PUBLIC INSPECTION COPY

991

Form

| Return of | f Organization | Exempt From | Income | Тах |
|-----------|----------------|--------------------|--------|-----|
|-----------|----------------|--------------------|--------|-----|

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 | C 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/ F•O• | 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 | > | 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 | 990 (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

4 2021.05060 ALLENDALE ASSOCIATION

| 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- | | v |
| 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 5 |
|---|----------|---|------------------------------|------------|-----|--------------|
| 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 | L | | | <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 | | | | | | |
| to file Form 8282? 7c X d If 'Yes,'' indicate the number of Forms 8282 filed during the year 7d 7d X d If 'Yes,'' indicate the number of Forms 8282 filed during the year 7d X e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7n h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 058-C? 7n 7n 8 Sponsoring organizations maintaining door advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a 12 Gross income from there sources. Qo not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 501(c)(12) organizations. Enter: 11a 10b 11a 13 Section 501(c)(12) organizations. Enter: 11a 11b 14 Section 50 | | | | | | |
| 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 |
| bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Tel di the organization received a contribution of qualified intellectual property, did the organization file Some 899 as required? Th if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, tor public use of club tacilities Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(2) granizations. Enter: Is the organization receive of to susce qualified health plans in more than one state? Is be organization received and painterest received or accrued during the year Is the organization received these parents? <i>I thy</i>, <i>try cryotia an explainton on Schedule O</i>. First the amount of tax-exempt interest received or accrued during the year? Is the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Is the organization is licensed to issue qualified health plans 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> | 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 | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(7) organizations. Enter: 10b 10b 10b 10b a Gross income from members or shareholders 11a 10b 12a 12a 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 12a 28 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b Vote: See the instructions for iddoor tanning services during the tax exert? 14a X X b If "Yes," the amount of reserves on hand 13c 14b 14b 14b 14b 14b 14b 15 15 Is the organization is licensed to issue qualified health plans 17b, "provide an explanation on Schedule O | 9 | | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 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 Section 501(c)(72) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(229) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is cleased to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year? 1f "Yes," nas it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization an educational instruttion subject to the section 4968 excise tax on net investment income? 16 X 17 Image: Sectin 501(c)(21) organizations. Did the trust, | | | | 9a | | |
| 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 28 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 12a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X 14a Did the organization subject to the section 4960 tax on payments? 14a X 14b 14a X 15 Is the organization an educational instruction subject to the section 4968 excise tax on net investment income? 16 X 17 S | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b a Gross income from members or shareholders 11a 11b 11b 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 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 13a 4 Did the organization is licensed to issue qualified health plans 13a 13a 14a X b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 X 1 | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 Section 501(c)(29) qualified nealth plans in more than one state? a Is the organization is licensed to issue qualified health plans c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," see the instructions and flie Form 4720, Schedule N. 15 Is the organization subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 ctives that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 12a | а | | 10a | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b It 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 14 Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 14 X 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? 16 X 17 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 17 If "Yes," complete Form 6069. | | | 10b | | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which 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? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 14b 15 Is the organization and file Form 4720, Schedule N. 16 X 17 17 16 Yes," see the instructions and file Form 4720, Schedule N. 17 17 17 17 17 Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 16 X 1 | | | · · · | | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which 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? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 14b 15 Is the organization and file Form 4720, Schedule N. 16 X 17 17 16 Yes," see the instructions and file Form 4720, Schedule N. 17 17 17 17 17 Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 16 X 1 | а | Gross income from members or shareholders | 11a | | | |
| amounts due or received from them.) 11b 12a 28 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a X b Enter the amount of reserves on hand 13c 14a X 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 15 Is the organization and file Form 4720, Schedule N. 16 X 16 X 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule N. 17 16 X <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<> | | | | | | |
| 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 | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did 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 If "Yes," see the instructions and file Form 4720, Schedule N. 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? 117 12005 12005 12005 12005 | 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| 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 | | |
| organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 13c 14a X 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? <i>If "No," provide an explanation on Schedule O</i> 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 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 12.09-21 6 Form 990 (2021) | | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| c Enter the amount of reserves on hand 13c 14a X 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 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 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) | b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| 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 | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 16 X 16 X If "Yes," complete Form 4720, Schedule O. 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) | С | Enter the amount of reserves on hand | 13c | | | |
| 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 |
| excess parachute payment(s) during the year? 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? 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? If "Yes," complete Form 6069. 132005 12-09-21 6 Form 990 (2021) | b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | le O | 14b | | <u> </u> |
| 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 | | | | | |
| 132005 12-09-21 6 Form 990 (2021) | | | | 17 | | |
| | | | | | 000 | (000 1 |
| 111179 - 2071 - 2071 - 20100 - 201000 - 201000 - 200000 - 200000 - 200000 - 200000 - 200000 - 200000 | | | | Form | | |

| 14260317 | 147228 | 10029 |
|-----------------|----------------------|-------------|
| T - 7 0 0 0 T / | TTTTTTTTTTTTT | TOOD |

100299_1

| Form 990 | (2021) |
|----------|--------|
|----------|--------|

-...

36-2177140 Page 6

 Form 990 (2021)
 ALLENDALE ASSOCIATION
 36-2177140
 Page

 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 | | | | | | |
| L | 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 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

100299_1

| 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 8 |
|---|--------------------------|--------------------------------|-------------------|----------------|--------------|---------------------------------|----------|---------------------------|-------------------|----------|----------|----------|-------------|
| 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 |
| 3 Did the organization list any former 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 | | | | | | | | | | |

132201 04-01-21

| 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 1g \$ | | | | | | |
| 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 ⁰ . | Form 990 (2021 |

Form 990 (2021)

100299_1

Page **9**

36-2177140

| | Check if Schedule O contains a respor | | this Part IX | (| |
|----------|---|------------------------------|---|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | 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)

Page 10 36-2177140

132010 12-09-21

14260317 147228 100299

12 2021.05060 ALLENDALE ASSOCIATION Form 990 (2021)

| | 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 | | | | |
| | | | | (A) 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 | _{ge} 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 , 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 sectio | 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 s | 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 | 09(a)(3). (| 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 | | Type I. 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 | , L | Type II. 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 | v . | | | | | | | |
| 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) 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, | - | | | | 12 | |
| 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 | 33 1/3% support test - 2020. If the o | | - | | | | |
| ~ | and stop here. 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 > |
| | | | | | | | (Form 990) 2021 |

132022 01-04-22

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) 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 33 1/3% support tests - 2020. 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 | |

2021.05060 ALLENDALE ASSOCIATION

1

2

Yes No

Part IV Supporting Organizations

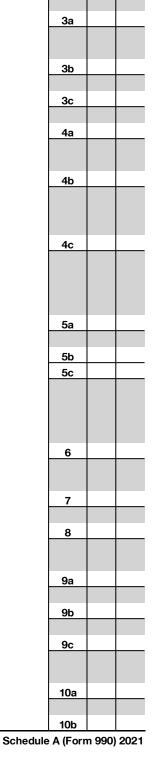
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

18

132024 01-04-21



| 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> Part VI <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

2021.05060 ALLENDALE ASSOCIATION

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 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): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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

36-2177140 Page 7

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations _{(contine} | 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, ⁻ /, 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 | | | |
| Section 501(c)(3) org | anizations: Com | plete Parts I-A and B. Do not com | olete Part I-C. | | | | | | |
| Section 501(c) (other | Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. | | | | | | | | |
| Section 527 organiza | Section 527 organizations: Complete Part I-A only. | | | | | | | | |
| 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 | , (, | • | | | 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 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. | | | | | |
| (a) 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 . . .

.

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 | | (a) Filing organization's totals | (b) Affiliated group totals | |
| 1a Total lobbying expenditures to infl | uence public opinion (g | grassroots lobbying) | | | | |
| 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) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total | |
| 2a Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 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 2 |
|------------|---|------------------------|-----------------------|----------------|--------------|-------------|-------------|------------|----------------------------|--------------|
| 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 | | | |
| 1 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 | | | – 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 | | | | |
| 1 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) 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 4a and 4b | | | 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>) t XII 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 | TXII 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 | TXII 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 | 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 | 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 | 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 | 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 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 | 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 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? | 4b | 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? | | . 5 a | | X |
| b | Admissions policie | əs? | | . 5b | | X |
| С | Employment of fac | culty or administrative staff? | | . 5 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 | n 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 990) | 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) 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 | (g) De | efeased | (h) On | | (i) 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 | | |
| 1 An | nount of bonds retired | | | 1,10 | 9,700. | | | | | | | | | |
| 2 An | nount of bonds legally defeased | | | | | | | | | | | | | |
| | tal proceeds of issue | | | | 0,000. | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 5 Ca | pitalized interest from proceeds | | | | | | | | | | | | | |
| 6 Pr | oceeds in refunding escrows | | | | | | | | | | | | | |
| 7 Iss | suance costs from proceeds | | | | | | | | | | | | | |
| 8 Cr | edit enhancement from proceeds | | | | | | | | | _ | | | | |
| 9 We | orking capital expenditures from proceeds | | | | | | | | | | | | | |
| | | | | 2,25 | 0,000. | | | | | _ | | | | |
| | her spent proceeds | | | | | | | | | _ | | | | |
| | | | | | 014 | | | | | _ | | | | |
| 13 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

36-2177140

Page 2

| | | Α | E | 3 | (| C | D | |
|--|-----|----|-----|----|-----|----------|-----|----------|
| 1 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 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 | | | | | | | |

132122 10-08-21

Schedule K (Form 990) 2021 ALLENDALE ASSOCIATION

36-2177140

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 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 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

 132211 11-11-21
 Schedule O (Form 990) 2021

48

| 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. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |