15b | x | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Oregon, Washington | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ▼ Own website ▼ Upon request □ Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | SHONIE SCHLOZHAUER (509)773-4536, 401 EKONE RD, Goldendale, WA 98620-2825 | | | |

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

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

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

- 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 rela | ted organizat | ion co | mpensat | ed a | any curre | ent | officer, director, or | trustee. | |
|---|--|--------|---|----------------------------|--------------------------------------|-----|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do ı | Po: not check m unless per er and a di | sition nore t rson i | han one is both an ir/trustee) | | (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) SHONIE SCHLOTZHAUER EXECUTIVE DIRECTOR | 40.00 | | x | | | | 41,233 | 0 | 0 |
| | 1 00 | | ^ | | | | 41,233 | 0 | 0 |
| (2) SKYE NEWKIRK DIRECTOR | 1.00 | x | | | | | 0 | 0 | 0 |
| (3) TRACY MCDANIEL | 1.00 | | | | | | | | |
| DIRECTOR | | х | | | | | 0 | 0 | 0 |
| (4) LAURIE SOUTHWORTH | 0.50 | | | | | | | | |
| DIRECTOR | | х | | | | | 0 | 0 | 0 |
| (5) JESSENIA_EISENMAN | 0.50 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (6) SUZANNE W BAUMHACKL | 0.50 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (7) VALERIE PUFAHL | 0.50 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (8) TIM SOUTHWORTH | 0.50 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (9) KENT_SIEBOLD | 1.00 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (10)MICHELLE SAGER | 1.00 | | | | | | | | |
| DIRECTOR | | Х | | | | | 0 | 0 | 0 |
| (11)MORGAN HOUK | 1.00 | | | | | | | | |
| TREASURER | | х | x | | | | 0 | 0 | 0 |
| (12)THERESE CHARVET | 2.00 | | | | | | | | |
| PRESIDENT | | Х | x | | | | 0 | 0 | 0 |
| (13)JUDY_TODD | 2.00 | | | | | | | | |
| PRESIDENT | | х | х | | | | 0 | 0 | 0 |
| (14)MORGAINE_TRINE | 1.00 | | | | | | | | |
| SECRETARY | | х | x | | | | 0 | 0 | 0 |

| | | | | | (| (C) | | | | | | | |
|--------------------|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|----------------|-------------------------------|-----------|
| (A) Name and title | | (B) Average hours per week | Position (do not check more than o box, unless person is both officer and a director/trust | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | coi | (F) nated am of other mpensar | r tion |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | orga | nization d organi | and |
| (15)VI | CTORIA DECILLO | 1.00 |) | | | | | | | | | | |
| | PRESIDENT | | Х | | Х | | | | 0 | 0 | | | 0 |
| (10) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18)_ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <u>\-</u> _'/ | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | _ | | | | | | | | | |
| 1b | Subtotal | | | | | | | - | | | | | |
| c d | Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) | | | | | | | - | 41,233 | 0 | | | 0 |
| | Total number of individuals (including but not limit | | | | | | | | | | | | |
| | reportable compensation from the organization | | | | | | | | | | | | (|
| 2 | Did the consider list on former office disease | | | | | | .: : | | | | | Yes | No |
| 3 | Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i> | | - | | | | - | | | | 3 | | х |
| 4 | For any individual listed on line 1a, is the sum of re | | | | | | | | | | | | |
| | organization and related organizations greater th | | | | ' con | nple | te Sch | edui | le J for such | | | | |
| 5 | individual | | | | | · · | · · · | ··· | tion or individual | | 4 | | X |
| J | for services rendered to the organization? If "Yes | | | - | | | _ | | | | 5 | | x |
| Secti | on B. Independent Contractors | , | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation | | | | | | | | | | | | |
| | compensation from the organization. Report comp | ensation for | the cal | enda | ar ye | ear e | ending | with | | nization's tax year. | (0) | | |
| | (A) Name and business addres | s | | | | | | | (B) Description of service | es | (C) Compens | sation | |
| | | | | | | | | | 1 | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractors (including | | | | | | | | | | | | |

Form 990 (2020) SACRED EAR
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or | note to any line in thi | s Part VIII | | | |
|--|---------|--|-------------------------|----------------------|--|--------------------------------|-------------------------------------|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under |
| | 10 | Federated campaigns 1 | | | | | sections 512–514 |
| | 1a b | Federated campaigns 1a Membership dues | | | | | |
| nts nts | | Fundraising events | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c d | Related organizations | | | | | |
| | | Government grants (contributions) | | | | | |
| اة ق | e f | • | 5,000 | | | | |
| Sim | ' | All other contributions, gifts, grants, and similar amounts not included above | 272 704 | | | | |
| her juti | | Noncash contributions included in | 372,704 | | | | |
| 절 | g | | 3 \$ | | | | |
| a S | h | | | 441 152 | | | |
| | - '' | Total. Add lines 1a-11 | Business Code | 441,153 | | | |
| | 22 | CAMPG | | E0 012 | E0 012 | | |
| 8 | | CEMETERY | 900099 | 59,813 | 59,813 | | |
| Je Š | C | CEMETERY | 900099 | 64,903 | 64,903 | | |
| o Se | d | | | | | | |
| Rev | e | | | | | | |
| Program Service Revenue | | All other program service revenue | | | | | |
| ъ. | | Total. Add lines 2a-2f | | 124,716 | | | |
| | | | | 124,710 | | | |
| | 3 | Investment income (including dividends, interest other similar amounts) | | 2,112 | 2,112 | | |
| | 4 | Income from investment of tax-exempt bond pro | | 2,112 | 2,112 | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a 1,90 | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c 1,90 | 0 | | | | |
| | | Net rental income or (loss) | | 1,900 | 1,900 | | |
| | | Gross amount from (i) Securities | (ii) Other | _, | _,_, | | |
| | l a | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| | b | Less: cost or other basis | | | | | |
| ā | | and sales expenses 7b | | | | | |
| venue | С | Gain or (loss) 7c | | | | | |
| 4 | | Net gain or (loss) | | | | | |
| Other Re | | Gross income from fundraising | | | | | |
| 퉏 | | events (not including \$ 63,449 | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | a 14,239 | | | | |
| | b | | 3b 5,224 | | | | |
| | С | Net income or (loss) from fundraising events | | 9,015 | | | 9,015 |
| | 9a | Gross income from gaming | | | | | |
| | | activities, See Part IV, line 19 |)a | | | | |
| | b | Less: direct expenses | d | | | | |
| | С | Net income or (loss) from gaming activities . | ▶ | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | | Da 733 | | | | |
| | b | Less: cost of goods sold | Ob | | | | |
| | С | Net income or (loss) from sales of inventory $\ \ .$ | ▶ | 733 | 733 | | |
| | | | Business Code | | | | |
| SI | 11a | ROUNDING ERROR | 900099 | 2 | 2 | | |
| ano Tue | b | | | | | | |
| Miscellanous Revenue | С | | | | | | |
| /lisc R€ | | All other revenue | | | | | |
| _ | | Total. Add lines 11a-11d | | 2 | | | |
| | 12 | Total revenue. See instructions | | 579,631 | 129,463 | 0 | 9,015 |

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 | | | |
|----|--|--------------------------|------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,000 | 2,000 | | |
| 2 | Grants and other assistance to domestic | , | , | | |
| | individuals. See Part IV, line 22 | 500 | 500 | | |
| 3 | Grants and other assistance to foreign | | | | |
| • | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| 3 | | 20 720 | 2 074 | 15 005 | 10.000 |
| 6 | trustees, and key employees | 39,738 | 3,974 | 15,895 | 19,869 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | 41 116 | 41 116 | | |
| - | persons described in section 4958(c)(3)(B) | 41,116 | 41,116 | 10.001 | |
| 7 | Other salaries and wages | 117,338 | 102,182 | 13,031 | 2,125 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 24,557 | 18,248 | 3,584 | 2,725 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 174 | 28 | 143 | 3 |
| С | Accounting | 1,369 | | 1,369 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 1,500 | | | 1,500 |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 19,133 | 18,948 | 111 | 74 |
| 12 | Advertising and promotion | 1,033 | 1,033 | | |
| 13 | Office expenses | 11,044 | 5,383 | 1,925 | 3,736 |
| 14 | Information technology | 3,983 | 1,292 | 1,529 | 1,162 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 20,870 | 18,056 | 1,689 | 1,125 |
| 17 | Travel | 3,367 | 3,100 | 67 | 200 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 75 | 57 | 11 | 7 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 34,894 | 26,553 | 5,006 | 3,335 |
| 23 | Insurance | 16,855 | 9,021 | 6,701 | 1,133 |
| 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.) | | | | |
| а | ANIMAL FEED | 24,524 | 24,524 | | |
| b | REPAIRS & MAINTENANCE | 13,345 | 9,691 | 1,827 | 1,827 |
| C | FOOD | 11,603 | 10,392 | 722 | 489 |
| d | TAXES, LICENSES AND PERMITS | 6,862 | 5,104 | 829 | 929 |
| e | All other expenses | 14,471 | 14,313 | 395 | (237) |
| 25 | Total functional expenses. Add lines 1 through 24e | 410,351 | 315,515 | 54,834 | 40,002 |
| 26 | Joint costs. Complete this line only if the | 410,331 | 313,313 | 54,034 | 40,002 |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | [| | | |

Part X **Balance Sheet**

| | | Check if Schedule O contains a response or note to any line in this Part X | | | | |
|-----------------------------|-----|--|-------------|-------------------|-----|-------------|
| | | | | (A) | | (B) |
| | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 140,523 | 1 | 251,317 |
| | 2 | Savings and temporary cash investments | | 357,284 | 2 | 583,573 |
| | 3 | Pledges and grants receivable, net | [| | 3 | |
| | 4 | Accounts receivable, net | [| | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | | controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | |
| | 7 | Notes and loans receivable, net | [| | 7 | |
| Assets | 8 | Inventories for sale or use | [| | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a 1, | 808,495 | | | |
| | b | Less: accumulated depreciation 10b | 163,476 | 1,369,454 | 10c | 1,645,019 |
| | 11 | Investments - publicly traded securities | | 84,823 | 11 | 96,359 |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 266,013 | 15 | 23,649 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 2,218,097 | 16 | 2,599,917 |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | | 21 | |
| Ś | 22 | Loans and other payables to any current or former officer, director, | | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| iabi | | controlled entity or family member of any of these persons | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 43,770 | 23 | 188,051 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 419 | 24 | 52,121 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | | |
| | | of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 44,189 | 26 | 240,172 |
| | | Organizations that follow FASB ASC 958, check here | | | | |
| က္က | | and complete lines 27, 28, 32, and 33. | | | | |
| nce | 27 | Net assets without donor restrictions | | 2,148,563 | 27 | 2,044,860 |
| ala | 28 | Net assets with donor restrictions | | 25,345 | 28 | 314,885 |
| B | | Organizations that do not follow FASB ASC 958, check here | | | | |
| Ξ | | and complete lines 29 through 33. | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | t t | | 29 | |
| ets | 30 | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds . | 1 | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | - t | 2,173,908 | 32 | 2,359,745 |
| | 33 | Total liabilities and net assets/fund balances | | 2,218,097 | 33 | 2,599,917 |

| Form 990 (2020) | GYCDED | 다시마다다 | ECITATE A TET CAT | |
|-----------------|--------|-------|-------------------|--|

| | | -2272458 | 1 | Pa | age 1 |
|-----|--|----------|----|------|--------------|
| Par | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . X |
| 1 | | 1 | | 579, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 410, | 351 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 169, | 280 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2, | 173, | 908 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 14, | 561 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | 1, | 997 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | (1 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 2, | 359, | 745 |
| Par | rt XII Financial Statements and Reporting | ' | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🗆 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other MODIFIED CASH | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | _ | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| - | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| Ü | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | 20 | | |
| | Schedule O. | | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| Jа | As a result of a receilar award, was the organization required to undergo an addition addits as set forth in the | | | | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-E2.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

| | _ | EARTH FOUNDATION | 04 4 4 4 | | | 41.1 | 26-227245 | |
|----------|------|---|---|----------------------------|---------------------|--------------|--------------------------|--------------------|
| Pa | rt I | Reason for Public Charity | y Status. (All o | rganizations must o | omplete | this part | .) See instructions | 5. |
| The | orga | nization is not a private foundation bec | , | • | • | • | | |
| 1 | | A church, convention of churches, or | association of chu | irches described in sect | ion 170(b) | (1)(A)(i). | | |
| 2 | | A school described in section 170(b | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | |
| 3 | | A hospital or a cooperative hospital s | service organization | n described in section 1 | 70(b)(1)(A | .)(iii). | | |
| 4 | | A medical research organization ope | rated in conjunctio | n with a hospital describ | ed in sect | ion 170(b)(| (1)(A)(iii). Enter the | |
| | | hospital's name, city, and state: | | | | | | |
| 5 | | An organization operated for the bene | efit of a college or u | university owned or opera | ated by a g | overnmenta | al unit described in | |
| | | section 170(b)(1)(A)(iv). (Complete | _ | | | | | |
| 6 | | A federal, state, or local government | | nit described in section | 170(b)(1) | (A)(v). | | |
| 7 | П | An organization that normally receive | · · | | | . , , | n the general public | |
| | | described in section 170(b)(1)(A)(vi | • | • | | | 3 | |
| 8 | | A community trust described in secti | | • | | | | |
| 9 | П | An agricultural research organization | | | rated in co | niunction v | vith a land-grant collec | ne |
| | | or university or a non-land-grant colle | | | | | | , - |
| | | university: | gg (- | | | | or and domage at | |
| 10 | X | An organization that normally receive | s: (1) more than 33 | 3 1/3% of its support from | contributi | ons, membe | ership fees, and gross | |
| | ш | receipts from activities related to its e | | | | | | |
| | | support from gross investment income | • | • | | | | |
| | | acquired by the organization after Ju | | | | | | |
| 11 | П | An organization organized and opera | | | | | | |
| 12 | П | An organization organized and operation | • | | | | carry out the purposes | S |
| | ш | of one or more publicly supported or | • | | | | | |
| | | Check the box in lines 12a through 12 | - | | | | | • |
| | а | Type I. A supporting organization | | | | | | = |
| | | the supported organization(s) the | | | | • | | -9 |
| | | supporting organization. You mu | | | | | | |
| | b | Type II. A supporting organization | | | ith its supp | orted orga | nization(s), by having | |
| | | control or management of the sup | | | | | | |
| | | organization(s). You must comp | | | | | 3 | |
| | С | Type III functionally integrated | | | nection w | ith. and fun | ctionally integrated wi | ith. |
| | | its supported organization(s) (see | | | | | | · |
| | d | Type III non-functionally integr | | | | | | n(s) |
| | | that is not functionally integrated. | The organization of | enerally must satisfy a d | istribution i | equirement | t and an attentiveness | , |
| | | requirement (see instructions). Y | ou must complete | e Part IV, Sections A a | nd D, and | Part V. | | |
| | е | Check this box if the organization | | | | | ype II, Type III | |
| | | functionally integrated, or Type III | I non-functionally in | ntegrated supporting orga | anization. | | | |
| | f | Enter the number of supported organ | | | | | | |
| | g | Provide the following information about | ut the supported or | ganization(s). | | | | |
| | (i |) Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of |
| | | | | (described on lines 1-10 | listed in you docum | - | support (see | other support (see |
| | | | | above (see instructions)) | docum | entr | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (~) — | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | al | | | | | | | |
| | | | | | | | | i . |

15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

| Sec | ction A. Public Support | | | | | | |
|-----|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------|
| Cal | endar 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.") | 110,234 | 122,935 | 447,632 | 399,978 | 441,153 | 1,521,932 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose | 278,482 | 259,596 | | 359,240 | 140,358 | 1,368,055 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 388,716 | 382,531 | 778,011 | 759,218 | 581,511 | 2,889,987 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | 279,217 | 222,003 | 501,220 |
| 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 | | | | | 5,418 | 5,418 |
| С | Add lines 7a and 7b | | | | 279,217 | 227,421 | 506,638 |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | 1 | | | | 2,383,349 |
| Sec | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | 388,716 | 382,531 | 778,011 | 759,218 | 581,511 | 2,889,987 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | 19 | 23 | 2,478 | 8,131 | 2,236 | 12,887 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 19 | 23 | 2,478 | 8,131 | 2,236 | 12,887 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 388,735 | 382,554 | 780,489 | 767,349 | 583,747 | 2,902,874 |
| 14 | First 5 years. If the Form 990 is for the orga | | | | | | |
| | organization, check this box and stop here | | | | | | ▶ □ |
| | ction C. Computation of Public Support | | | | | | |
| | Public support percentage for 2020 (line 8, c | | | | | 15 | 82.10 % |
| | Public support percentage from 2019 Sched | | | | | 16 | 89.13 % |
| Sec | ction D. Computation of Investment In | | | | | | |
| 17 | . 9 | • | | | | 17 | 0.00 % |
| 18 | Investment income percentage from 2019 Se | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2020. If the organize | | | | | | |
| | 17 is not more than 33 1/3%, check this box | - | - | - | | | |
| b | 33 1/3% support tests - 2019. If the organize | | | | | | |
| | line 18 is not more than 33 1/3%, check this | - | - | - | | | |
| 20 | Private foundation. If the organization did r | not check a box | on line 14, 19 | a, or 19b, chec | k this box and | see instruction | s ▶ 🗌 |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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| Par | Supporting Organizations (continued) | | | |
|-----|--|--------|--------|-----|
| | | | Yes | No |
| | 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 | 44- | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in line 11a above? | 11b | | |
| C | A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Sec | ion B. Type I Supporting Organizations | 110 | | |
| | <u>-</u> | | 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? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| 500 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ion 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 | | 163 | 140 |
| • | 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 | | |
| Sec | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have | 2 | | |
| 3 | 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. | 3 | | |
| Sec | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | struci | tions) |). |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | | |
| | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | Za | | |
| J | 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> | | | |
| | 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 | | |

| Pai | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | | | | |
|-----|--|------|-----------------------------|------------------|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See | | | | | | |
| | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | |
| 600 | tion A. Adjusted Not Income | | (A) Drior Voor | (B) Current Year | | | |
| Sec | tion A - Adjusted Net Income | | (A) Prior 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 | | | | | |
| Soc | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year | | | |
| | tion B - Millimum Asset Amount | | (A) FIIOI Teal | (optional) | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | 4 | | | | |
| | 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 | | | | | |
| С | 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 | | | | | |
| Sec | etion 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 hard if the augrent year is the organization's first as a non-functionally is | ntoc | roted Type III supporting a | rachization | | | |

7 Leck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

EEA

| Par | t V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organi | | | 2458 Page 7 |
|------------|--|-----------------------------------|-------------------|-----|---------------------|
| Гаі | Type iii Non-Functionally integrated 309(a)(3) | J Supporting Organia | Zations (Continue | ;u) | |
| Sec | tion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | not purposes | | 1 | |
| | Amounts paid to perform activity that directly furthers exempt | | | | |
| | organizations, in excess of income from activity | L L | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organizat | ons | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 3 | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) - pr | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | , | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | organization is respons | ive | | |
| | (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 | |
| | | (:) | (ii) | | (iii) |
| Sec | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributio | ns | Distributable |
| | | Excess distributions | Pre-2020 | | 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 | | | | |
| C | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| <u>i</u> _ | Carryover from 2015 not applied (see instructions) | | | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from | | | | |
| | Section D, line 7: | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2020 distributable amount | | | | |
| | 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, explain in Part VI . See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |

8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 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.) |
|---------|--|
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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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

| SAC | RED EARTH FOUNDATION | | 26-2272458 |
|-----|---|--|--|
| Pa | rt I Organizations Maintaining Donor Advised Fu | ınds or Other Similar Funds or Acco | unts. |
| | Complete if the organization answered "Yes" on | Form 990, Part IV, line 6. | |
| | · | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wi | riting that the assets held in donor advised | |
| _ | funds are the organization's property, subject to the organization | _ | |
| 6 | Did the organization inform all grantees, donors, and donor adv | _ | |
| • | only for charitable purposes and not for the benefit of the donor | | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. | | |
| . u | Complete if the organization answered "Yes" or | n Form 990 Part IV line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or edu | | a historically important land area |
| | Protection of natural habitat | | a certified historic structure |
| | Preservation of open space | Treservation of | a continea mistorie structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribution in the form of a co | prepriation |
| _ | easement on the last day of the tax year. | conservation continuation in the form of a co | |
| _ | | | Held at the End of the Tax Year 2a |
| a | | | 2b |
| b | Total acreage restricted by conservation easements | | · - |
| C | Number of conservation easements on a certified historic structure of conservation accompany included in (a) according to | | . <u>2c</u> |
| d | Number of conservation easements included in (c) acquired af | | 24 |
| • | historic structure listed in the National Register | and outinguished outcomingted by the are | 2d |
| 3 | | ased, extinguished, or terminated by the orga | anization during the |
| 4 | tax year | most is located b | |
| 4 | Number of states where property subject to conservation ease | | |
| 5 | Does the organization have a written policy regarding the period | | ∏Yes ∏No |
| 6 | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | ndling of violations, and emorcing conservati | on easements during the year |
| - | | | and the state of t |
| 7 | Amount of expenses incurred in monitoring, inspecting, handlin | ig of violations, and emorcing conservation e | asements during the year |
| | ► \$ | | I)/D)/;) |
| 8 | Does each conservation easement reported on line 2(d) above | | П., П., |
| • | | | - - |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnote | e to the organizations financial statements th | lat describes the |
| Da | organization's accounting for conservation easements. rt III Organizations Maintaining Collections | of Art Historical Treasures or O | Athor Similar Assats |
| Га | Complete if the organization answered "Yes" of | | tilei Sillilai Assets. |
| 10 | | | alanaa ahaat warka |
| 1a | If the organization elected, as permitted under FASB ASC 958 | • | |
| | of art, historical treasures, or other similar assets held for public | | arice of public |
| | service, provide, in Part XIII the text of the footnote to its finance. | | and all anti-visualization |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or research in furtherand | ce of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • |
| _ | (ii) Assets included in Form 990, Part X | | - |
| 2 | If the organization received or held works of art, historical treas | | n, provide the |
| | following amounts required to be reported under FASB ASC 9 | • | _ |
| а | · | | |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| Pa | rt III Organizations Maintaining (| Collections of Art, His | storical Treasure | s, or Other Similar | Assets (continued) |
|--------|---|---|----------------------------|-----------------------------|---|
| 3 | Using the organization's acquisition, accession, | , and other records, check ar | ny of the following that r | make significant use of its | |
| | collection items (check all that apply): | | | | |
| а | Public exhibition | d | Loan or exchang | e programs | |
| b | Scholarly research | е | Other | | |
| С | Preservation for future generations | | | | |
| 4 | Provide a description of the organization's colle | ections and explain how they | further the organization | n's exempt purpose in Par | t |
| | XIII. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1.1.1.1 | |
| 5 | During the year, did the organization solicit or re | eceive donations of art, histor | rical treasures, or other | similar | |
| • | assets to be sold to raise funds rather than to be | | | | Yes No |
| Pai | rt IV Escrow and Custodial Arran | · | organization o conconc | | <u> 100 110 </u> |
| ı u | Complete if the organization a | • | m 000 Part IV line | a 0 or reported an ai | mount on Form |
| | 990, Part X, line 21. | nowered res on ron | 11 330, 1 art 10, 1111 | 5 5, or reported arr ar | TIOUTIL OTT T OTT |
| 4- | Is the organization an agent, trustee, custodian | or other intermedian, for con | tributions or other oose | to not | |
| 1a | | | | | |
| | · | | | | U Yes U No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the following tab | ie: | | |
| | | | | | Amount |
| C | 3 | | | | |
| d | 3 , | | | | |
| е | 3 | | | | |
| f | Ending balance | | | 1f | |
| 2a | Did the organization include an amount on Forn | | | | |
| b_ | If "Yes," explain the arrangement in Part XIII. C | check here if the explanation | has been provided on l | Part XIII | <u></u> |
| Pa | rt V Endowment Funds. | | | | |
| | Complete if the organization a | nswered "Yes" on Forr | n 990, Part IV, line | e 10. | |
| | | (a) Current year (b) P | Prior year (c) Two ye | ars back (d) Three years ba | ack (e) Four years back |
| 1a | Beginning of year balance | 79,220 | 62,389 5 | 8,062 52,4 | 07 47,799 |
| b | Contributions | 4,970 | 17,949 | 7,400 5,6 | 55 4,598 |
| С | Net investment earnings, gains, and | | | | |
| | losses | 16,399 | 4,485 (| 4,363) | 10 |
| d | Grants or scholarships | | | | |
| е | Other expenditures for facilities and | | | | |
| | programs | | | | |
| f | Administrative expenses | 30 | | | |
| g | End of year balance | 100,559 | 84,823 6 | 1,099 58,0 | 62 52,407 |
| 2 | Provide the estimated percentage of the curren | | | 27000 | 32,10, |
| – a | Board designated or quasi-endowment | % | oordinin (d)) noid do: | | |
| b | Permanent endowment ► 100.00 % | | | | |
| | Term endowment > % | | | | |
| · | The percentages on lines 2a, 2b, and 2c should | agual 100% | | | |
| 20 | Are there endowment funds not in the possess | | ro hold and administers | ad for the | |
| 3a | | duror the organization that a | re neid and administere | ed for the | Vec. No. |
| | organization by: | | | | Yes No |
| | " | | | | 3a(i) X |
| | () | | | | 3a(ii) X |
| b | If "Yes" on line 3a(ii), are the related organizati | • | | | 3b |
| 4 | Describe in Part XIII the intended uses of the c | • | nds. | | |
| Pa | rt VI Land, Buildings, and Equipn | | 000 5 . 11/ 11 | | . 5 |
| | Complete if the organization a | nswered "Yes" on Forr | n 990, Part IV, line | e 11a. See Form 990 |), Part X, line 10. |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | | (investment) | (other) | depreciation | |
| 1a | Land | • | 1,027,760 | | 1,027,760 |
| b | Buildings | | 521,930 | 74,167 | 447,763 |
| С | Leasehold improvements | | 17,885 | 10,783 | 7,102 |
| d | Equipment | | 86,333 | 45,793 | 40,540 |
| е | Other | | 154,587 | 32,733 | 121,854 |
| Tota | I. Add lines 1a through 1e. (Column (d) must e | · · | mn (B), line 10c.) | | 1,645,019 |

Schedule D (Form 990) 2020

Part VII Inves SACRED EARTH FOUNDATION
VASTMENTS - Other Securities

| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | ie 116. See Foiiii 990, Pait A, iine 12 |
|--|--|----------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial o | | | Cook of the of your market value |
| . , | eld equity interests | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| · , | n (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII | Investments - Program Related. | | |
| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | e 11c. See Form 990, Part X, line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| (9) | | | |
| (9) Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 13.) | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets. | | |
| Total. (Colum | Other Assets. | rm 990, Part IV, lin | ne 11d. See Form 990, Part X, line 15 |
| Total. (Colum | Other Assets. Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | ne 11d. See Form 990, Part X, line 15 |
| Part IX | Other Assets. | rm 990, Part IV, lin | (b) Book value |
| Total. (Colum Part IX (1)LUMBER | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| Part IX (1)LUMBER (2)KITCHEN | Other Assets. Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | (b) Book value |
| Part IX (1)LUMBER (2)KITCHEN | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| Part IX (1)LUMBER (2)KITCHEN (3) (4) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| (1)LUMBER (2)KITCHEN (3) (4) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| (1)_UMBER (2)_LITCHEN (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| (1)_UMBER (2)_KITCHEN (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT | rm 990, Part IV, lin | (b) Book value 2,5 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT N & BATHHOUSE UNDER CONSTRUCT | | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answered "Yes" on Fo (a) Description STORAGE SHED UNDER CONSTRUCT N & BATHHOUSE UNDER CONSTRUCT In (b) must equal Form 990, Part X, col. (B) line 15.) | | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" on Formula (a) Description STORAGE SHED UNDER CONSTRUCT N & BATHHOUSE UNDER CONSTRUCT In (b) must equal Form 990, Part X, col. (B) line 15.) | | (b) Book value 2,5 20,7 |
| (1)_UMBER (2)_ITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answered "Yes" on Formula in (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Formula in the organization answered "Yes" on Formula | | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum) | Other Assets. Complete if the organization answered "Yes" on Formula (a) Description STORAGE SHED UNDER CONSTRUCT N & BATHHOUSE UNDER CONSTRUCT In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X | Other Assets. Complete if the organization answered "Yes" on Formula (a) Description STORAGE SHED UNDER CONSTRUCT N & BATHHOUSE UNDER CONSTRUCT In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1) LUMBER (2) LITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal i (2) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)_LUMBER (2)_LITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal i (2) (3) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)_UMBER (2)_LTCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)_UMBER (2)_LITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal i (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)_UMBER (2)_LITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1) LUMBER (2) KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |
| (1)LUMBER (2)KITCHEN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered "Yes" on Formal Storage shed under construct **N & BATHHOUSE UNDER CONSTRUCT** **In (b) must equal Form 990, Part X, col. (B) line 15.) | rm 990, Part IV, lin | (b) Book value 2,5 20,7 |

| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Return. |
|-------|---|--------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| а | Net unrealized gains (losses) on investments | |
| b | Donated services and use of facilities | |
| С | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIII.) | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | |
| С | Other losses | |
| d | Other (Describe in Part XIII.) | |
| е | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| b | Other (Describe in Part XIII.) | |
| С | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 |
| Pa | rt XIII Supplemental Information. | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F | Part X, line |
| 2; Pa | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | |
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EEA Schedule D (Form 990) 2020

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.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

| lame of the organization | | | | | Employer iden | tification number |
|--|--------------------|-----------------|------------------------------|----------------------------------|------------------|---|
| ACRED EARTH FOUNDATION | | | | | 26-227 | 2458 |
| Part I Fundraising Activities | . Complete if the | he organiz | ation ans | wered "Yes" on Form | 990, Part IV, | line 17. |
| Form 990-EZ filers are no | | _ | | | | |
| 1 Indicate whether the organization rais | ed funds through a | any of the foll | owing activit | ies. Check all that apply. | | |
| a Mail solicitations | | e | Solicitation of | f non-government grants | | |
| b Internet and email solicitations | | | | f government grants | | |
| c Phone solicitations | | | | raising events | | |
| d In-person solicitations | | J | | 3 | | |
| 2a Did the organization have a written or | oral agreement wi | ith any individ | dual (includin | na officers, directors, trustees | š. | |
| or key employees listed in Form 990, | | | | | ∵ ∏ Ye | s No |
| b If "Yes," list the 10 highest paid individ | | | | | _ | _ |
| compensated at least \$5,000 by the compensated at least \$5,000 by the compensation at least \$5,000 by | | | | | | |
| componented at loads \$6,000 by the c | nganization. | | | | | |
| | | (III) D: 1 (| | (v) A | Amount paid to | |
| (i) Name and address of individual | (ii) Activity | | draiser have r control of | (iv) Gross receipts (or | retained by) | (vi) Amount paid to (or retained by) |
| or entity (fundraiser) | (ii) Activity | | utions? | from activity fund | raiser listed in | organization |
| | | Voc | No | | col. (i) | |
| 4 | | Yes | No | | | |
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| otal | | | • | | | |
| 3 List all states in which the organization | | | cit contributi | ons or has been notified it is | exempt from | |
| registration or licensing. | J | | | | • | |
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Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

| | | than \$15,000 of fundraising gross receipts greater than | | d gross income on Form | 990-EZ, lines 1 and 6b | . List events with |
|-----------------|-------------|--|---|---|--|--|
| | | gross receipts greater than t | (a) Event #1 BRB WIR BALL (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 | 76,457 | | | 76,457 |
| Ľ | 2 | Less: Contributions | 63,449 | | | 63,449 |
| | | line 2) | 13,008 | | | 13,008 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| uses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 5,224 | | | 5,224 |
| | 10 | Direct expense summary. Add lines | - | | | 5,224 |
| Pa | 11 rt li | Net income summary. Subtract line Gaming. Complete if the o | | | | 7,784 more than |
| | | \$15,000 on Form 990-EZ, I | ine 6a. | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | \ | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | ☐ No | No | No | |
| | 7 | Direct expense summers. Add lines | 2 through E in column (d) | | • | |
| | | Direct expense summary. Add lines | 2 through 5 in column (a) | | | |
| | 8 | Net gaming income summary. Subtr | | | | |
| 9 a | En | Net gaming income summary. Subtracter the state(s) in which the organization licensed to conduct g | ract line 7 from line 1, colu | ties: these states? | | Yes |
| а | En | Net gaming income summary. Subtracter the state(s) in which the organization licensed to conduct g | ract line 7 from line 1, colur ion conducts gaming activi aming activities in each of | ties: these states? | | Yes No |
| 10a | En Is: | Net gaming income summary. Subtractive the state(s) in which the organization licensed to conduct g No," explain: ere any of the organization's gaming licensed to conduct graphs and the organization's gaming licensed to conduct graphs are any of the organization's gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to conduct graphs are supplied to the organization or gaming licensed to the organization or gaming licen | ract line 7 from line 1, colur ion conducts gaming activi aming activities in each of | ties: these states? | | Yes No |

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

Employer identification number

| SACRED EARTH FOUNDATI | ON | | | | | 26-2 | 2724 | 158 | | | | |
|----------------------------------|---------------------------------------|--------------------------|----------------------------|-------------|------------|-----------------------|-----------|----------|----------|------------------|------------------|--------|
| Part I Excess Benefit | Transaction | s (section 501(c) | (3), section 5 | 01(c)(4), | and se | ction 501(c)(29) | orgar | nizatio | ns on | ly). | | |
| Complete if the o | organization a | answered "Yes" o | on Form 990, | Part IV, li | ne 25a | or 25b, or Form | 990-l | EZ, Pa | art V, | line 4 | 0b. | |
| 4 () | | (b) Relationship between | een disqualified pers | son and | | ()5 | | | | | (d) Corr | ected? |
| 1 (a) Name of disqualified perso | n | org | anization | | | (c) Description | of transa | ection | | | Yes | No |
| | | | | | | | | | | | | |
| (1) | | | | | | | | | | | | |
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| (2) | | | | | | | | | | | | |
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| (3) | | | | | | | | | | | | |
| 2 Enter the amount of tax inc | urred by the or | ganization manager | rs or disqualified | d persons d | lurina the | e vear | | | | | | |
| under section 4958 | | • | | • | - | • | | ▶ \$ | 3 | | | |
| 3 Enter the amount of tax, if a | | | | | | | | ▶ \$ | } | | | |
| | ,,,, | , | , g | | | | | , | | | | |
| Part II Loans to and/or | r From Intere | ested Persons. | | | | | | | | | | |
| Complete if the c | | | on Form 990- | EZ. Part \ | /. line 3 | 88a or Form 990. | Part | IV. lin | e 26: | or if t | he | |
| organization rep | | | | | | | | , | , | | | |
| | | | | 1 | | (0) Delever des | | -1-4110 | (1-) 4 | | (2) 14/- | |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the | (e) Ori | | (f) Balance due | (g) in (| default? | by bo | proved ard or | (i) Wr agreer | |
| | mar organization | Ioan | organization? | pinio par | | | | | 1 1 | nittee? | ag.co. | |
| | | | To From | 1 | | | Yes | No | Yes | No | Yes | No |
| | | | 10 FIGHT | | | | 163 | 140 | 163 | 140 | 163 | 140 |
| (1) | | | | | | | | | | | | |
| (1) | | | | | | | | | | | | |
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| (2) | | | | | | | | | | | | |
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| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (5) T- (-1) | | | | | | <u> </u> | | | | | | |
| Total | | | | | . ▶ \$ |) | | | | | | |
| | | efiting Interested | | Dort IV | lina 27 | | | | | | | |
| Complete ii the | organization | answered "Yes" | 011 F01111 990 | , Part IV, | iine 27. | | | | | | | |
| (a) Name of interested person | 1 1 | ship between interested | (c) Amount of | assistance | (0 | d) Type of assistance | | (е |) Purpos | se of ass | istance | |
| | person | and the organization | | | | | | | | | | |
| (4) | |) | | | | | | | | | | |
| (1) | | <u>'</u> | | | | | | | | | | |
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| (5) | | | | | | | | | | | | |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---------------------------------|---|---------------------------|--------------------------------|---|------|
| | | | | Yes | No |
| | FRMR DIRECTOR; | | WAGES FOR PROGRAM | 1.00 | 1.00 |
| (1) CAITLIN JONES | FAMILY, SKYE | 16,449 | DIRECTOR | | х |
| (-) | FAMILY, SHONIE | | WAGES FOR KITCHEN | | |
| (2) CHRIS WOODCOCK | SCHLOTZHAUER | 836 | MANAGER | | х |
| | | | WAGES FOR VOLUNTEER | | |
| (3) MICHELLE SAGER | FORMER DIRECTOR | 23,831 | COORDINATOR | | x |
| (-) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| Part V Supplemental Information | | | | | |
| Provide additional informa | ation for responses to questions | on Schedule L (see | instructions). | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-2272458 SACRED EARTH FOUNDATION 01. Officer, directors, etc. family relationship (Part VI, line 2) TIM AND LAURIE SOUTHWORTH ARE MARRIED. THE CONFLICT OF INTEREST POLICY IS FOLLOWED. 02. Form 990 governing body review (Part VI, line 11) THE 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO SUBMISSION. TREASURER AND FINANCE COMMITTEE PROVIDE A DETAILED REVIEW AND MAKE A RECOMMENDATION TO THE BOARD FOR APPROVAL. UPON APPROVAL, THE TREASURER OR BOARD PRESIDENT ARE EACH AUTHORIZED TO SIGN THE 990 ON BEHALF OF THE BOARD. 03. Conflict of interest policy compliance (Part VI, line 12c) THERE IS A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS ARE REQUIRED TO SIGN. THEY ARE ALSO REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ANNUALLY AND AS THEY ARISE. 04. CEO, executive director, top management comp (Part VI, line 15a) HUMAN RESOURCES COMMITTEE PERFORMS REVIEWS FOR LEADERSHIP EMPLOYEES, DETERMINES COMPENSATION AND PRESENTS TO THE BOARD FOR FINAL APPROVAL, BASED ON THE ANNUAL BUDGET. 05. Other officer or key employee compensation (Part VI, line 15b HUMAN RESOURCES COMMITTEE PERFORMS REVIEWS FOR LEADERSHIP EMPLOYEES, DETERMINES COMPENSATION AND PRESENTS TO THE BOARD FOR FINAL APPROVAL, BASED ON THE ANNUAL BUDGET. 06. Governing documents, etc, available to public (Part VI, line 19)

990 IS ON WEBSITE AND BY REQUEST. OTHER DOCUMENTS ARE AVAIALBLE BY REQUEST.

Schedule O (Form 990 or 990-EZ) (2020) Name of the organization Employer identification number SACRED EARTH FOUNDATION 26-2272458 07. Explanation of other changes in net assets or fund balances (Part XI, line 9) -\$1 ROUNDING ERROR 08. Part XI, response or note to any line in Part XI DUE TO BOOKKEEPING ERRORS DURING 2019, INCOME FROM ENDOWMENT INVESTMENTS WERE UNDERSTATED BY \$1997. THIS IS THE SOURCE OF THE ADJUSTENT ON FORM 990 PART XI. A RELATED REPORTING ERROR LED TO AN INCORRECT OVERSTATMENT OF THE PRIOR YEARS ENDING BALANCE, AS WELL AS AN OVERSTATEMENT OF THE PREVIOUS YEAR'S ENDOWMENT CONTRIBUTIONS. THE START BALANCE REPORTED ON SCHEDULE D FOR 2020 IS CORRECT.

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number SACRED EARTH FOUNDATION FORM 990 - 1 26-2272458 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 31,871 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 08-2020 39 yrs. MM S/L Nonresidential real 314,394 3,024 MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 34,895 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23