EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Α	For the	2021 calendar year, or tax year beginning and en	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Address change	CONNOLLY RANCH EDUCATION CENTER			
Ē	Name change	Doing business as		80-04933	40
	Initial return		Room/suite	E Telephone number	r
Final return/		3141 BROWNS VALLEY ROAD		707-224-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,247,769.
L	Amende	NAPA, CA 94556		H(a) Is this a group re	
	Applica tion pending			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	527		list. See instructions
		HTTPS://WWW.CONNOLLYRANCH.ORG	1	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o	of formation: 2009 N	State of legal domicile: CA
Г		Summary Briefly describe the organization's mission or most significant activities: CREC	TNCTT	LIC CHILDER	N OF ALL
Se	1 E	AGES WITH A DEEP RESPECT FOR THE ENVIRONM.	ENT.	A STRONG IIN	DERSTANDING
nar	-	Check this box if the organization discontinued its operations or dispose	-		
Activities & Governance	1	- · · · · · · · · · · · · · · · · · · ·		3	6
යි		Number of independent voting members of the governing body (Part VI, line 1b)			6
ళ	5 7	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5	31
/itie		otal number of volunteers (estimate if necessary)			26
ξį		otal unrelated business revenue from Part VIII, column (C), line 12		·····	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		A ()		Prior Year	Current Year
Φ	8 (Contributions and grants (Part VIII, line 1h)		626,402.	263,533.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		789,737.	974,573.
eve	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		81.	412.
<u> </u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,757.	-5,373.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,417,977.	1,233,145.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		744,851.	755,322.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
χ̈́		otal fundraising expenses (Part IX, column (D), line 25)		240 604	010 540
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,694.	213,543.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,085,545.	968,865.
_ v		Revenue less expenses. Subtract line 18 from line 12		332,432.	264,280.
ts o	00 7	Tabal and a Charley Charles		ginning of Current Year 1,009,673.	End of Year 1,230,000.
Asse Bals	20 1	Total lish litting (Part X, line 16)		526,412.	482,036.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26) Vet assets or fund balances. Subtract line 21 from line 20		483,261.	747,964.
	art II	Signature Block		103/2011	71775010
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of whic			,
Sig	n	Signature of officer		Date	
He		CRAIG FINSTER, BOARD CHAIR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		DEBRA M. HAVERSTICK, CPA	0	9/16/22 if self-employed	P01466216
		Firm's name GANZE TAX & CONSULTING		Firm's EIN ▶	85-4044283
Use	Only	Firm's address 1500 THIRD STREET, SUITE C		,_	00) 055 5545
		NAPA, CA 94559-2866		Phone no. (7	
Ma	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

AND GREEN FRIDAY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

INCLUDE, BUT NOT LIMITED: SATURDAY FARM OPEN HOUSE, K-12 FIELD TRIPS & MIDDLE SCHOOL SCIENCE RETREATS, HARVEST FESTIVAL, EARTH NIGHT FESTIVAL,

e Total program service expenses ► 6

Form 990 (2021) CONNOLLY RANCH EDUCATION CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7.		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ <u> </u>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D- 11/1	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b		11b		х
_		110		21
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
اہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		21
u		444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	21
		TIE	-25	
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	446		х
100		11f		21
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII	12a		-25
D	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	106		Х
12		12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 22
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 21
13		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17		16		-23
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	47		Х
10		17		-22
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash \vdash \vdash$	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ
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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) CONNOLLY RANCH EDU Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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	 		х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
	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		х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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			3,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	_ 2\	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

O21) CONNOLLY RANCH EDUCATION CENTER

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a 31			37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		Х			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				Х			
			3a					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	•	4a		Х			
h	If "Yes," enter the name of the foreign country	account)?	44					
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)		1				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).	>						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997).		7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8					
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		P					
а			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
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:							
а	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						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		Х			
	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	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	/	L	
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 707-224-1891			
	3141 BROWNS VALLEY ROAD, NAPA, CA 94558			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 n	or any related	orga	aniza	ation	cor	nper	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both ar officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	iu a u	recio	or/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	nstee.	trust		e e	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st cor	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a
(1) HEIDI SOLDINGER	2.00		_		_	1 0				
CO EXECUTIVE DIRECTOR				Х				100,385.	0.	0.
(2) KATIE HACKETT	2.00									
CO EXECUTIVE DIRECTOR				Х				81,923.	0.	0.
(3) PER CASEY	2.00									
PRESIDENT	2 00			Х				0.	0.	0.
(4) KATHARINE FALACE	2.00			X) '			0.	0.	0.
(5) CRAIG FINSTER	2.00			Δ				0.	0.	0.
TREASURER	2.00		\cup	x				0.	0.	0.
(6) ARTHUR ROOSA	2.00								0.	
MEMBER AT LARGE	2.00	x						0.	0.	0.
(7) GENE KELLY	2,00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) CHELSEA KOHLER	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
			_	<u> </u>						
		1	1	l		l				

Form **990** (2021)

Part VII Section A. Officers, I	Directors, Trustees, Key Em	ployees, and Highest (ighe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than on box, unless person is both a officer and a director/truster			than is bot or/trus	one h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	an com	(F) stimate nount other pensa rom the	of tion	
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		org and	anizat d relat anizati	ion ed
									J			7	
											Y		
								30					
		<u> </u>						A Y					
		-						9					
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c)	neets to Part VII, Section A			.	- 1		> •	182,308. 0. 182,308.		0. 0.			0.
Total number of individuals compensation from the organical compensation.	(including but not limited to the anization	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le		Yes	1 No
line 1a? If "Yes," complete S	r former officer, director, trust Schedule J for such individual line 1a, is the sum of reportab	·									3		Х
and related organizations grDid any person listed on line	reater than \$150,000? <i>If</i> "Yes e 1a receive or accrue compe	," <i>coi</i> ensati	<i>mple</i> ion f	ete S irom	Sche any	e <i>dule</i> y unr	e <i>J f</i> elat	or such individual			4		X
Section B. Independent Contra	n? If "Yes," complete Schedu actors	le J fo	or si	uch	pers	son .					5		X
	r five highest compensated in mpensation for the calendar y	-								npens	ation f	from	
Nam	(A) e and business address	NC	ONI	3				(B) Description of s	services	С	(C Compe	C) nsatio	n
							1						
2 Total number of independer \$100,000 of compensation	nt contractors (including but r	not lir	mite	d to	tho	se li:	sted	l above) who received n	nore than				

		Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		Officer if Ochedule O contains a response of flote to arry if	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt		Revenuè excluded
				function revenue	business revenue	from tax under
<u> </u>						sections 512 - 514
nts	1 a	Federated campaigns1a				
Sra ou	b	Membership dues1b				
s, (С	Fundraising events 1c				
a #		Related organizations 1d				
B,		Government grants (contributions) 1e 149,600.	7			A
Sign		All other contributions, gifts, grants, and				Z
	•	similar amounts not included above 1f 113,933.				
걸하		··· 				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f	263,533.		A.))
9	n	Total. Add lines 1a-1f	203,333.			
		Business Code	074 572	074 573		
<u>8</u>	2 a	PROGRAM REVENUE 900099	974,573.	974,573.		
e Z	b					
S a	С					
eve	d					
Program Service Revenue	е					
P	f	All other program service revenue				
	ď	Total. Add lines 2a-2f	974,573.			
\neg	3	Investment income (including dividends, interest, and				
	3		412.			412.
		other similar amounts)	712.			412.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	5			
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)	1			
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a				
	h	Less: cost or other basis				
ē		and sales expenses				
Revenue	_	Gain or (loss)	-			
e v		. ,				
포		Net gain or (loss)				
ther	8 a	Gross income from fundraising events (not				
0		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
		Less: direct expenses 8b 14,624.				
	С	Net income or (loss) from fundraising events	-5,373.			-5,373.
		Gross income from gaming activities. See				
		Part IV, line 19 9a				
	b	Less: direct expenses 9b	-			
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns				
	iu a					
		and allowances 10a	_			
		Less: cost of goods sold10b				
\rightarrow	С	Net income or (loss) from sales of inventory				
જ		Business Code				
ا <u>ه</u> و	11 a					
an	b					
Miscellaneous Revenue	С					
Aisc R	d	All other revenue				
2		Total. Add lines 11a-11d				
	12	Total revenue See instructions	1,233,145.	974.573.	0.	-4.961.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	ase or note to any line in	thic Part IV	()	
Do :	Check if Schedule O contains a responsor include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 65, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	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				
6	Compensation not included above to disqualified				7
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	644,262.	496,329.	121,112.	26,821.
8	Pension plan accruals and contributions (include	,	. ,	,	- · · · - ·
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	58,165.		58,165.	
10	Payroll taxes	52,895.	42,515.	8,241.	2,139.
11	Fees for services (nonemployees):	52,055	12,515	J, 241.	2,100
	Management				
	Legal	23,654.	9	23,654.	
	Accounting	23,034.		23,034.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		,	4- 6-6	
	column (A), amount, list line 11g expenses on Sch O.)	15,372.		15,372.	
12	Advertising and promotion				
13	Office expenses	5,026.		5,026.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,559.		5,559.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,458.	16,458.		
23	Insurance	12,315.	.,	12,315.	
23 24	Other expenses. Itemize expenses not covered	==,0=30		==, 523 \$	
4	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.) ALL OTHER EXPENSES	67,286.	26,262.	39,316.	1,708.
a	UTILITIES UTILITIES	23,335.	11,661.	11,674.	1,700
b	FARM REPAIRS AND MAINTE	20,676.	20,611.	65.	
C	PROFESSIONAL SERVICES	14,547.	2,635.	11,912.	
d		9,315.	8,820.	495.	
	All other expenses	968,865.	625,291.	312,906.	20 660
25	Total functional expenses. Add lines 1 through 24e	900,005.	043,491.	314,900.	30,668.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Га	IL A	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			164,727.	1	155,878.
	2	Savings and temporary cash investments			667,279.	2	869,254.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			600.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul			1		
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	7
	10a	Land, buildings, and equipment: cost or other	·			-	
		basis. Complete Part VI of Schedule D	. 10a	375,742.		/	
	b	Less: accumulated depreciation	10b	170,874.	177,067.	10c	204,868.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	1,009,673.	16	1,230,000.
	17	Accounts payable and accrued expenses			32,374.	17	15,057.
	18	Grants payable				18	
	19	Deferred revenue	200,267.	19	110,810.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	-				
Ħ		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			0.04 4.00	23	255 500
	24	Unsecured notes and loans payable to unrela			291,400.	24	355,782.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	0 271		207
		of Schedule D			2,371.		387.
	26	Total liabilities. Add lines 17 through 25			526,412.	26	482,036.
S		Organizations that follow FASB ASC 958, c	heck her	e 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			440 057		710 101
ala	27				440,857.	27	719,191.
В	28	Net assets with donor restrictions			42,404.	28	28,773.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
ō		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
\SS(30	Paid-in or capital surplus, or land, building, or				30	
et ⊿	31	Retained earnings, endowment, accumulated			102 261	31	7/7 06/
ž	32	Total net assets or fund balances			483,261.	32	747,964.
	33	Total liabilities and net assets/fund balances			1,009,673.	33	1,230,000.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1,23						
2	Total expenses (must equal Part IX, column (A), line 25)		8,8					
3	Revenue less expenses. Subtract line 2 from line 1		4,2 3,2					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments 5		423					
6	Donated services and use of facilities 6							
7	Investment expenses 7	1						
8	Prior period adjustments 8							
9	Other changes in net assets or fund balances (explain on Schedule O)		4	0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	74	7,9	64.				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>						
			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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?	3a		<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b						

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization CONNOLLY RANCH EDUCATION CENTER 80-0493340 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		·	<u>·</u>			
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					N.))
	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.						
	ction B. Total Support		#10040	1,10010	/ n 2222	1 ,,,,,,,,	1 (0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Amounts from line 4			5			
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		5				
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instructi	one)			12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
.0	organization, check this box and stor			,			
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the					nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1		•	ightharpoons
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	•				•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin			
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and s	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶

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.)

0-	qualify under the tests listed b	below, please comp	Diete Fait II.)				
	ction A. Public Support	, ,	-			,	
	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		468 466	4		1	
	include any "unusual grants.")	200,796.	167,126.	177,009.	626,402.	157,538.	1328871.
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	488.202.	597,654.	689,156.	789.737.	974,573.	3539322.
3	Gross receipts from activities that	100,101	33,,0310	003,200	, 05 , 10 , 0	372/3730	33333221
3	are not an unrelated trade or bus-						7 0
	iness under section 513	178,712.	77,316.	113,189.	7,121.	9,251.	385,589.
4	Tax revenues levied for the organ-	- ,	, , , , , ,	-,	., ===	, = ,=	7
ŕ	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	067 710	040 006	070 254	1422250	1141260	F0F2F00
	Total. Add lines 1 through 5	867,710.	842,096.	979,354.	1423260.	1141362.	5253782.
7a	Amounts included on lines 1, 2, and	30 022		25,780.	500 000		 555 002
L	3 received from disqualified persons Amounts included on lines 2 and 3 received	30,023.		45,780.	500,000.		555,803.
O	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			6			_
	amount on line 13 for the year	20 000	_	05 500	F00 000		0.
	Add lines 7a and 7b	30,023.	A	25,780.	500,000.		555,803.
8	Public support. (Subtract line 7c from line 6.)						4697979.
Sec	ction B. Total Support						
	. , , ,				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2017 867,710.	(b) 2018 842,096.	(c) 2019 979, 354.	(d) 2020 1423260.	(e) 2021 1141362. 412.	(f) Total 5253782.
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	12.	(b) 2018 842,096.	(c) 2019 979, 354.	81.	412.	5253782.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	867,710.	(b) 2018 842,096.	(c) 2019 979, 354.	1423260.	1141362.	5253782.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12.	842,096.	979,354.	81. 81.	412.	5253782. 505.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.)	12.	842,096.	979,354.	81. 81.	412. 412.	5253782. 505. 505. 5254287.
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the	12.	842,096. 842,096. rst, second, third,	979,354. 979,354. fourth, or fifth tax	81. 81. 1423341. year as a section 5	412. 412.	5253782. 505. 505. 5254287.
Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here	12. 12. 867,722. ne organization's fire	842,096. 842,096. rst, second, third,	979,354.	81. 81. 1423341. year as a section 5	412. 412.	5253782. 505. 505. 5254287.
Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 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.) First 5 years. If the Form 990 is for the check this box and stop here	12. 12. 867,722. ne organization's fin	842,096. 842,096. rst, second, third,	979,354. 979,354. fourth, or fifth tax	81. 81. 1423341. year as a section 5	412. 412. 412.	5253782. 505. 505. 5254287. ion,
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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.)

	Yes	No
1		
4		
2		
3a		
>		
3b		
3с		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
,		
9a		
9b		
9c		
30		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	4		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		4	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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	01-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	25		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		

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

Sche	dule A (Form 990) 2021 CONNOLLY RANCH EDUCATION	1 CE	NIEK	00-0493340 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of			·
Sect	ion A - Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		4
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

6

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org		0	0-049334	U Page 7
	on D - Distributions	(a)(b) Supporting Orga	amzations (continu	iea)	Current '	Voor
<u>3ect</u>	Amounts paid to supported organizations to accomplish exe	mnt nurnacca		1	Current	<u>rear</u>
	Amounts paid to supported organizations to accomplish exemple and the perform activity that directly furthers exemple a complish the complished and the complished activity that directly furthers exemple a complished activity that directly furthers exemple and the complished activity that directly furthers exemple activity that directly furthers exemple activities and the complished activities and the complished activities activities activities and the complished activities activities and the complished activities activities activities and the complished activities activities and the complished activities acti			-		
2	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	ne	3			
4	Amounts paid to acquire exempt-use assets	13	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.	ovide detaile in Full VI)		6		
7	Total annual distributions. Add lines 1 through 6.			7	A	·
8	Distributions to attentive supported organizations to which the	he organization is responsive	 e			
-	(provide details in Part VI). See instructions.	ne erganization te respondit		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	,	(i)	(ii)		(iii)	
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distribut	
			Pre-2021		Amount fo	r 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					
С	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years	A ()				
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: \$	<u> </u>				
a	Applied to underdistributions of prior years					
	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					
	ALIU 40.					

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CONNOLLY RANCH EDUCATION CENTER

Employer identification number 80-0493340

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin.		s or Accounts. Complete if the
	organization answered Tee en Term eee, Farthy, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(-,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	ised funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		•
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tr	easures, o	r Other Simil	ar Asset	S (continue	ed)
3	Using the organization's acquisition, accessi	on, and other records	, check any of the	following that	make significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange prograr	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	n's exempt purpo	ose in Part	XIII.	
5	During the year, did the organization solicit o							
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran	-	e if the organization	n answered "\	Yes" on Form 990	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pal							
1a	Is the organization an agent, trustee, custodi		•					₩
	on Form 990, Part X?						Yes	No
р	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:				Amount	
_	Designing helence				10		Amount	
	Beginning balance							
	Additions during the year)		
	Distributions during the year							
	Ending balance						Yes	No
	If "Yes," explain the arrangement in Part XIII.						[= ''
Par								
	23.1.	(a) Current year	(b) Prior year		back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	,		7				
	Contributions							
	Net investment earnings, gains, and losses		C					
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							-
	End of year balance		17					
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a	a)) held as:	•	•		
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
С	Term endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organizat	tion that are held a	ınd administer	ed for the organiz	zation		
	by:						Ye	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm		D 10/11 44 6		D 177 11 40			
	Complete if the organization answere	i						
	Description of property	(a) Cost or oth		or other	(c) Accumulate		(d) Book v	alue
		basis (investme	erit) Dasis	(other)	depreciation			
	Land	***	1 2	7,724.	12,0	0.8	115	716.
	Buildings			1,144.	14,0	00.	ттэ,	1 10 •
	Leasehold improvements							
	Equipment		21	8,018.	158,8	66	20	152.
	Other				130,0			868.
ıotal	. Add lines Ta through Te. (Column (d) must e	yuai FUIIII 990, PAN X	, colullii (b), iiiie i	00.)		Schedule		

Ochicadic D	(1 01111 000) 202 1	
Dart VII	Invoctments	Othor Se

		t IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (inclu	uding name of security) (b) Book value	ue (c) Method of valuation: Cost or end-of-year market value
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X,		
Part VIII Investments - Progr		
		t IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investm	nent (b) Book value	ue (c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X,	, col. (B) line 13.)	
Part IX Other Assets.		
Complete if the organization	on answered "Yes" on Form 990, Part I	t IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990). Part X. col. (B) line 15.)	•
	, , , , , , , , , , , , , , , , , , , ,	
Part X Other Liabilities.	on answered "Yes" on Form 990. Part I	! IV. line 11e or 11f. See Form 990. Part X. line 25.
Part X Other Liabilities.		t IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Part X Other Liabilities. Complete if the organizatio (a) Description		t IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization (a) Description (1) Federal income taxes		(b) Book value
Complete if the organization (a) Description (2) CREDIT CARD		
Complete if the organization (a) Description (1) Federal income taxes (2) CREDIT CARD (3)		(b) Book value
Complete if the organization (a) Description (1) Federal income taxes (2) CREDIT CARD (3) (4)		(b) Book value
Complete if the organization (a) Description (1) Federal income taxes (2) CREDIT CARD (3) (4) (5)		(b) Book value
Complete if the organization (a) Description (1) Federal income taxes (2) CREDIT CARD (3) (4) (5) (6)		(b) Book value
Complete if the organization (a) Description (1) Federal income taxes (2) CREDIT CARD (3) (4) (5) (6) (7)		(b) Book value
Complete if the organization (a) Description (a) Description (a) Description (b) Federal income taxes (c) CREDIT CARD (c) (d) (d) (e) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(b) Book value
Complete if the organization (a) Description (a) Description (a) Description (a) CREDIT CARD (a) (a) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	on of liability	(b) Book value

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

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CONNOLLY RANCH EDUCATION CENTER

Employer identification number 80-0493340

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		7	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
а	The organization?	5a		X
b	Any related organization?	5b		Λ
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 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 the	_		Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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 V	/-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) HEIDI SOLDINGER	(i)	100,385.	0.	0.	0.	0.		
CO EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATIE HACKETT	(i)	81,923.	0.	0.	0.	0.	81,923.	
CO EXECUTIVE DIRECTOR	(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)	44	<i>'</i>					
	(ii)							
	(i)							
	(ii)	,						
	(i)	Y						
	(ii)	/						
&)	(i)							
	(ii)							
	(i)							
	(ii)							

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.
A*A O

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONNOLLY RANCH EDUCATION CENTER

Employer identification number 80-0493340

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF FARMING AND SUSTAINABLE AGRICULTURE; AND A LOVE FOR THE NATURAL
WORLD.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
EXPLORER PLAYSCHOOL (AGES 5-6), OUTDOOR AFTERSCHOOL (GRADES 1-5).
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS WILL RECEIVE A COPY OF FORM 990 AND WILL REVIEW AND
DISCUSS IT BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

990

CON	NOLLY RANCH EDUCATI	ON CENTE	R	FOR	м 990 р	AGE 10		80-0493340
Par	t Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any lis	ted property,	complete Parl	t V before	you complete Part I.
1 N	Maximum amount (see instructions)						1	1,050,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)			2	
	hreshold cost of section 179 property		2,620,000.					
4 F	leduction in limitation. Subtract line 3 f	4						
5 D	ollar limitation for tax year. Subtract line 4 from line	5						
6	(a) Description of pro	cost						
					- 1 _ +		-	
	isted property. Enter the amount from							
	otal elected cost of section 179 proper							
	entative deduction. Enter the smaller carryover of disallowed deduction from							
	sarryover of disallowed deduction from Business income limitation. Enter the sr				\ II = 5			
	section 179 expense deduction. Add lir		•					
	Carryover of disallowed deduction to 20					Y	12	
	Don't use Part II or Part III below for I				7 10			
Par		<u> </u>			listed proper	ty.)		
14 S	special depreciation allowance for quali		•					
	ne tax year					-	14	
	roperty subject to section 168(f)(1) ele							
	Other depreciation (including ACRS)						16	14,946.
Par	t III MACRS Depreciation (Don't	include listed pro	perty. See ir	nstructions.)				
			Se	ection A				
17 N	MACRS deductions for assets placed in	n service in tax ye	ears beginnir	ng before 2021			<u></u> 17	
18 If	you are electing to group any assets placed in servi							
	Section B - Assets	(b) Month and		21 Tax Year U	Jsing the Ger	neral Deprecia	ation Syst	em I
	(a) Classification of property	year placed in service	(business/i	nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
_с	7-year property							
<u>d</u>	10-year property			20 046	15		15000	1 510
e_	15-year property			30,246.	15 YRS	. HY	150DB	1,512.
f_	20-year property							
<u>g</u>	25-year property	,			25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Section C - Assets P	laced in Service	Durina 202	1 Tax Year Us	ing the Alter		<u> </u>	l stem
 20a	Class life					<u> </u>	S/L	
<u></u> b	12-year				12 yrs.		S/L	
c	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
21 L	isted property. Enter amount from line	28					21	
22 T	otal. Add amounts from line 12, lines 1	14 through 17, lin	es 19 and 20	0 in column (g)	, and line 21.			
	nter here and on the appropriate lines	-	· ·	=	ions - see ins	tr	22	16,458.
	or assets shown above and placed in	-	e current yea	ar, enter the				
n	ortion of the basis attributable to secti	on 2634 costs			23			

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

			c) of Section A,													
			on and Other I			autio	ı: See	the i	nstruc ⁻	tions for li	mits for	passeng	ger autor	nobiles.)		
2 4a	Do you have evidence to s	support the bu	siness/investmen	it use cl	aimed?		Yes		J No	24b If "Y	es," is t	ne evide	nce writt	ten? L	│ Yes	No
	(a) Type of property (list vehicles first)	(a) (b) (c) Date Business placed in investmen service use percent		(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g)		(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special depreciation allo				•			•	•	•						
	used more than 50% in	a qualified b	usiness use									. 25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:												
		: :	%												7	
		1 :	%													
		1 1	%													
27	Property used 50% or le	ess in a quali	fied business u	ise:												
		1 1	%								S/L -					
		1 1	%								S/L -					
		: :	%								S/L -					
28	Add amounts in column	(h), lines 25	through 27. En	ter her	e and or	n line	21, pa	ige 1				28				
	Add amounts in column													29		
					B - Infor											
	mplete this section for ve your employees, first ans			n C to s	see if yo		et an e			completi	ng this		or those	vehicles	.	
30 Total business/investment miles driven during the year (don't include commuting miles)			uring the	(a) Vehicle			(b) (c) Vehicle					hicle	(e) Vehicle		(f) Vehicle	
31	Total commuting miles	,	_													
	Total other personal (no driven	ncommuting) miles		4		1									
33	Total miles driven during Add lines 30 through 32	g the year.					"									
2/1	Was the vehicle availab			Yes	No	Ye		No	Yes	No	Yes	No	Yes	No	Yes	No
0-1	during off-duty hours?	•		103	140	1	-	140	103	110	103	140	103	140	103	110
35	Was the vehicle used p						\dashv									
-	than 5% owner or relate															
36	Is another vehicle availa															
-	use?	· ·														
			- Questions fo	r Fmp	lovers V	Vho F	Provid	e Vel	icles	for Use b	v Their	Employe	ees			
	swer these questions to or rethan 5% owners or rel	determine if	you meet an ex											ren't		
	Do you maintain a writte			hibits a	all perso	nal us	se of v	ehicle	es inc	ludina cor	nmuting	ı by you	r		Yes	No
٠.	employees?														100	1.0
38	Do you maintain a writte															
	employees? See the ins		•	-					-							
39	Do you treat all use of v	/														
	Do you provide more that															
	the use of the vehicles,															
41	Do you meet the require															
•	Note: If your answer to															
Pá	art VI Amortization	01,00,00,4	0, 01 41 10 100	, 4011	Compi	010 0	3000011	D 101	1110 00	overed ve	110100.					
				(b)		(c)			(d)		(e)			(f) nortization r this year	
		Date ar	e amortization Amortizal begins amoun			izable Code				Amortiza period or per	tion	n Am entage for				
42	Amortization of costs th	at begins du		-	ar:					· · · · · ·		Porton of hel	oonuge		•	
<u></u>			13 , 55 2521		·-											
			:	:					\top				-+			
<u></u>	Amortization of costs th	at began het			ar								43			
	Total. Add amounts in o												44			
		• •														