#### **PUBLIC INSPECTION COPY**

991

Form

Return of	f Organization	<b>Exempt From</b>	Income	Тах
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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.



Depa Inter	Department of the Treasury         Go to www.irs.gov/Form990 for instructions and the latest information.         Open to Public											
			lar year, or tax year beg						JUN 3		2	· · · ·
	Check i applicat	<b>C</b> Name o	f organization						D Em	ployer identi	ficatio	n number
	Addr chan	ge ALLE	ALLENDALE ASSOCIATION									
	Nam chan	ge Doing b	Doing business as 36-2177140									
	Initia retur	n Number	r and street (or P.O. box it	f mail is not	t delivered	d to street a	ddress)	Room/sui		ephone numb		
	Final	n/ <b>F•O•</b>	BOX 1088						8	47-356-		
	term ated Ame	City or t	own, state or province,				ostal code		G Gros	s receipts \$		30,068,274.
	retur	DAKE	VILLA, IL							this a group		
	tion		nd address of principal							or subordinate		
	_		GRAND AVE.	-					- · ·	e all subordinates		
		kempt status:	$\frac{\mathbf{X} 501(c)(3)}{\mathbf{ALLENDALE4KI}}$	1(c) (		insert no.)	4947(a)(1)	or 5				See instructions
				rust	Associat	tion	Other ►			iroup exempti		te of legal domicile: IL
	art I			TUSI	ASSOCIA				ar of tormat		W Sla	
-	1		be the organization's mis	ssion or m	ost signi	ficant activ			тмемт	EDUCAT	TON	
e	1.		Y FOR YOUTH									
Governance	2	Check this bo					ations or dispo					
ver	3		ting members of the gov			-	-				1	22
			dependent voting memb								_	22
ళ	5		of individuals employed									439
/itie	6		of volunteers (estimate i									41
Activities &	7 a		d business revenue fron								1	0.
_	b	Net unrelated	business taxable incom	e from Fo	rm 990-T	, Part I, lir	ie 11	<u></u>		7t	<b>&gt;</b>	0.
										or Year		Current Year
Ð	8	Contributions	and grants (Part VIII, lin	e 1h)						16,557.		1,351,644.
enu	9	Program servi	ice revenue (Part VIII, lin	e 2g)						87,519.	_	<u>25,719,489.</u>
Revenue	10		come (Part VIII, column						6	66,703.		610,384.
	11		e (Part VIII, column (A), li						24.2	1,292.		2,686.
	12		- add lines 8 through 11						34,3	72,071.		27,684,203.
	13		milar amounts paid (Parl							0.	_	0.
	14		to or for members (Part				(4) 1:		22 5			-
ses	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							<u>21,548,578</u> 0.		
Expenses	108		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.									
Ĕ	17		es (Part IX, column (A), I						7 0	68 279.		7,060,455.
	18									94,338.	_	28,609,031.
	19		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       29,594,338.       28,609,031.         Revenue less expenses. Subtract line 18 from line 12       4,777,733.       -924,828.									
or	-						<u></u>			of Current Year		End of Year
						23,456,439.						
Ass	21							4,559,933.				
Net	22								18,896,506.			
Pa	art II											
Unc	ler per	alties of perjury,	I declare that I have examin	ned this retu	urn, includ	ding accom	panying schedule	s and state	ments, and	to the best of m	ny knov	vledge and belief, it is
true	, corre	ect, and complete	. Declaration of preparer (o	ther than o	fficer) is b	ased on all	information of w	hich prepa	rer has any l	knowledge.		
										1		

Sign Here	Signature of officer         JASON KEELER, PRESIDEN         Type or print name and title	1T	Date			
Paid	Print/Type preparer's name KIMBERLY A. HAUMANN	Preparer's signature KIMBERLY A. HAUMANN	Date Check 03/17/23 self-employed	PTIN P00546491		
Preparer						
Use Only Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040						
May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

	990 (2021) ALLENDALE ASSOCIATION	36-2177140	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	FOUNDED IN 1897, THE ALLENDALE ASSOCIATION IS A PRIVATE,		
	NOT-FOR-PROFIT ORGANIZATION DEDICATED TO EXCELLENCE AND		N
	THE CARE, TREATMENT, EDUCATION AND ADVOCACY FOR CHILDREN		
	WITH SERIOUS EMOTIONAL, MENTAL HEALTH, AND BEHAVIORAL CH	ALLENGES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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?	Yes	XNo
	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 othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$15,834,756. including grants of \$) (Rever	nue\$ 17,661,	755.
	RESIDENTIAL SERVICES - ALLENDALE'S RESIDENTIAL TREATMENT		
	PROVIDES CHILDREN AND ADOLESCENTS WITH A SECURE, NURTURI		ጥ
	ENVIRONMENT, FILLED WITH POSITIVE ROLE MODELS AND STEADY		
	ACCOMMODATE THEIR GROWING INDEPENDENCE, WE OFFER GRADUAT		
	CARE INCLUDING COMMUNITY GROUP HOMES, STRENGTH-FOCUSED V		
	BUILDING, ENRICHED AND EXCITING THERAPEUTIC RECREATIONAL		
	MULTI-DISCIPLINED TEAM APPROACH TO EVERY CHILD'S TREATME		
	STRONG PARTNERSHIPS WITH FAMILY AND COMMUNITY SUPPORTS.		
	RESIDENTIAL TREATMENT PROGRAM SERVED 174 CLIENTS AND PRO	VIDED 20,590	
	DAYS OF CARE DURING FISCAL 2022.		
			850
4b			756.
	SPECIAL EDUCATION SERVICES - ALLENDALE'S SPECIAL EDUCATI		
	PROGRAMS ASSIST STUDENTS IN BUILDING KNOWLEDGE, COMPETEN		ICS
	AND VALUES THROUGH A RIGOROUS K-12 INDIVIDUALIZED CURRIC		
	COMBINES SPECIALIZED THERAPEUTIC CLASSROOM INSTRUCTION W		
	TEACHER-TO-STUDENT RATIOS. ADDITIONALLY, OUR PROGRAMS OF		AL
	TRAINING OPPORTUNITIES INCLUDING OUR ON-SITE GREENHOUSE,	•	
	WOODSHOP, EMBROIDERY CLASSROOM, LAUNDRY AND KITCHEN, AS		
	SUPERVISED COMMUNITY VOCATIONAL TRAINING PLACEMENTS. COL	LEGE FUNDING	
	AND VOCATIONAL GRANTS ARE AVAILABLE FOR STUDENTS TO CONT	INUE THEIR	
	EDUCATION BEYOND ALLENDALE AND PREPARE FOR EMPLOYMENT. A	LLENDALE'S	
	SPECIAL EDUCATIONAL SERVICES PROGRAMS SERVED MORE THAN 2	50 STUDENTS	AND
	PROVIDED 24,648 DAYS OF INSTRUCTION DURING FISCAL 2022.		
4c	(Code:) (Expenses \$1,095,986. including grants of \$) (Rever	nue\$ 1,191,	460.
	FOSTER CARE - ALLENDALE'S FOSTER CARE PROGRAM SERVES CHI	LDREN PRIMAR	ILY
	8-18 YEARS OF AGE EXPERIENCING EMOTIONAL AND BEHAVIORAL	PROBLEMS.	
	OFFERING BOTH SPECIALIZED AND TRADITIONAL LEVELS OF CARE		М
	PROVIDES TRAINING AND ONGOING SUPPORT FOR OUR PARENTS US		
	RESTART MODEL. ALLENDALE'S FOSTER CARE PROGRAM SERVED 43		
	PROVIDED 12,663 DAYS OF CARE DURING FISCAL 2022.		
4d	Other program services (Describe on Schedule O.)		
		450,813.)	
4e		- /	
		Form	<b>990</b> (202
32002	2 12-09-21		-
	3		
03	2021.05060 ALLENDALE ASSO	CIATION	1002

 Form 990 (2021)
 ALLENDALE
 ASSOCIATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	_		77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 11	
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	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? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

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Form	990	(2021)
FUIII	330	120211

 Form 990 (2021)
 ALLENDALE
 ASSOCIATION

 Part IV
 Checklist of Required Schedules (continued)

	continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> " <i>Yes</i> ," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes</i> ," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		<b>v</b>
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X
30		38	х	
Par		1 00		I
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X	
132004	- 12-09-21 5	Form	990	(2021)
	5			

2021.05060 ALLENDALE ASSOCIATION 100299\_1

Part V       Statements Regarding Other IRS Filings and Tax Compliance	Form	990 (2021) ALLENDALE ASSOCIATION	36-2177	140	Р	age <b>5</b>
2a         Enter the number of employees reported on Ferm W3. Transmittal of Wage and Tax Statements.         2a         Statements.         2a         X           b         If a least one is reported on line 2a, dd the organization file all required declar anployment tax returns?         2a         X           3a         Data mode that and 3d is greast than 325 (you may be required to e.ght, Sa montochors.         3a         X           3b         Data the organization have unvelated basiness gross income of S1,000 or more during the year?         3a         X           b         1* "rest, "inst the organization have an inference in or a Signature or other aniholity over, a francial account is explored to regin Sami tax the other aniholity over, a francial account is explored to regin Sami tax the organization any tax positive transaction at any tax positive tax statements than an or this forgin country (Such as a brink account, security is such as a brink account, security is any taxing protochol tax statement transaction at any tax positive tax statement that such contributions of sing requirements for Fing Parks.         5a         X           b         1* "est, 'init the argenization informed tax press atterment that such contributions or gits were not accountily the organization interest any pression and pray tax positive tax streament that such contributions or gits were not accountily into dramatile orthologica streament?         7a         X           f         ****, 'init the organization informed the park as combined accountily were not accountily the organization index of the park as antinter and the anore and tax and the another and tax	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
The fact the calendar year anding with ar within the year covered by this return     2     4.39       If all sect on servept of mines, and diff the organization field in cycle of devial enginyment is return?     2     X       Note: If the sum of field 1 and the organization have an interest in one a sing they ser?     2     X       a A lary time during the calendar year, did the organization have an interest in or a signifuture or other authonly over, a financial accountly cycle in a sum account, a contine francial accounts (FBAP).     4     X       b If "Yes," that if field a form 390.7 for this year? if "No" to line 3b, provide an aplanation on Schedule 0     5     X       b If "Nes," enter the name of the foregin caurus / >     5     X     X       b If "Nes," enter the name of the foregin caurus / >     5     X     X       b If "Nes," enter the name of the foregin caurus / >     5     X     X       b If "Nes," enter the annee of the foregin caurus / >     5     X     X       b If "Nes," enter the annee of the foregin caurus / >     5     X     X       b If "Nes," enter the annee of the foregin caurus / >     5     X     X       b If Nes, "and the organization that wave root tax deductible a chartable occritibulions and party a contribution state and year and financial accounts (FBAP).     5       b If Nes, "and the organization the wave not tax deductible a chartable occritibulion and party a contribution and party (or opartable tax shelendar enginyeare transhelendare transhel					Yes	No
b     It at least one is reported on line 2a, did the organization the all regulared bedra employment to returns?     2b     X       ab Det the organization have unrelated business grass income of \$1,000 or more autring the year?     3a     X       b     If ''ves', if the of point 900 for this year?     3b     X       b     I''ves', if the of point 900 rotups a point of the second to predict an exploration on Schedule 0.     3b     X       b     I''ves', if the of point 900 rotups a point of the second to predict an exploration on Schedule 0.     5a     X       b     I''ves', if the of point 900 rotups a point of the second to predict an exploration on Schedule 0.     5a     X       b     I''ves', if the organization in the respin country P     5a     X       b     I''res', if the organization in the respin country P     5a     X       c     I''res', if the organization in the respin schedule than schedule transaction?     5a     X       c     I''res', if the organization include with wery solicitation an express statement that such contributions or gifts were not tax deductible a charable contribution?     5a       c     Did the organization include with wery solicitation and explore statement that such contributions or gifts were not tax deductible a charable contribution?     7a       c     Did the organization include with wery solicitation and explore to the organization have annower the schedule the explore transaction include with the organization include with were schedule th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note:         If the sum of iners 1a and 2a is greater than 250, you may be required to <i>a</i> , <i>fac</i> . See instructions.         Image: Second 100, 100, 100, 100, 100, 100, 100, 100				-		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?     ga     X       4b A ray time during the calendar year, did the organization have an interest in, or a signature or other subtrivity over, a financial account?     ga     X       4b A any time during the calendar year, did the organization have an interest in, or a signature or other subtrivity over, a financial account?     ga     X       4c A any time during the calendar year, did the organization for financial account?     ga     X       5c A any time during the calendar year, did the organization for financial account?     ga     X       5c A any time during the calendar year, did the organization for financial account?     ga     X       5c A any time during the sam of the foreign country >     ga     X     ga       5c A any time during the sam of the organization for financial the contributions at any time during the tax year?     ga     X       6c D any taxatle party notify the organization financial the contributions?     ga     X       6c D any taxatle party notify the organization financial the contributions?     ga     X       7 Organization subt any contribute as the fare barry sam of the goods or services provided?     ga     X       7 Organization subt, and y coalve deductible or final the contributions quartify for goods and services provided?     ga     X       7 Organization subt, and y coalve deductible and the goods or services provided?     ga     X       7 O	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
b     If way, 'has it filted a Form 390-Tor this year? /f 'Wit to line 3b, provide an explanation on Schedule 0     3b       4a     At any time during the calendar year, dd the organization have an inferent in, or a signature or other authority over, a thrancel account in a torsign country (buch as a blank account, securities account, or other financel accounts (FBAF), 'Sea 's that the name of the foreign country (buch as a blank account, securities account, or other financel accounts (FBAF), 'Sea 's that the organization tap aprily to a prohibited tax shelter transaction at any time during the tax year?'     Sea 's       5a     Was the organization have annual gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that way reach tax deductible as charitable contributions?'     Sea 'X       6b     Did shy taxabili gross excepts that are normally greater than \$100,000, and did the organization solicit any contributions that way receive deductible contributions and party to goods and sarvices provided to the payor?'     Sea 'X       7b     I' 'Yes, 'ind the organization in the contributions under section 170(c).     Ta     X       7c     XX     Ta     Ta     Ta       7c     X     Ta     Ta     Ta       7c     Yes, 'indicate the number of forms 8282 field during the year     Ta     Ta       7c     X     Ta     Ta     Ta       7c     X     Ta     Ta     Ta       7d     Did the organization nuceve at sothis as there ore parts on the organization tas a form tas		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	S			
4a       At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a       4a       X         b       If Yes," enter the name of the foreign country (such as a bank account, securities account, or other functial accounts (FDAP).       5a         5a       Was the organization a party to a prohibited tax shellsr transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the cagnization that it was or is a party to a prohibited tax shellsr transaction?       5a       X         5a       Did any taxable party notify the cagnization that it was or is a party to a prohibited tax shellsr transaction?       5a       X         6a       Does the organization neve annual gross nocipits that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles or achinable contributions or gits were not tax deductibles achinable contributions?       7a       X         7       Toganization select any contribution and party as a contribution any party for goods and services provided?       7a       X         7       Toganization network any taxable, contribution any party for goods and services provided?       7a       X         7       Toganization network any taxable, contribution of any bay premums on a personal benefit contract?       7a       X         7       Toganization network any taxable distributing in early or indicedity, to pay premums on a personal benefit con						
In transial account in a foreign country south as a bank account, securities account, or other financial account?     4a     X       Se instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a     X       So Dot any taxable party noith the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       So Dot any taxable party noith the organization that any time during the tax year?     5a     X       So Dot any taxable party noith the organization that any time during the tax year?     5a     X       So Dot any taxable party noith the organization that any time during the tax year?     5a     X       So Dot any taxable party noith the organization that any time during the tax year?     5a     X       So Dot any taxable party noith the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?     5a     X       So Dot any taxable party noith the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       To Ganization function organization have any taxes of \$7 mate party as a contribution or any and to the party and the tax year?     7a     X       To H tax ganization necesses of \$7 mate party as a contribution or any antipe organization have expresses of \$7 mate party as a contribution or any antipe organization have expresses of \$7 mate party as a contribution organization have expresses of \$7 mate party as a contribution organi				<u>3b</u>		
b     If "Yes," enter the name of the toreign country	4a					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Sa Construction of the organization that it was or is a party to a prohibited tax shelter transaction? So Construction of the organization the form 6868-17 So Construction of the organization the annual gross necesities that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as charitable contributions? So Constructions that may receive deductible contributions of parts were not tax deductible? So Constructions that may receive deductible contribution and partly for goods and services provided 7 So Cognizations that may receive deductible contributions under section 170(c). So Constructions that may receive advances of 55 made party as a contribution and partly for goods and services provided 7 To Cognization secvice any funct, directly or indirectly, to pay premiums on a personal benefit contract? To Cognization secvice any funct, directly or indirectly, to pay premiums on a personal benefit contract? To Cognization necevice any funct, directly or indirectly, to pay premiums on a personal benefit contract? To Cognization necevice any funct, directly or indirectly, to pay premiums on a personal benefit contract? To Cognization necevice and contribution of qualified intelectual property, did the organization file a Form 108627 Soponstring organization necevice and variability diversities on ordinated function file Form 8899 as required? To Cognization nation advised tunds. Soponstring organization nation advised tunds. Sociem 501(c)(7) organizations. Enter: Soponstring organization nadvised tunds. Soponstring organization n	_		iccount)?	<u>4a</u>		
Sa         Was the organization a party to a prohibited tax sheller transaction?         Sa         X           b Old any taxable party notify the organization file Form 8886.17         Sa         X           Ga         Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions fait were not tax deductibles and charlable contributions?         Sa         Sa         X           Ga         Desc the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         To         Ta         X           b If the organization receive agreement in exess of ST mode party as a contribution any process werk as provided?         Ta         X           c Did the organization receive agreement in exess of ST mode party as a contribution or quark parts with sign structure or form \$8282?         Ta         X           d If the organization receive a contribution or quark parts on preservice provided?         Ta         X           d If the organization receives a contribution or quark parts and party as a contract?         Ta         X           d If the organization receives a contribution or quark parts and parts as contract?         Ta         X           d If the organization receives a contribution or quark parts and parts as contrecontract?         Ta         X	b					
b     Def any taxable party notity the organization that it was or is a party to a prohibited tax shetter transaction?     So     X       c     If Yes'' to line Sa or 5b, did the organization file Form 8886-17?     So     So       d     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chartable contributions?     So     X       b     If Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     To     To       7     Organization statu ary receive deductible contributions under section 17Q(c).     Ull be organization notify the donor of the value of the goods or services provided?     To     To       0     Did the organization notify the donor of the value of the goods or services provided?     To     To     X       0     Did the organization notify the donor of the value of the goods or services provided?     To     X       0     Did the organization notify the donor of the value of the goods or services provided?     To     X       10     Uf the organization notify the donor of the value of the goods or services provided?     To     X       11     Hore organization services a contribution of cars, parks, anylanes, or other vehicles, did the organization file a Form 8089 as required?     To     X       11     Hore organization maintaining doore advised fund.     Did a donor ad	_			-		v
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       G0     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible as chartable contributions.     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a     X       b     If Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       b     If Yes," did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services contract.     7c     X       d     If Yes," indicate the number of Forms 8282 filed during the year     7d     7d     7d       f     Did the organization neeved a contribution of qualities intellectual property, did the organization free ware prinds, directly or indirectly, to pay premiums, or ther value of the solut organization free ware such solut as a contribution or achieved funds.     9a     9a       g     If the organization neeved ware excess business, or other values of funds.     9a     9a       g     If the solution organization neeved such solutions on a dives or arelated person?     9a       g     Did the solution organization neave ary taxable distributions under secling 496?						
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 adductibles as charitable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     6a     X       c     Organizations that may receive deductible contributions under section 170(c).     6b     7a     X       d     If "Yes," did the organization notify the doors of the value of the goods or services provided?     7a     X       d     If "Yes," indicate the number of Forms 8282? filed during the year     Zd     7c     X       d     If "Yes," indicate the number of Forms 8282? filed during the year     Zd     7a     X       d     Uid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7a     X       d     If the organization received a contribution of qualified intellectual property, did the organization file beyen apy personal benefit contract?     7a     X       f     If the organization neceived a contribution of case, boats, anignanes, or other vehices, did the organization file Beyen approximation file beyen approximation file beyen approximation, and the diring donor advised funds.     Bit the organization file beyen approximation file beyen ap						<u> </u> ▲
any contributions that were not tax deductible as charitable contributions?     6a     X       b     if 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts     6b     7       7     Organizations that may receive deductible' contributions under section 170(c).     7     X       b     If 'Yes,'' did the organization notity the donor of the value of the goods or services provided to the payn?     7     X       c     Did the organization necive spammel in excess of \$75 made parity as contribution and parity for goods and services provided to the payn?     7     X       c     Did the organization necive spammel in excess of \$75 made parity as contributions on a personal property for which it was required     7c     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     X       d     If 'Yes,'' indicate the number of Forms 8282 filed during the year     7d     X       f     Did the organization necevies a contribution of cars, boats, airplanes, or other vehicles, did the organization for eavers so blaines at any time during the year?     7d     X       f     If the organization necevies a contribution of upailed intellectual property, did the organization favore and the adistribution to a donor, donor advised fund.     9a     9a       9     Sponsoring organization make ad istribution to a donor, donor advised fund maintained by the sponsoring organization make ad istribution so under section 4966?     9a				50		
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).     7c     X       a)     Did the organization neetive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payn?     7c     X       b     If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       c)     Did the organization neetive any kinds, directly or indirectly, no pay permitums on a personal benefit contract?     7c     X       d)     Did the organization received a contribution of qualified intellectual property, did the organization contract?     7d     X       g)     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086 C?     7n     X       g)     Sponsoring organization, make any taxable distributions under section 4966?     9a     9a       g)     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       g)     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       g)     Sponsoring organization make any taxable distributions under section 4966?     9a     9a       g)     Section 501(c)(2) organization make a distribution to a donor, donor advised run aninitianing donor advised run anita	6a		-	0		v
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Det the organization neave a payment in excess of \$75 made pathy as a contribution and pathy for goods and services provided to the payo?     7a       X     TYes," did the organization notity the donor of the value of the goods or services provided?     7a       Value     Did the organization notity the donor of the value of the goods or services provided?     7a       X     dif Yes," indicate the number of Forms 8282 filed during the year     7d       7     Z     Z       dif Yes," indicate the number of Forms 8282 filed during the year     7d       If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7i       If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organization file a Form 1098-C?     7i       Sponsoring organization searce sublishes and the unit were availed filts/fibution to a donor advised fund.     8       9     Sponsoring organization make and stable distributions under section 4966?     9a       9     Do the sponsoring organization sectoributions included on Part Vill, line 12     10a       10     be cross income from other sources. Do not net amounts due or pakiton for advised indicates     11a       11     10a     10b     10a       12     Section 501(c/12) or	<b>L</b>			<u>6</u> a		
7     Organizations that may receive deductible contributions under section 170(c).     a) bit the organization receive a symmet in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       b) If 'Yes, 'I due coganization notify the doors of the value of the goods or services provided?     7d     X       c) Did the organization notify the doors of the value of the goods or services provided?     7d     X       d) If 'Yes, 'Indicate the number of Forms 8282 filed during the year     7d     X       d) Did the organization receive any functs, directly or indirectly, no pay permiums on a personal benefit contract?     7d     X       d) If the organization received a contribution of qualified intellectual property. did the organization file Form 8082C?     7d     X       8     Sponsoring organization maintaining door advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxabil distributions under section 4966?     8a       9     Did the sponsoring organization make any taxabil distributions under section 4966?     9a       9     Did the sponsoring organization. Take any taxabil distributions under section 4966?     9a       9     Did the sponsoring organization. Take any taxabil distributions under section 4966?     9a       9     Did the sponsoring organization. Take any taxabil distributions under section 4966?     9a       10     Section 501(c)(2) organizations. Enter:     11a     10a       11     Section	D			Ch		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If Yes, ' did the organization notify the donor of the value of the goods or services provided?     7a     X       b If Yes, ' did the organization on excentance, the value of the goods or services provided?     7a     X       c If Yes, ' indicate the number of Form 8282 filed during the year     7d     X       c If Yes, ' indicate the number of Form 8282 filed during the year     7d     X       c If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     X       f If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8098 as required?     7h     X       h If the organization make excess business holdings at any time during the year?     8     8       9 Sponsoring organization make any taxable distributions under section 4966?     9a     9a       9 Did the sponsoring organizations maintaining donor advised funds.     10a     10b     9a       10 Section 501(c)(7) organizations. Enter:     10a     10b     9a     9a       11 Section soft(c)(2) organizations. Enter:     10a     10b     12a       12 Section 501(c)(2) organizations. Enter:     10a     10b     12a       13 Section 501(c)(2) organizations.     11a     11b     12a <td>7</td> <td></td> <td></td> <td>40</td> <td></td> <td></td>	7			40		
b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282     7d     7c     X       d     H"Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       d     Did the organization, during the year, apy remiums, directly, or indirectly, or a personal benefit contract?     7f     X       g     If the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7d     X       f     H the organization maintaining door advised fund maintained by the sponsoring organization maintaining door advised fund maintained by the sponsoring organization maintaining door advised fund multis.     8       a     Sponsoring organization maintaining door advised fund multis.     9a     9a       b     Did the sponsoring organization make a distribution to a door, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund fund.     9a       a     Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization. Enter:     10a     10a       a     Initiation fees and capital contributions included on Part VIII, line 12.     10a     10b     10a       1			vices provided to the pavor?	70		x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? (Incleat the number of Forms 8282 filed during the year (Incleat the number of Forms 8282 filed during the year (Incleat the number of Forms 8282 filed during the year (Incleat the number of Forms 8282 filed during the year pay premiums, directly or indirectly, on a personal benefit contract? (Incleat the number of Forms 8282 filed during the year, pay premiums, directly or indirectly, on a personal benefit contract? (Incleat the number of Forms 8282 filed during the year, pay premiums, directly or indirectly, on a personal benefit contract? (Incleat the organization received a contribution of carls, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? (Incleat the progenization make and down advised funds. Did down advised						
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d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d       e     Did the organization receive any funds, directly or indirectly, to gay premiums, on a personal benefit contract?     7e     X       f     Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7g     7f     X       g     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     8     9       Sponsoring organizations maintaining doora advised funds.     Did the organization maintaining doora advised funds.     9     9       a     Did the sponsoring organization make a visable distributions under section 4966?     9a     9       b     Did the sponsoring organization make and distributions under section 4966?     9a     9       b     Gross income from members or shareholders     10a     10b       b     Gross income from members or shareholders     11a     10a       c     Gross income from members or shareholders     11a     10a       b     If "Yes," enter the amount of tax-exempt interest received or accrued during the year?     12a     12a       13     Section 501(c)(2) qualified neart) plans in more than one state?     13a     13a       Note: See the instructions for additional information the organization instrated to sissue qualified health plans in more than	U			70		x
<ul> <li>bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>Tel di the organization received a contribution of qualified intellectual property, did the organization file Some 899 as required?</li> <li>Th if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?</li> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>Did the sponsoring organizations maintaining donor advised funds.</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organization make any taxable distributions under section 4966?</li> <li>Did the sponsoring organizations maintaining donor advised funds.</li> <li>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> <li>Section 501(c)(7) organizations. Enter:</li> <li>Initiation fees and capital contributions included on Part VIII, line 12.</li> <li>Gross receipts, included on Form 990, Part VIII, line 12, tor public use of club tacilities</li> <li>Gross income from members or shareholders</li> <li>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>Section 501(c)(2) granizations. Enter:</li> <li>Is the organization receive of to susce qualified health plans in more than one state?</li> <li>Is be organization received and painterest received or accrued during the year</li> <li>Is the organization received these parents? <i>I thy</i>, <i>try cryotia an explainton on Schedule O</i>.</li> <li>First the amount of tax-exempt interest received or accrued during the year?</li> <li>Is the organization is licensed to issue qualified health plans</li> <li>Enter the amount of reserves on hand</li> <li>Is the organization is licensed to issue qualified health plans</li> <li>Enter the amount of reserves the organization interest received or accrued during the tax year?<td>Ь</td><td></td><td>1 1</td><td></td><td></td><td></td></li></ul>	Ь		1 1			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       79       70         8       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       8         9       Sponsoring organizations maintaining door advised funds.       104 a donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9a       9a       9b         10       the sponsoring organizations. Enter:       10a       10b       10c			II	70		x
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?   8 Sponsoring organizations maintaining donor advised funds.   9 Sponsoring organizations maintaining donor advised funds.   10 bid the sponsoring organization make any taxable distributions under section 4966?   9 bid the sponsoring organization make a distribution to a donor, donor advised runds.   10 Section 501(c)(7) organizations. Enter:   11 Initiation fees and capital contributions included on Part VIII, line 12   10 Gross income from members or shareholders   11 Section 501(c)(12) organizations. Enter:   11 Gross income from mere sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12 Section 501(c)(12) organization interest received or accrued during the year   13 Section 501(c)(2) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   13 Section 501(c)(2) qualified nonprofit health plans   14 Did the sponsotion organization subject to the section 4966 tax on payments? If 'No,'' provide an explanation or Schedule O.   15 the organization is licensed to issue qualified health plans   14 Did the organization subject to the section 4966 tax on payment(s) dring the year?   14 X   15						
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 make any taxable distributions under section 4966? 8   9 Sponsoring organizations maintaining donor advised funds. 9a   10 Bid the sponsoring organization make any taxable distributions under section 4966? 9a   10 Section 501(c)(7) organizations. Enter: 10a   11 Initiation fees and capital contributions included on Part VIII, line 12 10a   11 Section 501(c)(72) organizations. Enter: 10b   12 Section 501(c)(72) organizations. Enter: 11a   13 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b   128 Section 501(c)(2) qualified nonprofit health insurance issuers. 11a   13 Section 501(c)(2) qualified nonprofit health insurance issuers. 12a   a Is the organization is cluded to the againzation must report on Schedule O. 13a   b Enter the amount of reserves the organization insurance issuers. 13a   a Is the organization subject to the section 4968 excise tax on net investment income? 14a   X b I'Yes," has it filed a Form 720 to report these payments? If 'No, '' provide an explanation or excesse parachute payments? If 'No, '' provide an explanation or excesse parachute payments? 14a   X I'Yes," has it filed a Form 720 to rep						<u> </u>
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 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:       10a         a Gross income from members or shareholders       11a       10b         b Gross income from members or shareholders       11a       11b         12a       Section 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders       11a       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b       12a         12a       Section 501(c)(2) qualified nonprofit heatth insurance issuers.       13a       13a         13       Section 501(c)(2) qualified nonprofit heatth plans in more than one state?       13a       13a         14a       X       13a       13a       13a         15       Enter the amount of reserves on hand       13a       13a       13a         14       Did the organization is required to maintain by the states in which the organization is lequired to	-					
sponsoring organization have excess business holdings at any time during the year?     8       9     Sponsoring organizations maintaining donor advised funds.     9       a     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:     10a       a     Initiation fees and capital contributions included on Part VIII, line 12     10a       11     Section 501(c)(12) organizations. Enter:     10b       a     Gross income from members or shareholders     11a       b     Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)     11b       12a     Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?     12a       13     Section 501(c)(22) qualified nealth plans in more than one state?     13a       Note: See the instructions for additional information the organization must report on Schedule O.     14a     X       14     Did the organization receive any payments for indoor tanning services during the tax year?     14a     X       15     Is the organization subject to the section 4968 excise tax on net investment in ore excess parachute payment(s) during the year?     15     15     X       14     Did the	-					
9 Sponsoring organizations maintaining donor advised funds.   a) Did the sponsoring organization make any taxable distributions under section 4966?   b) Did the sponsoring organization make any taxable distributions under section 4966?   b) Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?   c) Section 501(c)(7) organizations. Enter:   a) 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   b) 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   2ection 501(c)(29) qualified nonprofit health insurance issuers.   a) Is the organization licensed to issue qualified health plans in more than one state?   13a   14a   14a   15   15   16   17   Section 501(c)(21) organization subject to the section 4966 are explanation on Schedule O.   16   17   18   19   19   10   10   11   12a    13a   13b   13a   1	-			8		
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         18       Is uonplete Form 6069.       10       10			11b			
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a 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.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves on hand       13b       13c         14a       X         15       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         18       If "Yes," complete Form 6069.       10         1320000       12-09-21       6	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Content the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Content the amount of reserves on hand       Image: Content t	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       14b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         18       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         19       12005       1209-21       6       Form 990 (2021)	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
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14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         132005       12-09-21       6       Form 990 (2021)			13b	4		
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         132005       12-09-21       6       Form 990 (2021)				14a		X
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If "Yes," see the instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16       X         If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         132005       12-09-21         6       Form 990 (2021)	15					<u></u>
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Complete Form 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       Image: Complete Form 6069.       Image: Complete Form 6069.       Image: Complete Form 990 (2021)         132005       12-09-21       Image: Complete Form 990 (2021)       Image: Complete Form 990 (2021)				15		
If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17 If "Yes," complete Form 6069.  132005 12-09-21  6 Form 990 (2021)						
17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         11       If "Yes," complete Form 6069.       6       Form 990 (2021)	16		income?	16		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       6         132005 12-09-21       6						
If "Yes," complete Form 6069.         6         Form 990 (2021)           132005         12-09-21         6         Form 990 (2021)	17					
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 Form 990 (2021)
 ALLENDALE ASSOCIATION
 36-2177140
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 X

Sec	tion A. Governing Body and Management						
		Ι.			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	22				
	If there are material differences in voting rights among members of the governing body, or if the governing						
<b>L</b>	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	4	22				
-	Enter the number of voting members included on line 1a, above, who are independent	1b	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2	х		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2	- 23		
3				3		х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X	
6	Did the organization have members or stockholders?			6		X	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?	-		7a		х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7b		х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	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 Re	venue	Code.)				
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	e filing the form?	11a	Х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X X		
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -					
	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X X		
14	Did the organization have a written document retention and destruction policy?			14	~		
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	х		
	The organization's CEO, Executive Director, or top management official			15a 15b	X		
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			150	- 23		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
104	taxable entity during the year?			16a		х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			104			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	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 $ ightarrow IL$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			• •			
	X Own website Another's website X Upon request Other (explain	n on Sc	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial		
	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 boo	oks and	d records				
	CHRISTOPHER SCHRANTZ - 847-245-6214						
	600 WEST GRAND AVENUE, LAKE VILLA, IL 60046-1088						
132006	12-09-21			Form	990	(2021)	
	7						

2021.05060 ALLENDALE ASSOCIATION

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Form 990 (2	2021) ALLENDALE ASSOCIATION	36-2177140	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated							
Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.						

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

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

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

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

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

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		an	compensation	compensation	amount of		
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	ndividual trustee or director	n stit utio nal tru stee	_	ƙey employee	st cor	ar	1000 NEO		organizations
	line)	Indivi	Institu	Officer	Key ei	Highest compensated employee	Former			
(1) JASON KEELER	40.00									
PRESIDENT & CEO	0.00			Х				177,189.	0.	26,716.
(2) CONNIE BORUCKI	40.00									
CHIEF OPERATING OFFICER	0.00			Х				162,889.	0.	20,206.
(3) CHRIS SCHRANTZ	40.00									
CHIEF FINANCIAL OFFICER	0.00			Х				139,406.	0.	21,852.
(4) LYGMY CELESTE	112.00									
UNIT COORDINATOR	0.00					X		176,254.	0.	15,999.
(5) GREGORY PIPES	85.00									
UNIT COORDINATOR	0.00					X		129,158.	0.	22,104.
(6) DENICE COOK	90.00									
UNIT COORDINATOR	0.00					X		123,524.	0.	8,897.
(7) TONNY LUMU	107.00									
MENTAL HEALTH SPECIALIST	0.00					X		114,545.	0.	18,060.
(8) HOWARD OWENS	40.00									
ASSOC. VP-PROGRAM OPERATIONS	0.00					X		117,343.	0.	8,832.
(9) TERENCE K. BRENNAN	5.00									-
BOARD TREASURER	0.00	Х		Х				0.	0.	0.
(10) HORACE W. JORDAN, JR.	5.00									•
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(11) THEODORE KOENIG	5.00									-
BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(12) MARK W. MADIGAN	5.00									•
BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(13) JODIE NEDEAU	5.00									•
BOARD SECRETARY	0.00	Х		Х				0.	0.	0.
(14) MARY-AUDREY ATTEBERRY	5.00									_
CHAIR NOMINATING COMMITTEE	0.00	х						0.	0.	0.
(15) CHARLES BANKER	3.00									-
TRUSTEE	0.00	х						0.	0.	0.
(16) RICHARD D. DOERMER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(17) ROBERT W. HOLT	3.00									<u> </u>
TRUSTEE	0.00	Х						0.	0.	0.

132007 12-09-21

Form 990 (2021)

Form 990 (2021) ALLENDALE	ASSOCI	AT	'IC	N					36-22	177	140	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			nne	Reportable	Reportable		Est	imated	b
	hours per	box	, unle	ss per	son i	s botł	n an	compensation	compensatio	'n	am	ount o	f
	week		cer ar I	nd a di	irecto	r/trus	tee)	from	from related	ł	(	other	
	(list any	ector						the	organization			pensati	
	hours for	or dii	e			ated		organization	(W-2/1099-MIS			om the	
	related organizations	istee	trustee		æ	bensi		(W-2/1099-MISC/	1099-NEC)		ı v	anizatio	
	below	ual tru	ional		ploye	t com		1099-NEC)				l relate	
	line)	Individual trustee or director	In stitutio nal 1	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
(18) JOE KEMPER	3.00	=	=	ō	Ke	Ξ 9 Ξ	<u> </u>						
TRUSTEE	0.00	x						0.		Ο.			0.
(19) KATE KELLIHER	3.00									<u> </u>			<u> </u>
EX-OFFICIO	0.00	х						0.		Ο.			Ο.
(20) SHARON KEMPER	3.00												<u> </u>
TRUSTEE	0.00	x						0.		Ο.			0.
(21) ROBERT E. LEE, III	3.00									••			••
PAST CHAIR	0.00	х						0.		Ο.			0.
(22) TINA MALDONADO	5.00	Δ					-	0.		0.			0.
		v						0.		0.			^
CO-CHAIR DEVELOPMENT COMM	0.00	Х						0.		0.			0.
(23) DENNIS MUNK	3.00									<u>^</u>			^
TRUSTEE	0.00	Х						0.		0.			0.
(24) JAY PROOPS	3.00									~			~
PAST CHAIR	0.00	х						0.		0.			0.
(25) BERNARD RINELLA	3.00												-
PAST CHAIR	0.00	Х						0.		0.			0.
(26) MARK STYLES	5.00												-
CHAIR, FINANCE COMMITTEE	0.00	Х						0.		0.			0.
1b Subtotal								1,140,308.		0.	142	2,66	
										0.			0.
d Total (add lines 1b and 1c)								1,140,308.		0.	142	2,66	6.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	000 of reportable	3			
compensation from the organization													21
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oyee	e, or	hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		<u>X</u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Ji	for such individual			4	X	
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on fr	roma	any	unre	elate	ed organization or indivi	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich r	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	ndei	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of comp	bensa	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thir	the organization's tax y	ear.				
(A)								(B)			(C	)	
Name and business	address							Description of s	services	C	Comper	isation	
A'VIANDS, LLC, 1751 WEST	COUNTY	RO	AD	В	,								
STE 300, ROSEVILLE, MN 55	113							FOOD SERVICE			570	),13	8.
JEFFREY TEICH, MD								PSYCHIATRIC					
636 CHURCH ST. STE 407, E	VANSTON	,	IL	6	02	01		TREATMENT AN	D CONSUL		217	7,55	8.
MIROSLAW WALO, MD		-						PSYCHIATRIC					
P.O. BOX 7053, EVANSTON,	IL 6020	1						TREATMENT AN	D CONSUL		213	3,75	8.
STREAMLINE HEALTHCARE SOLUTIONS ELECTRONIC HEALTH													
									134	1,62	6.		
												,	
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	-				4								
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021)													
132008 12-09-21												· -	,
				ç	)								

Form 990ALLENDAL		36-2177140								
Part VII Section A. Officers, Directors, Tru	est (	Compensated Employ	ees (continued)							
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-10130)	organization
	related	ee or	stee			nsate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations
	below	idual	tution	er	em plo	est co	ler			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) PETER A. TRAEGER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(28) MATTHEW B. TRITLEY	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(29) FLOYD M. YAGER	3.00									
TRUSTEE	0.00	Х						0.	0.	0.
(30) JEFFREY C. YEHLE	3.00									
TRUSTEE	0.00	х						0.	0.	0.
						-				
							<u> </u>			
Total to Part VII, Section A, line 1c										

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Par		/111	_								
			Check if Schedule O	conta	ins a respor	nse o	or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	[] [ (D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues								
ي و			Fundraising events								
ifts ar A			Related organizations				51,061.				
a, G Bila			Government grants (contr								
, Sii			All other contributions, gifts,								
but			similar amounts not included				1,300,583.				
d dri		g	Noncash contributions included in	lines 1a	a-1f <b>1g</b> \$						
ano		h	Total. Add lines 1a-1f				►	1,351,644.			
							Business Code				
ø	2	а	GOVERNMENT SERVICES	, FEI	ES AND GR	.A	900099	25,117,973.	25117973.		
e rvic		b	OTHER PROGRAM SERVIC	CE FI	EES	_	900099	375,443.	375,443.		
enu Se		с	SCHOOL LUNCH PROGRAM	М		_	900099	226,073.	226,073.		
Program Service Revenue		d				_					
бщ		е				_					
ā			All other program service								
$\rightarrow$			Total. Add lines 2a-2f					25,719,489.			
	3		Investment income (includ					200 265			200 205
			other similar amounts)					280,365.			280,365.
	4		Income from investment o		•		· · ·				
	5		Royalties	·····	(i) Real		(ii) Personal				
	~	_	0		(i) neai		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss) Gross amount from sales of	·	(i) Securiti	 AS	(ii) Other				
	'	d	assets other than inventory	7a	2,714,0						
		h	Less: cost or other basis	14	-,,,•						
Ð		D.		76	2,384,0	71.					
Revenue		с	Gain or (loss)	7c							
Jev			Net gain or (loss)					330,019.			330,019.
ъ			Gross income from fundraisi			<u> </u>		,			,
Ē	-		including \$								
-			contributions reported on								
			Part IV, line 18		-	8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundr	aising even	ts	►				
	9	а	Gross income from gamin	ig act	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gamii	ng activities	<u></u>	►				
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
$\rightarrow$		С	Net income or (loss) from	sales	of inventor	y					
S			WT 6 6 7 7 7 7 7 7 7 7 7 7				Business Code				
eou	11		MISCELLANEOUS				900099	2,686.	660.		2,026.
Miscellaneous Revenue		b									
Sel		С									
Β			All other revenue					2 696			
			Total. Add lines 11a-11d					2,686. 27,684,203.	25720149.	0.	612,410.
	12	-09-:	Total revenue. See instructio	JIIS			····· 🕨	21,004,203.	25720149.	I <sup>0</sup> .	Form <b>990</b> (2021

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	Check if Schedule O contains a respor		this Part IX	(	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	503,423.		503,423.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 6 0 4 1 0 1 4	15 101 664		
7	Other salaries and wages	16,341,874.	15,131,664.	980,334.	229,876.
8	Pension plan accruals and contributions (include				0 0 7 1
	section 401(k) and 403(b) employer contributions)	589,747.	522,935.	57,941. 281,198.	<u>8,871</u> 43,053.
9	Other employee benefits	2,862,143. 1,251,389.	2,537,892.	<u>281,198.</u>	43,053.
10	Payroll taxes	1,251,389.	1,123,847.	110,436.	17,106.
11	Fees for services (nonemployees):				
а	Management	1 1 0 0		1 1 0 0	
b	Legal	-1,100. 81,900.		<u>-1,100.</u> 81,900.	
С	Accounting	81,900.		81,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			27 550	
f	Investment management fees	37,559.		37,559.	
g	Other. (If line 11g amount exceeds 10% of line 25,	899,324.	781,285.	110 020	
	column (A), amount, list line 11g expenses on Sch O.)	118,331.	96,493.	<u>118,039.</u> 11,809.	10 020
12	Advertising and promotion	536,387.	494,309.	34,211.	10,029. 7,867.
13	Office expenses	550,507.	494,309.	54,211.	7,007.
14	Information technology				
15	Royalties	774,204.	755,599.	15,914.	2 691
16 17	Occupancy Travel	215,930.	211,315.	4,503.	2,691. 112.
17 10	Travel Payments of travel or entertainment expenses	215,550.	211,515.	±,505.	• • • •
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,093.	9,894.	4,573.	626.
20		122,020.	116,906.	2,732.	2,382.
21	Payments to affiliates			2,,021	2,0020
22	Depreciation, depletion, and amortization	1,314,717.	1,052,123.	262,594.	
22	Insurance	584,318.	540,987.	37,194.	6,137.
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 0.)				
а	SUPPLIES	1,384,335.	1,166,152.	204,438.	13,745.
b	CLIENT SPECIFIC ASSISTA	803,979.	803,979.		
с	DUES & SUBSCRIPTIONS	70,175.	68,424.	1,208.	543.
d	BAD DEBT EXPENSE	540.	540.		
е	All other expenses	102,743.	57,658.	18,461.	26,624.
25	Total functional expenses. Add lines 1 through 24e	28,609,031.	25,472,002.	2,767,367.	369,662.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
					Farm 990 (0001)

ALLENDALE ASSOCIATION 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)

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	1 990 (/ rt X	2021) ALLENDALE ASSOCIATIO	N		36-2177140 Pag		
I U		Check if Schedule O contains a response or note to any line	n this Part X				
				<b>(A)</b> Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		456,392.	1	482,998.	
	2	Savings and temporary cash investments		3,796,117.	2	3,142,527.	
	3	Pledges and grants receivable, net		25,000.	3	25,000.	
	4	Accounts receivable, net		2,530,382.	4	1,698,654.	
	5	Loans and other receivables from any current or former office					
		trustee, key employee, creator or founder, substantial contrib					
					5		
	6	Loans and other receivables from other disqualified persons					
	ľ	under section $4958(f)(1)$ ), and persons described in section 4			6		
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	1		8		
Ass	9	Prepaid expenses and deferred charges		186,609.	9	188,003.	
		Land, buildings, and equipment: cost or other		100,0000	5		
	100		9,112,866.				
	b		9,429,996.	10,153,400.	10c	9,682,870.	
	11	Investments - publicly traded securities		9,219,934.	11	8,174,650.	
	12	Investments - other securities. See Part IV, line 11	0,110,001	12			
	13	Investments - program-related. See Part IV, line 11	r		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		90,915.	15	61,737.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		26,458,749.	16	23,456,439.	
	17	Accounts payable and accrued expenses		1,847,429.	17	1,927,443.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		2,396,400.	20	1,962,188.	
	21	Escrow or custodial account liability. Complete Part IV of Sch			21		
	22	Loans and other payables to any current or former officer, dir					
Liabilities		trustee, key employee, creator or founder, substantial contrib					
ilidi		controlled entity or family member of any of these persons			22		
Lia	23	Secured mortgages and notes payable to unrelated third par			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to rela					
		parties, and other liabilities not included on lines 17-24). Com					
		of Schedule D		1,727,252.	25	670,302.	
	26	Total liabilities. Add lines 17 through 25		5,971,081.	26	4,559,933.	
		Organizations that follow FASB ASC 958, check here	X				
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		19,586,709.	27	18,049,080.	
Bal	28	Net assets with donor restrictions		900,959.	28	847,426.	
pu		Organizations that do not follow FASB ASC 958, check he	ere 🕨 🗌				
Ъ		and complete lines 29 through 33.					
٥ د	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30		
As	31	Retained earnings, endowment, accumulated income, or oth	ſ		31		
Net Assets or Fund Balances	32	Total net assets or fund balances	[	20,487,668.	32	18,896,506.	
	33	Total liabilities and net assets/fund balances		26,458,749.	33	23,456,439.	

Form 990 (2021)

Form	ALLENDALE ASSOCIATION	36-2	177140	Pag	<sub>ge</sub> 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,684						
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,609	9,03	<u>31.</u>				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,487						
5	Net unrealized gains (losses) on investments	5	-1,615	5 <b>,</b> 82	<u>27.</u>				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	949	),4	<u>93.</u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	18,896	5,5	06.				
Pa	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 X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of	the organization							identification number					
_			NDALE ASSO						6-2177140					
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only o	one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)(1	1)(A)(i).							
2	X	A school described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	(b)(1)(A)(ii	ii).							
4		A medical research organiz						(iii). Enter	the hospital's name,					
		city, and state:												
5		An organization operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in					
		section 170(b)(1)(A)(iv). (0	Complete Part II.)											
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).							
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
		section 170(b)(1)(A)(vi). (C	Complete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college					
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or					
		university:												
10		An organization that norma	• • • •					-						
		activities related to its exer												
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.					
		See section 509(a)(2). (Co	mplete Part III.)											
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).							
12		An organization organized	and operated exclus	ively for the benefit of, to	perform tl	he functio	ns of, or to car	ry out the	purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	<b>09(a)(3).</b> (	Check the box on					
		_lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.						
a		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	ipporting					
		organization. You must o	complete Part IV, Se	ections A and B.										
k	<b>,</b> L	<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatior	n(s), by hav	ving					
		control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported					
		organization(s). You mus	st complete Part IV,	Sections A and C.										
c	;	Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,					
		its supported organizatio	n(s) (see instructions	). You must complete l	Part IV, Se	ctions A,	D, and E.							
c	I 🗌	Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its support	ted organiz	zation(s)					
		that is not functionally in	tegrated. The organiz	zation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness					
		requirement (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .							
e	,	Check this box if the org	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III						
		functionally integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.								
f	Ente	er the number of supported of	organizations											
<u> </u>	Pro	vide the following information		ed organization(s).										
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)					
Tot														
100	ul								1					

Schedule	A (Form 990)	) 202
Part II	Suppor	t Sc

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(0 7.4.4
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10		\				
	Gross receipts from related activities,	-				<b>12</b>	
13	First 5 years. If the Form 990 is for the	-			-		
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2021 (I					14	%
	Public support percentage from 2020					15	% %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2020.</b> If the o		-				
~	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	in the english	
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization						s <b>&gt;</b>
							(Form 990) 2021

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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		•		_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17 18	%
	Investment income percentage from 33 1/3% support tests - 2021. If the				a 15 ia mara than '		%
194							
h	more than 33 1/3%, check this box as <b>33 1/3% support tests - 2020.</b> If the						▶∟
a	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-04-22	and not oneon a	<u></u>				
10202			17	1		Concut	

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1

2

Yes No

#### Part IV Supporting Organizations

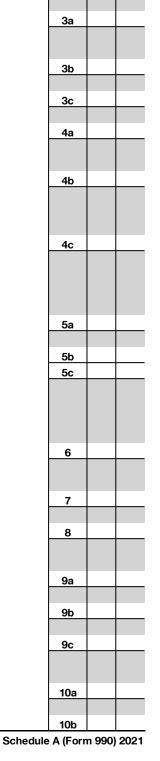
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

#### Section A. All Supporting Organizations

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

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che	edule A (Form 990) 2021	ALLENDALE ASSOCIATION	36-217714	0 P	age 5
Pa	rt IV Supporting O	rganizations (continued)			
				Yes	No
1	Has the organization acc	epted a gift or contribution from any of the following persons?			
а	A person who directly or	indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing	body of a supported organization?	11a		
b	A family member of a per	rson described on line 11a above?	11b		
с	A 35% controlled entity of	of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
-	tion D. Type I Gunne	arting Organizations			

Section B.	Type I Sup	porting Org	anizations

			res	UND
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? <i>If "No," describe in</i> <b>Part VI</b> <i>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</i>			
	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,			
	supervised, or controlled the supporting organization	2		

Sectio	n C.	Туре	II Sup	porting	j Orga	ani	zations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s).

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

significant voice in the organization's investment policies and in directing the use of the organization's	
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
supported organizations played in this regard.	3

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of ea	ch of its supported organizations.	Complete line 3 below.
---	--	------------------	---------------------	------------------------------------	------------------------

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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Yes No

Vee Ne

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo			50-21//140 Pa
1 Check here if the organization satisfied the Integral Part Test as a qua	lifying trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructio
All other Type III non-functionally integrated supporting organizations	must complete S	Sections A through E.	-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
<ul> <li>Acquisition indebtedness applicable to non-exempt-use assets</li> </ul>	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-funct	onally integrated		nization (see

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

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

#### ALLENDALE ASSOCIATION

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

	(Form 990) 2021			ASSOCIAT			36-2177140 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c lines 2 and	, 4b, 4c, 5a d 3; Part IV	a, 6, 9a, 9b, 9c, <sup>-</sup> /, Section E, line:	11a, 11b, and 11 s 1c, 2a, 2b, 3a,	1c; Part IV, Section B, lir and 3b; Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
132028 01-04-2	2				2.2		Schedule A (Form 990) 202

(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	01(c) and section 52	97	2021			
		if the organization is described				Open to Public			
Department of the Treasury Internal Revenue Service	Jeparanent of the freasury								
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Camp	aign Activ	ities), then			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.						
<ul> <li>Section 501(c) (other</li> </ul>	<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>								
<ul> <li>Section 527 organiza</li> </ul>	<ul> <li>Section 527 organizations: Complete Part I-A only.</li> </ul>								
If the organization answ	f the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then								
		have filed Form 5768 (election und							
		have NOT filed Form 5768 (election							
If the organization answ Tax) (See separate inst		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ, F	Part V, line 35c (Proxy			
		tions: Complete Part III.							
Name of organization	, ( <b>,                                  </b>	•			Employer	identification number			
	ALLENDA	LE ASSOCIATION			3	6-2177140			
Part I-A Comple		anization is exempt under	section 501(c) o	r is a section 52					
· · · · ·									
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.					
2 Political campaign a	activity expendit	ures			▶\$				
		gn activities							
Part I-B Comple	ete if the oro	anization is exempt under	section 501(c)(3)	)_					
		incurred by the organization under		-	•				
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo				Yes No			
4a Was a correction m									
<b>b</b> If "Yes," describe in									
		anization is exempt under	section 501(c), e	except section 5	01(c)(3).				
		by the filing organization for secti		-					
		ization's funds contributed to othe			· · · ·				
exempt function ac			-		▶\$				
		. Add lines 1 and 2. Enter here and			· ·				
	-				▶\$				
		1120-POL for this year?				Yes No			
5 Enter the names, ad	ddresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to	which the	filing organization			
made payments. Fo	or each organiza	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also en	ter the amo	ount of political			
		omptly and directly delivered to a s			eparate seg	regated fund or a			
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part IV	Ι.					
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid f	rom (	e) Amount of political			
				filing organizatio		tributions received and			
				funds. If none, ente		oromptly and directly elivered to a separate			
						political organization.			
						If none, enter -0			

Political Campaign and Lobbying Activities

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

Schedule C (Form 990) 2021

OMB No. 1545-0047 . . .

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132041 11-03-21

SCHEDULE C

Schedule C (Form 990) 2021	ALLENDALE A	SSOCIATION		36-2	177140 Page 2	
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
	re of excess lobbying e	• • •		0		
	ation checked box A ar	. ,	visions apply.			
Lim	its on Lobbying Exper ditures" means amou	nditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)				
<b>b</b> Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)				
c Total lobbying expenditures (add l	ines 1a and 1b)					
d Other exempt purpose expenditur	es			28,609,031.		
e Total exempt purpose expenditure	es (add lines 1c and 1d			28,609,031.		
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	1,000,000.		
If the amount on line 1e, column (a) of	or (b) is: The lob	bying nontaxable amo	ount is:			
Not over \$500,000	20% of 1	he amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.		
h Subtract line 1g from line 1a. If zer	ro or less, enter -0			0.		
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.		
j If there is an amount other than ze	ero on either line 1h or l	ine 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax for this	year?			<u></u> [	Yes No	
		eraging Period Under	• •			
(Some organizations t		• •		of the five columns be	low.	
	· · ·	ate instructions for lin				
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	1		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	<b>(e)</b> Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					6,000,000.	
c Total lobbying expenditures						
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.	
e Grassroots ceiling amount						
(150% of line 2d, column (e))					1,500,000.	
f Grassroots lobbying expenditures						
				Schedu	ıle C (Form 990) 2021	

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				0.1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'NO" OR (I	b) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

	HEDULE D		al Financial Statements		OMB No. 1545-0047	
(Forr	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	tment of the Treasury		Attach to Form 990.		Open to Public Inspection	
	al Revenue Service		90 for instructions and the latest information.	1	ployer identification number	
Ivaiii		ALLENDALE ASSOCIAT	ION		36-2177140	
Pa	rt I 📔 Organiza		d Funds or Other Similar Funds or A	ccour		
	organizatior	n answered "Yes" on Form 990, Part IV, line	e 6.			
			(a) Donor advised funds	(b) Fur	nds and other accounts	
1	Total number at en	nd of year				
2						
3	Aggregate value of	f grants from (during year)				
4	Aggregate value at	end of year				
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised fur	ıds		
	are the organizatio	n's property, subject to the organization's e	exclusive legal control?		🗌 Yes 🗌 No	
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only		
	for charitable purp	oses and not for the benefit of the donor or	r donor advisor, or for any other purpose confer	ring		
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.		
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).			
	Preservation	of land for public use (for example, recreat	tion or education)	orically	important land area	
	Protection of	f natural habitat	Preservation of a cer	tified his	storic structure	
	Preservation	of open space				
2			ied conservation contribution in the form of a co	onserva	tion easement on the last	
	day of the tax year				Held at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b	Total acreage restr	ricted by conservation easements		2b		
С	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
	listed in the Nation	al Register		2d		
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orgar	nization	during the tax	
	year 🕨					
4	Number of states v	where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of			
		orcement of the conservation easements it				
6	Staff and volunteer	r hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservati	on ease	ements during the year	
	►					
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asemen	ts during the year	
	▶\$					
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	5)(i)		
	and section 170(h)				Yes No	
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense stater	nent an	ıd	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
		ounting for conservation easements.			Acceto	
Pa		•	Art, Historical Treasures, or Other	simila	r Assets.	
		the organization answered "Yes" on Form				
1a	U U	· •	8, not to report in its revenue statement and ba			
		· ·	plic exhibition, education, or research in furthera	nce of	public	
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.			

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	shee	et w	orks of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of pi	Jblio	c service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
		•		

132051	1 10-28-21		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
			Ψ

35		
2021.05060	ALLENDALE	ASSOCIATION

Sche		E ASSOCIAT					36-21			age <b>2</b>
Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, o	r Other	Simila	r Assets	s (contir	ued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	following that	t make sig	gnificant i	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai	ntained as part of th	e organization's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arrang	ements. Comple	te if the organizatio	n answered	"Yes" on I	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:							
								Amount	t	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21, for escrow or cu	ustodial acco	unt liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. (									
Pa	t V Endowment Funds. Complete if									
		(a) Current year	(b) Prior year	(c) Two yea			years back			
<b>1</b> a	Beginning of year balance	9,211,176.	7,482,002.		0,973.	7,5	584,188.	7,	135,	
b	Contributions				6,350.					000.
С	Net investment earnings, gains, and losses	-1,008,305.	1,765,267.	12	8,554.	4	31,118.		240.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				0,000.					
f	Administrative expenses	-37,559.	-36,093.		3,875.		34,333.		-35,	
g	End of year balance	8,165,312.	9,211,176.	7,48	2,002.	7,9	80,973.	7,	413,	545.
2	Provide the estimated percentage of the curre		(line 1g, column (a)	)) held as:						
а	5 1	98.1000	_%							
b	Permanent endowment  1.9000	%								
С	Term endowment  .0000 %	6								
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administer	red for the	e organiza	ation	r		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the o		vment funds.							
Pa	t VI Land, Buildings, and Equipme			<b>–</b> 000						
	Complete if the organization answered									
	Description of property	(a) Cost or ot		or other		cumulate		(d) Bool	k value	э
		basis (investm	,	(other)	dep	preciation				
<b>1</b> a	Land			3,454.	- <u>-</u>	20.0	0.1			54.
b	Buildings			0,370.		32,2		8,098		
	Leasehold improvements			1,958.		62,2		-100		
	Equipment			8,126.		<u>91,4</u>		1,410		
	Other			8,958.	9	44,0	00.		$\frac{1}{2}, \frac{8}{2}$	
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	(, column (B), line 1	0c.)				9,682		
							Schedule	) (Form	1 990)	2021

		Other Securities	
Schedule D	) (Form 990) 2021	ALLENDALE	ASSOCIATION

(a) Description of	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial der	rivatives			
2) Closely held	equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)			
Part VIII Inv	vestments - Program Related.			
	mplete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ust equal Form 990, Part X, col. (B) line 13.)			
Part IX Ot				
	mplete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
		Description		(b) Book value
(4)	(,	Beedinption		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				
(8) (9) otal. (Column (l	b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(8) (9) Detal. <u>(Column (k</u> Part X Ot	her Liabilities.			
(8) (9) Part X Ot	her Liabilities. mplete if the organization answered "Yes"			
(8) (9) Dtal. (Column (I Part X Ot Cor	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability			<b>(b)</b> Book value
(8) (9) Dart X Ot Cor (1) Federal i	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Part X Ot Cor (1) Federal i (2) ACCRI	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability			(b) Book value 670,30
(8) (9) Dart X Ot Cor (1) Federal i	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Datal. (Column (1) Part X Ot Cor (1) Federal i (2) ACCRI	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Part X Oti Cor (1) Federal i (2) ACCRI (3)	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Part X Oti Cor (1) Federal i (2) ACCRI (3) (4)	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Part X Ott Cor (1) Federal i (2) ACCRI (3) (4) (5)	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) Datal. (Column (l) Part X Ot Cor (1) Federal i (2) ACCRI (3) (4) (5) (6)	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			
(8) (9) otal. (Column (1) Part X Ot Cor (1) Federal i (2) ACCRI (3) (4) (5) (6) (7)	her Liabilities. mplete if the organization answered "Yes" (a) Description of liability income taxes			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 ALLENDALE ASSOCIATION			36-	2177140	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	27,017,	,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a -	1,615,827.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		949,493.			
е	Add lines 2a through 2d			2e	-666,	
3	Subtract line 2e from line 1			3	27,684,	<u>,203.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
						~ ^ ^
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	27,684,	,203.
	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per		<u>2/,684</u> , n.	,203.
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per		n.	
	t XII Reconciliation of Expenses per Audited Financial State	ements With 12a.	Expenses per		27,684, n. 28,609,	
Pa	<b>TXII</b> Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per	Retur	n.	
Pa 1	t XII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	ements With	Expenses per	Retur	n.	
Pa 1 2	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	2012 2012 2013 2013 2013 2013 2013 2013	Expenses per	Retur	n.	
Pa 1 2 a	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a           12a.           2a           2b	Expenses per	Retur	n.	
Pa 1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           12a.           2a           2b           2c	Expenses per	Retur	n.	
Pa 1 2 a b c d	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           12a.           2a           2b           2c           2d	Expenses per	Retur	n. 28,609,	<u>,031.</u> 0.
Pa 1 2 a b c d	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           12a.           2b           2c           2d	Expenses per		n.	<u>,031.</u> 0.
Pa 1 2 a b c d e	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           12a.           2b           2c           2d	Expenses per	1 2e	n. 28,609,	<u>,031.</u> 0.
Pa 1 2 b c d 3	<b>t XII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           12a.           2b           2c           2d	Expenses per	1 2e	n. 28,609,	<u>,031.</u> 0.
Pa 1 2 a b c d e 3 4	t XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           12a.           2a           2b           2c           2d           2d	Expenses per	1 2e	n. 28,609,	<u>,031.</u> 0.
Pa 1 2 a b c d e 3 4 a	<b>t XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a           12a.           2b           2b           2c           2d           2d	Expenses per	Retur	n. 28,609, 28,609,	0. 0. 031.
Pa           1           2           b           c           d           e           3           4           b           c           5	<b>t XII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           12a.           2b           2b           2c           2d           2d	Expenses per	Retur	n. 28,609,	0. 0. 031.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ALLENDALE'S	ENDOWMENT	FUNDS	ARE	INTENDED	то	PROVIDE	Α	PREDICTABLE	STREAM
-------------	-----------	-------	-----	----------	----	---------	---	-------------	--------

OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, WHILE SEEKING TO

MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS IN PROVIDING FOR THE

LONG-TERM FINANCIAL STABILITY OF THE AGENCY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
OTHER PENSION RELATED ADJUSTMENTS	891,709.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	57,784.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	949,493.

132054 10-28-21

Schedule D (Form 990) 2021

Part Am Supplemental Mormation (continued)	
	Schedule D (Form 990) 2021

SCI	HEDULE E	Schools	L	OMB No.	545-004	17
(For	m 990)	Complete if the organization answered "Yes" on Form 990,		20	21	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				
	nent of the Treasury Revenue Service			Open to Inspect		ic
			Employer in	-		nher
- turne	of the organization			-2177		
Par	tl			<u> </u>	<u> </u>	
					YES	NO
1	Does the organizat	tion have a racially nondiscriminatory policy toward students by statement in its charter,				
	bylaws, other gove	erning instrument, or in a resolution of its governing body?		. 1	Х	
2	Does the organization	tion include a statement of its racially nondiscriminatory policy toward students in all its broc	hures,			
	catalogues, and ot	ther written communications with the public dealing with student admissions, programs, and	scholarships	? 2	Х	
3	•					
	•			3		x
				3		
	990)        Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.        Part IV, line 13, or Form 990 or Form 990-EZ.        Part IV, line 13, or Form 990 or Form 990-EZ.        Form 990 for the latest information.          of the organization       Employer in ALLENDALE ASSOCIATION	-				
			-	-		
	ADHERANCE	TO THIS STANDARD.		-		
4	Does the organization	tion maintain the following?				
а	Records indicating	the racial composition of the student body, faculty, and administrative staff?		4a	Х	
			tory basis?	<b>4b</b>	Х	
С					37	
					X X	
d				4d	~	
	If you answered "In	No to any of the above, please explain. If you need more space, use Part II.				
				-		
				-		
				-		
5	Does the organization	tion discriminate by race in any way with respect to:				
а	Students' rights or	r privileges?		. <b>5</b> a		X
b	Admissions policie	əs?		. 5b		X
С	Employment of fac	culty or administrative staff?		. <b>5</b> c		X
d	Scholarships or ot	her financial assistance?		<u>5d</u>		X
						X
						X X
						X
				. 51		
				_		
		tion receive any financial aid or assistance from a governmental agency?			Х	
b		on's right to such aid ever been revoked or suspended?		<u>6</u> b		X
		/es" on either line 6a or line 6b, explain on Part II.				
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through		_	v	
			0	7	X	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sch	edule E (Fo	m 990	) 2021

36-2177140 Page 2 ALLENDALE ASSOCIATION Schedule E (Form 990) 2021 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

#### LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

ALLENDALE CONTRACTS WITH VARIOUS GOVERNMENTAL AGENCIES, PRIMARILY IL DCFS,

IL DHS, IL HFS, AND LOCAL SCHOOL DISTRICTS, ON A FEE-FOR-SERVICE BASIS IN

PROVIDING OUR PROGRAM SERVICES. WE ALSO RECEIVE SEVERAL GOVERNMENTAL

GRANTS FOR SERVICES AS WELL AS PARTICIPATE IN THE NATIONAL SCHOOL LUNCH

#### AND BREAKFAST PROGRAM.

Schedule E (Form 990) 2021

14260317 147228 100299

SC	HEDULE J	Compensation Information			OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and	Highest		20	<b>n</b> 1	
		Compensated Employees			20		i i
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 23.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest inf	ormation.		Inspe	ction	
Nam	e of the organizatio				identificatio		mber
_		ALLENDALE ASSOCIATION		36-2	217714	0	
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person list	ed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these iter	ns.				
	First-class or o		•				
	Travel for com		•				
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as ma	aid, chauffeu	ır, chef)			
~							
b	-	on line 1a are checked, did the organization follow a written policy regarding pay					
•	•	provision of all of the expenses described above? If "No," complete Part III to exp			1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all rs, including the CEO/Executive Director, regarding the items checked on line 1a					
	trustees, and office		2				
2	la dia ata udaia la lifa.						
3		ny, of the following the organization used to establish the compensation of the or	-				
		ector. Check all that apply. Do not check any boxes for methods used by a relate	d organizatio	on to			
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation		.,				
	X Form 990 of o		-	ommittoo			
			ipensation c	ommittee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi	ilina				
-	organization or a re	•••	linig				
а	-	e payment or change-of-control payment?			4a		x
b		eive payment from a supplemental nonqualified retirement plan?					X
c	-	eive payment from an equity-based compensation arrangement?					x
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Pa					
	Only section 501(d	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	compensatio	n			
	contingent on the r		-				
а	-				5a		X
		ation?					X
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?		6a		X		
b		ation?					X
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe					
		nes 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	subject to th	e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part			8		X
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sche	dule J (Forn	n <b>990</b> )	2021

#### 36-2177140

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JASON KEELER	(i)	177,189.	0.	0.	9,210.	17,506.	203,905.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CONNIE BORUCKI	(i)	162,889.	0.	0.	8,095.	12,111.	183,095.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS SCHRANTZ	(i)	139,406.	0.	0.	7,238.	14,614.	161,258.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LYGMY CELESTE	(i)	54,767.	0.	121,487.	8,496.	7,503.	192,253.	0.
UNIT COORDINATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GREGORY PIPES	(i)	45,505.	0.	83,653.	6,048.	16,056.	151,262.	0.
UNIT COORDINATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

	PO)	omplete if the orga	nization answere explanations, and	any additional inf	990, Part IV, formation in	line 24a. Part VI.	Provide descrip	tions,			C	20	1545-00 )21 o Publ tion	
Name of	the organization	· · · · ·									identif		n num	ber
	ALLENDALE A								3	6-2	177:	140		
Part I	Bond Issues SE	E PART VI	FOR COLUM	N (F) CONT	TINUATI	LONS	1							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Description	on of purpose	<b>(g)</b> De	efeased	(h) On		<b>(i)</b> Po	
											of is:		finan	cing
							~~~~		Yes	No	Yes	No	Yes	No
	TY OF BURBANK, COOK			10/00/10			SEE SUPP			<u></u>				
A CO	UNTY, ILLINOIS	36-2698031	NONE	12/03/13	2,250	,000.	INFORMAT.	ION FOR F		X		X		X
_														
В														
с														
D														
Part II	Proceeds						1							
				A			В	С				D		
<b>1</b> An	nount of bonds retired			1,10	9,700.									
<b>2</b> An	nount of bonds legally defeased													
	tal proceeds of issue				0,000.									
<b>5</b> Ca	pitalized interest from proceeds													
<b>6</b> Pr	oceeds in refunding escrows													
7 Iss	suance costs from proceeds													
<b>8</b> Cr	edit enhancement from proceeds									_				
<b>9</b> We	orking capital expenditures from proceeds													
				2,25	0,000.					_				
	her spent proceeds									_				
					014					_				
<b>13</b> Ye	ar of substantial completion		<u></u>		014					_				
				Yes	Νο	Yes	No	Yes	No	_	Yes		No	
	ere the bonds issued as part of a refunding i		-		x									
	ssued prior to 2018, a current refunding issues the bonds issued as part of a refunding is				Δ					_				
	ere the bonds issued as part of a refunding i				х			Í						
	ued prior to 2018, an advance refunding iss is the final allocation of proceeds been made	2		v										
-	es the organization maintain adequate book		nort the	23										
	al allocation of presseded		•	x										

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

Schedule K (Form 990) 2021

### Schedule K (Form 990) 2021 ALLENDALE ASSOCIATION

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Page 2

		Α	E	3	(	C	D	
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		x						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		%		%		%		
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		%		%		%		
6 Total of lines 4 and 5		%		%		%		
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Part IV Arbitrage								
		Ą	E	3		<u>,</u>		<u>)</u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х							

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#### Schedule K (Form 990) 2021 ALLENDALE ASSOCIATION

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Page 3

Part IV Arbitrage (continued)					-		-	
	Ą		В		ç		D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action							-	
	A		В		ç		D	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CITY OF BURBANK, COOK COUNTY, II	LINOIS							
(F) DESCRIPTION OF PURPOSE:								
SEE SUPPLEMENTAL INFORMATION FOR FULL DESCRIPTION	I OF PUF	POSE						
SCHEDULE K, SUPPLEMENTAL INFORMATION: TO PROVIDE								
AND/OR REIMBURSEMENT OF THE COSTS OF ACQUIRING CO				CATED				
AT 1920 SHERMAN AVENUE, NORTH CHICAGO, IL 60064.	TO FINA	NCE TH	Ε					
ORGANIZATION'S COSTS OF EXPANSION, RENOVATION, RE								
IMPROVEMENTS, INCLUDING BUT NOT LIMITED TO THE IN	ISTALLAI	ION OF	' INFORM	ATION				
TECHOLOGY SOFTWARE AND HARDWARE INFRASTRUCTURE OF								
CAMPUS FACILITIES LOCATED AT 600 WEST GRAND AVENU	JE, LAKE	E VILLA	, ILLIN	NOIS				
60046, WHICH IS USED FOR THE CARE, EDUCATION, TRE	EATMENT	AND AD	VOCACY	OF				
CHILDREN, YOUTH, AND THEIR FAMILIES.								

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number 36-2177140

ALLENDALE ASSOCIATION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH COMMUNITY SERVICES - EXPENSES \$139,150; REVENUE \$13,504

OUTPATIENT CLINIC - EXPENSES \$591072; REVENUE \$437,309

EXPENSES \$ 729,213. INCLUDING GRANTS OF \$ 0. REVENUE \$ 450,813.

FORM 990, PART VI, SECTION A, LINE 2:

TRUSTEES JAY PROOPS AND MARY-AUDREY ATTEBERRY AND TRUSTEES JOE AND SHARON

KEMPER ARE RELATED THROUGH SEPARATE FAMILY RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND

PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO

FILING. THE GOVERNING BODY IS PROVIDED A REASONABLE AMOUNT OF TIME TO

REVIEW THE RETURN AND ASK ANY QUESTIONS DIRECTLY TO ORGANIZATION MANAGEMENT

OR THE CONTACT AT THE INDEPENDENT CPA FIRM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO

COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT REVIEWED BY THE

EXECUTIVE COMMITTEE TO DETERMINE THE APPROPRIATE COURSE OF ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CHAIR REVIEWS THE PRESIDENT'S COMPENSATION, UTILIZING

COMPENSATION SURVEYS AND COMPARABLE DATA FROM OTHER AGENCIES' FORM 990

 RETURNS. THE PRESIDENT REVIEWS THE VICE PRESIDENT'S COMPENSATION, UTILIZING

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
ALLENDALE ASSOCIATION	36-2177140
COMPENSATION SURVEYS AND COMPARABLE DATA FROM SIMILAR AGEN	CIES' FORM 990
RETURNS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	THROUGH
APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST	POLICY IS
AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
OTHER PENSION RELATED ADJUSTMENTS	891,709.
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT	57,784.
TOTAL TO FORM 990, PART XI, LINE 9	949,493.