# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

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Department of the Treasury Internal Revenue Service

| Α                              | For the                      | 2022 calendar year, or tax year beginning $OCT 1$ , $2022$ and ending                                      | SEP 30, 2023                    |                               |
|--------------------------------|------------------------------|--|---------------------------------|-------------------------------|
|                                | Check if applicable          |  | D Employer identifi             | cation number                 |
|                                | Addres                       | BLACK ROCK FOREST CONSORTIUM, INC.   |                                 |                               |
|                                | Name change                  | DIAGU DOGU BODEGE  | 13-35364                        | 63                            |
|                                | Initial return Final return/ | Number and street (or P.0. box if mail is not delivered to street address)  65 RESERVOIR ROAD              | uite E Telephone numbe 845-534- |                               |
|                                | termin-<br>ated              | City or town, state or province, country, and ZIP or foreign postal code                                   | G Gross receipts \$             | 6,331,060.                    |
|                                | Amend                        | ed CORNWALL, NY 12518  | H(a) Is this a group r          | eturn                         |
|                                | Applica<br>tion<br>pendin    |  | for subordinates                |                               |
|                                |                              | SAME AS C ABOVE  | H(b) Are all subordinates i     | ncluded? Yes No               |
| <u>T</u>                       | Tax-exe                      | <u> </u>   | <del></del>                     | list. See instructions        |
|                                | Websit                       |  | H(c) Group exemption            |                               |
|                                |                              |  | ear of formation: 1989          | M State of legal domicile; NY |
| P                              |                              | Summary  | COTENETETO IN                   | DEDGENIDANG                   |
| 9                              | 1 1                          | Briefly describe the organization's mission or most significant activities: ADVANCE                        | SCIENTIFIC UN                   | DERSTANDING                   |
| Activities & Governance        | -                            | OF THE NATURAL WORLD THROUGH RESEARCH, EDUCA   |                                 |                               |
| /err                           | 1                            | Check this box if the organization discontinued its operations or disposed of n                            | I _                             | ssets.                        |
| 9                              | 1                            | Number of voting members of the governing body (Part VI, line 1a)  |                                 | 20                            |
| જ                              |                              | Number of independent voting members of the governing body (Part VI, line 1b)                              |                                 | 25                            |
| ties                           |                              | Fotal number of individuals employed in calendar year 2022 (Part V, line 2a)                               |                                 | 100                           |
| ξį                             | 6                            | Total number of volunteers (estimate if necessary)   | <u>6</u>                        | 0.                            |
| Ac                             |                              | Fotal unrelated business revenue from Part VIII, column (C), line 12                                       |                                 | 0.                            |
|                                | 01                           | Net unrelated business taxable income from Form 990-T, Part I, line 11                                     | Prior Year                      | Current Year                  |
|                                | , ,                          | Contributions and grants (Part VIII, line 1h)  | 1,211,081.                      |                               |
| Revenue                        |                              |  | 74,030.                         | 76,137.                       |
| Ş.                             |                              | Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 395,236.                        |                               |
| æ                              |                              | Other revenue (Part VIII, column (A), lines 5, 4, and 70)  | -62,227.                        | 18,139.                       |
|                                | 1                            | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                         | 1,618,120.                      |                               |
|                                | 1                            | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 13,664.                         | 43,896.                       |
|                                |                              | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                              | 0.                            |
| S                              | 1                            | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                          | 1,287,489.                      | 1,441,457.                    |
| Expenses                       | 16a l                        | Professional fundraising fees (Part IX, column (A), line 11e)  | 0.                              | 0.                            |
| <u>pe</u>                      | b -                          | Fotal fundraising expenses (Part IX, column (D), line 25) 329,758.   |                                 |                               |
| ũ                              | 17 (                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 766,800.                        | 668,866.                      |
|                                |                              | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                  | 2,067,953.                      |                               |
|                                | 19                           | Revenue less expenses. Subtract line 18 from line 12   | -449,833.                       | 3,632,636.                    |
| Net Assets or<br>Fund Balances |                              | ·  | Beginning of Current Year       | End of Year                   |
| sets                           | 20                           | Total assets (Part X, line 16)   | 14,754,821.                     | 19,237,795.                   |
| t As                           | 21                           | Total liabilities (Part X, line 26)  | 315,708.                        | 267,731.                      |
| ESE<br>ESE                     | 22 1                         | Net assets or fund balances. Subtract line 21 from line 20   | 14,439,113.                     | 18,970,064.                   |
|                                | art II                       | Signature Block  |                                 |                               |
|                                | •                            | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta      | •                               | y knowledge and belief, it is |
| true                           | , correct                    | , and complete. Declaration of preparer (other than officer) is based on all information of which prep     | arer has any knowledge.         |                               |
|                                |                              | Cinnatura of officer   | Doto                            |                               |
| Sig                            | '' L                         | Signature of officer   | Date                            |                               |
| He                             | re                           | HUME R. STEYER, CHAIR Type or print name and title   |                                 |                               |
|                                |                              |  | Date Check                      | PTIN                          |
| Da:                            |                              | Print/Type preparer's name Preparer's signature FREDERICK MARTENS  | l if                            |                               |
| Pai<br>Pro                     | - +                          |  | self-employ                     | 3-1655065                     |
|                                |                              | Firm's name LUTZ AND CARR, CPAS LLP Firm's address 551 FIFTH AVENUE, SUITE 400                             | Firm's EIN 1                    | 2-T022002                     |
| USE                            | , Unity                      | NEW YORK, NY 10176   | Dhone no 21                     | 2-697-2299                    |
| N/a                            | v tha ID                     | S discuss this return with the preparer shown above? See instructions                                      | Filotie ilo. Z 1                | X Yes  No                     |
| ivid                           | y ulle IH                    | o discuss this return with the preparet shown above? See Instructions                                      |                                 | ∟≛≛ 162 ∟ ∷ 110               |

| Pa | t III Statement of Program Service Accomplishments   |
|----|--|
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:   |
|    | BLACK ROCK FOREST CONSORTIUM'S MISSION IS TO ADVANCE SCIENTIFIC  |
|    | UNDERSTANDING OF THE NATURAL WORLD THROUGH PROGRAMS IN RESEARCH,   |
|    | EDUCATION, AND CONSERVATION.   |
|    |  |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|    | prior Form 990 or 990-EZ?  |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No                        |
|    | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |
|    | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | revenue, if any, for each program service reported.  (Code:) (Expenses \$ 715,408 • including grants of \$ 43,896 • ) (Revenue \$ 76,137 • ) |
|    | CONSERVATION:  |
|    | FOR FISCAL YEAR 2023, CONSERVATION WORK TARGETED THE REMOVAL OF  |
|    | INVASIVE SPECIES AND RESTORATION PLANTINGS. STAFF AND VOLUNTEERS   |
|    | REMOVED 6 DUMP TRUCK LOADS, OR OVER 11,000 STEMS OF INVASIVE SHRUBS  |
|    | FROM THE FOREST. A SEVERE STORM IN JULY 2023 CAUSED DAMAGE TO ROADS,   |
|    | TRAILS, AND BUILDINGS AND WAS DECLARED A FEDERAL EMERGENCY. STAFF  |
|    | WORKED IN THE IMMEDIATE AFTERMATH TO REPAIR STORM DAMAGE, REMOVE   |
|    | DEBRIS, AND ALLOW ACCESS TO THE FOREST. ONGOING STORM RECOVERY EFFORTS   |
|    | WERE COORDINATED WITH FEMA AND NEW YORK STATE.   |
|    |  |
|    |  |
| 4h | (Code:) (Expenses \$ 245,007. including grants of \$) (Revenue \$)   |
| 4b | (Code: ) (Expenses \$) (Revenue \$) (Revenue \$)   |
|    | FOR FISCAL YEAR 2023, BLACK ROCK FOREST HAD 8,768 STUDENT-DAYS,  |
|    | INCLUDING EVERYTHING FROM K-12 CLASSES TO VOLUNTEER BOY SCOUTS TO  |
|    | UNDERGRAD AND GRADUATE STUDENTS. NEWBURGH ENLARGED CITY SCHOOL DISTRICT  |
|    | HAD 91 STUDENTS REGISTERED FOR THE BLACK ROCK STEM PROGRAM DURING THE  |
|    | SUMMER OF 2023. WE HIRED A NEW DIRECTOR OF EDUCATION AND HOSTED OUR  |
|    | FIRST EDUCATOR OPEN HOUSE IN AUGUST 2023, WHERE 18 EDUCATORS FROM  |
|    | ELEMENTARY TO COLLEGE INSTITUTIONS SHARED THEIR EXPERIENCES AND  |
|    | DISCUSSED FUTURE DIRECTIONS FOR TRIPS AND CURRICULUM GOALS. THE STORM  |
|    | ON JULY 9 PREVENTED 179 STUDENTS FROM VISITING THE FOREST.   |
|    |  |
|    | 100.000  |
| 4c | (Code: ) (Expenses \$ 480,300 • including grants of \$ ) (Revenue \$)  |
|    | RESEARCH:  |
|    | DURING FISCAL YEAR 2023 THE RESEARCH DEPARTMENT CONTINUED OUR EFFORTS  |
|    | IN FOREST MONITORING, ECOLOGY, AND WILDLIFE CONSERVATION, INCLUDING  |
|    | CONTINUED WORK WITH ROAD ECOLOGY AND MITIGATION PARTNERS. THE  |
|    | DEPARTMENT ALSO FACILITATED FIELD RESEARCH ACTIVITIES BY EXTERNAL  |
|    | COLLABORATORS AND PROVIDED FUNDING TO 6 NEW RESEARCH PROJECTS THROUGH  |
|    | THE DAVID REDDEN CONSERVATION SCIENCE FUND. ELEVEN PEER-REVIEWED JOURNAL ARTICLES AND TWO BOOKS THAT UTILIZED BLACK ROCK FOREST DATA,        |
|    | FACILITIES, AND/OR STAFF WERE PUBLISHED.   |
|    | TACTUTITED' WMD OK DIVEL MENT LADRIDIED.   |
|    |  |
|    |  |
| 4d | Other program services (Describe on Schedule O.)   |
| ru | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses 1,440,715.  |
|    | Form <b>990</b> (2022)   |

|     |   |     | Yes  | No               |
|-----|---|-----|------|------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |     |      |                  |
|     | If "Yes," complete Schedule A   | 1   | X    | <u> </u>         |
| 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             |     |      | 3,7              |
|     | public office? If "Yes," complete Schedule C, Part I  | 3   |      | X                |
| 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   |      | X                |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                | _   |      | <b> </b> ₩       |
| _   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5   |      | X                |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                   |     |      | <sub>v</sub>     |
| _   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                | 6   |      | X                |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                   | _   |      | x                |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |      |                  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                | _   |      | x                |
| _   | Schedule D, Part III  | 8   |      |                  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for               |     |      |                  |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                   | _   |      | x                |
| 40  | If "Yes," complete Schedule D, Part IV  | 9   |      |                  |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                | 40  | Х    |                  |
| 44  | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10  | 21   |                  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,           |     |      |                  |
|     | as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, |     |      |                  |
| а   |   | 11a | Х    |                  |
| h   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                | Па  | - 21 |                  |
| b   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |      | X                |
| •   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                 | 110 |      |                  |
| ·   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c |      | X                |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in               |     |      |                  |
| _   | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d |      | х                |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                       | 11e |      | Х                |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                     |     |      |                  |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                      | 11f |      | Х                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                         |     |      |                  |
|     | Schedule D, Parts XI and XII  | 12a | Х    |                  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                   |     |      |                  |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                       | 12b |      | Х                |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |      | Х                |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |      | X                |
| 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 |      | X                |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                   |     |      |                  |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |      | X                |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                    |     |      |                  |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |      | X                |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                     |     |      |                  |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17  |      | X                |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                |     | 37   |                  |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | X    | <u> </u>         |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                      |     |      | \ <sub>3,7</sub> |
|     | complete Schedule G, Part III   | 19  |      | X                |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |      | X                |
|     | 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                |

# 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        | Х   |     |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete |           |     |     |
|      | Schedule K. If "No," go to line 25a  | 24a       |     | x   |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |     |     |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |           |     |     |
|      | any tax-exempt bonds?  | 24c       |     |     |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |     |     |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |     |     |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |     | X   |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |           |     |     |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |           |     | 7.7 |
|      | Schedule L, Part I   | 25b       |     | X   |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |           |     |     |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "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,  | 20        |     |     |
| _,   | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |           |     |     |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27        |     | х   |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |           |     |     |
|      | instructions for applicable filing thresholds, conditions, and exceptions):  |           |     |     |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |           |     |     |
|      | "Yes," complete Schedule L, Part IV  | 28a       |     | X   |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b       |     | Х   |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?  |           |     | X   |
| 29   | "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 28c<br>29 |     | X   |
| 30   | Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in  | 29        |     |     |
| 00   | contributions? If "Yes," complete Schedule M   | 30        |     | х   |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31        |     | Х   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |           |     |     |
|      | Schedule N, Part II  | 32        |     | Х   |
| 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        |     | X   |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |           | ~   |     |
| QE - | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 34        | X   | Х   |
|      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 35a       |     |     |
| J    | 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        |     | Х   |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |     |     |
|      | and that is treated as a partnership for federal income tax purposes? 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?   |           | .,  |     |
| Da   | Note: All Form 990 filers are required to complete Schedule O  | 38        | Х   |     |
| ra   | Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  |           |     |     |
|      | Check ii Ochedule O Containo a response di note to any iine in tris Part V   |           | Yes | No  |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 15  |           |     |     |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |           |     |     |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |           |     |     |
|      | (gambling) winnings to prize winners?  | 1c        | Х   |     |

#### 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 25             |          |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns   | ns?               | 2b       | Х   |    |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |                   | 3a       |     | X  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule   | 0                 | 3b       |     |    |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other   | authority over, a |          |     |    |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial  | account)?         | 4a       |     | X  |
| b      | If "Yes," enter the name of the foreign country   | _                 |          |     |    |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A  | ` ,               |          |     |    |
| 5а     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |                   | 5a       |     | X  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction   |                   | 5b       |     | Х  |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |                   | 5с       |     |    |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |                   |          |     | 37 |
|        | any contributions that were not tax deductible as charitable contributions?   |                   | 6a       |     | X  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contribut   | •                 |          |     |    |
|        | were not tax deductible?  |                   | 6b       |     |    |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |                   |          | 77  |    |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser   |                   | 7a       | X   |    |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   |                   | 7b       | Х   |    |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was a second   | •                 | _        |     | v  |
|        | to file Form 8282?  |                   | 7с       |     | X  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   | 7d                | 7-       |     | Х  |
| e      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of  |                   | 7e<br>7f |     | X  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.  |                   |          |     | 21 |
| g<br>h | If the organization received a contribution of qualified intellectual property, did the organization file For<br>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization |                   | 7g<br>7h |     |    |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained   |                   | 711      |     |    |
| Ü      | sponsoring organization have excess business holdings at any time during the year?  |                   | 8        |     |    |
| 9      | Sponsoring organizations maintaining donor advised funds.   |                   |          |     |    |
| а      | 51.11   |                   | 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               |          |     |    |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form  | 1041?             | 12a      |     |    |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b               |          |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |                   |          |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  |                   | 13a      |     |    |
|        | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |                   |          |     |    |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the  | 1 1               |          |     |    |
|        | organization is licensed to issue qualified health plans  | 13b               |          |     |    |
| С      | Enter the amount of reserves on hand  | 13c               |          |     | 37 |
| 14a    |   |                   | 14a      |     | X  |
|        | 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  |                   | 4-       |     | Х  |
|        | excess parachute payment(s) during the year?  |                   | 15       |     | Λ  |
| 40     | If "Yes," see the instructions and file Form 4720, Schedule N.  | t incomo?         | 40       |     | Х  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment if "You" complete Form 4730. School up O  | it income?        | 16       |     | Λ  |
| 17     | If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any as  | tivitios          |          |     |    |
| 17     | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?                            |                   | 17       |     |    |
|        | If "Yes," complete Form 6069.   |                   | - 17     |     |    |
|        | ii 100, complete i onii 0000.   |                   |          |     |    |

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

|          |  |                         |         |        |         | Λ    |
|----------|--|-------------------------|---------|--------|---------|------|
| Sec      | tion A. Governing Body and Management  |                         |         |        |         |      |
|          |  | 1 1                     | 20[     |        | Yes     | No   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year  | 1a                      | 20      |        |         |      |
|          | 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 0.  |                         |         |        |         |      |
| b        | Enter the number of voting members included on line 1a, above, who are independent   | 1b                      | 20      |        |         |      |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh  | ip 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   | ne direct supervision   |         |        |         |      |
|          | of officers, directors, trustees, or key employees to a management company or other person?  |                         |         | 3      |         | X    |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form  | 990 was filed?          |         | 4      |         | Х    |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's as  | sets?                   |         | 5      |         | X    |
| 6        | Did the organization have members or stockholders?   |                         |         | 6      |         | X    |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or a  |                         |         |        |         |      |
|          | more members of the governing body?  |                         |         | 7a     |         | X    |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |                         |         |        |         |      |
|          | persons other than the governing body?   |                         |         | 7b     |         | Х    |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  |                         | ·····   |        |         |      |
| а        | The governing body?  |                         |         | 8a     | Х       |      |
| b        | Each committee with authority to act on behalf of the governing body?  |                         |         | 8b     | Х       |      |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-  |                         | ·····   |        |         |      |
| •        | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  |                         |         | 9      |         | Х    |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal F  |                         |         |        |         |      |
|          |  |                         |         |        | Yes     | No   |
| 10a      | Did the organization have local chapters, branches, or affiliates?   |                         | ſ       | 10a    |         | X    |
|          | If "Yes," did the organization have written policies and procedures governing the activities of such or  |                         |         |        |         |      |
| ~        | 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 boo   |                         | Г       | 11a    | Х       |      |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  | ay before ming the for  | ····    | 114    |         |      |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  |                         |         | 12a    | Х       |      |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise  |                         |         | 12b    | X       |      |
|          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I  |                         | ·····   | 120    |         |      |
| ·        | on Schedule O how this was done  |                         |         | 12c    | х       |      |
| 13       |  |                         |         | 13     | X       |      |
|          | •  |                         |         | 14     | X       |      |
| 14<br>15 | Did the organization have a written document retention and destruction policy?   |                         | ·····   | 14     | 21      |      |
| 15       | Did the process for determining compensation of the following persons include a review and approve   |                         |         |        |         |      |
| _        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                         |         | 150    | Х       |      |
|          | The organization's CEO, Executive Director, or top management official   |                         | г       | 15a    | 42      | Х    |
| D        | Other officers or key employees of the organization  |                         | ····· } | 15b    |         | -22  |
| 16-      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   | mont with a             |         |        |         |      |
| юа       | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   |                         |         | 40-    |         | v    |
| 1.       | taxable entity during the year?  |                         | ·····   | 16a    |         | X    |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is in the control of the control |                         |         |        |         |      |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   | inization's             |         | 401    |         |      |
| 800      | exempt status with respect to such arrangements?   |                         |         | 16b    |         |      |
|          | List the states with which a copy of this Form 990 is required to be filed NY  |                         |         |        |         |      |
| 17<br>10 |  | and 000 T ( 50          | 1/6\/0\ |        | \ a = " | ab!- |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a   | and 990-1 (Section 50   | T(C)(3) | s only | availa  | anie |
|          | for public inspection. Indicate how you made these available. Check all that apply.  | an Cabadal O            |         |        |         |      |
| 40       |  | n on Schedule O)        |         |        | ! . !   |      |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, or  | onflict of interest pol | cy, and | tınar  | icial   |      |
|          | 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 bo  | ooks and records        |         |        |         |      |
|          | ISABEL ASHTON - 845-534-4517   |                         |         |        |         |      |
|          | 65 RESERVOIR ROAD, CORNWALL, NY 12518  |                         |         |        |         |      |

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

| (A)                                   | (B)                   |                                |                       | ((              | C)             |                              |              | (D)                          | (E)                          | (F)                         |
|---------------------------------------|-----------------------|--------------------------------|-----------------------|-----------------|----------------|------------------------------|--------------|------------------------------|------------------------------|-----------------------------|
| Name and title                        | Average               |                                | not c                 |                 | more           | than                         |              | Reportable                   | Reportable                   | Estimated                   |
|                                       | hours per<br>week     | box<br>offic                   | , unle<br>cer an      | ss pe<br>id a d | rson<br>irecto | is bot<br>or/trus            | h an<br>tee) | compensation<br>from         | compensation<br>from related | amount of other             |
|                                       | (list any             | ctor                           |                       |                 |                |                              |              | the                          | organizations                | compensation                |
|                                       | hours for             | or dire                        | gg.                   |                 |                | ated                         |              | organization                 | (W-2/1099-MISC/              | from the                    |
|                                       | related organizations | rustee                         | Truste                |                 | 99             | npens                        |              | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)                    | organization<br>and related |
|                                       | below                 | Individual trustee or director | Institutional trustee | <u></u>         | Key employee   | est co<br>oyee               | -e           | 1000 (120)                   |                              | organizations               |
|                                       | line)                 | Indiv                          | Instit                | Officer         | Keye           | Highest compensated employee | Form         |                              |                              |                             |
| (1) WILLIAM SCHUSTER                  | 40.00                 |                                |                       |                 |                |                              |              |                              |                              | -0 4 <del>-</del> 0         |
| EXECUTIVE DIRECTOR (THROUGH 11/9/22)  | 1.00                  |                                |                       | Х               |                |                              |              | 240,338.                     | 0.                           | 59,178.                     |
| (2) ISABEL ASHTON                     | 40.00                 |                                |                       | ,,              |                |                              |              | 22 172                       | 0                            | 7 016                       |
| EXECUTIVE DIRECTOR (BEGAN 11/10/22)   | F 00                  |                                |                       | Х               |                |                              |              | 33,173.                      | 0.                           | 7,216.                      |
| (3) HUME R. STEYER                    | 5.00                  | ,,                             |                       | ,,              |                |                              |              |                              | •                            | •                           |
| CHAIR                                 |                       | Х                              |                       | Х               |                |                              |              | 0.                           | 0.                           | 0.                          |
| (4) HILARY S. CALLAHAN PRESIDENT      | 5.00                  | X                              |                       | x               |                |                              |              | 0.                           | 0.                           | 0.                          |
| (5) MATTHEW I. PALMER                 | 5.00                  | ^                              |                       | Δ               |                |                              |              | 0.                           | 0.                           | 0.                          |
| VICE PRESIDENT                        | 3.00                  | X                              |                       | X               |                |                              |              | 0.                           | 0.                           | 0.                          |
| (6) WILLIAM A. GLASER                 | 5.00                  |                                |                       |                 |                |                              |              | · ·                          | <u> </u>                     | <u></u>                     |
| TREASURER                             |                       | x                              |                       | х               |                |                              |              | 0.                           | 0.                           | 0.                          |
| (7) SAMUEL T. KEANY                   | 5.00                  |                                |                       |                 |                |                              |              |                              |                              | •                           |
| SECRETARY                             |                       | Х                              |                       | Х               |                |                              |              | 0.                           | 0.                           | 0.                          |
| (8) RICHARD A. BARTLETT               | 1.00                  |                                |                       |                 |                |                              |              |                              |                              |                             |
| DIRECTOR                              |                       | Х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (9) ARUNA CHAVALI                     | 1.00                  |                                |                       |                 |                |                              |              |                              |                              |                             |
| DIRECTOR                              |                       | Х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (10) INGRID CHUNG                     | 1.00                  |                                |                       |                 |                |                              |              |                              |                              |                             |
| DIRECTOR                              |                       | Х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (11) VALERIE COLAS-OHRSTROM           | 1.00                  | l                              |                       |                 |                |                              |              |                              |                              |                             |
| DIRECTOR                              | 1 00                  | Х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (12) MICHAEL DANENBERG                | 1.00                  | ,,                             |                       |                 |                |                              |              |                              | 0                            | 0                           |
| DIRECTOR                              | 1 00                  | Х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (13) LOTUS DO                         | 1.00                  | X                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0                           |
| DIRECTOR                              | 1.00                  | ^                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (14) KEVIN GRIFFIN                    | 1.00                  | X                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| DIRECTOR                              | 1.00                  | ^                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (15) TERRYANNE MAENZA-GMELCH DIRECTOR | 1.00                  | X                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (16) CHRISTOPHER J. RAXWORTHY         | 1.00                  |                                |                       |                 |                |                              |              | 0.                           | 0.                           | <u> </u>                    |
| DIRECTOR                              | 1.00                  | X                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
| (17) JEANNETTE REDDEN                 | 1.00                  | ᢡ                              |                       |                 |                |                              | $\vdash$     |                              |                              |                             |
| DIRECTOR                              |                       | х                              |                       |                 |                |                              |              | 0.                           | 0.                           | 0.                          |
|                                       |                       | _                              | _                     | _               | _              | _                            |              |                              |                              |                             |

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| Name and title  | Average<br>hours per<br>week   | box                            | not c                 | Positive Pos | itior<br>more<br>rson | than                         | th an  | Reportable compensation from                        | Reportable compensation from related         |          | an               | timate<br>nount<br>other                      | of               |
|---|--|--------------------------------|-----------------------|--|-----------------------|------------------------------|--------|---|--|----------|------------------|---|------------------|
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer  | Key employee          | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC<br>1099-NEC) | ;/       | fr<br>org<br>and | pensa<br>om th<br>anizat<br>d relat<br>anizat | e<br>tion<br>ted |
| (18) ANDREW REINMANN  | 1.00   | Ι,,                            |                       |  |                       |                              |        | 0   |  | $\prod$  |                  |   | ^                |
| DIRECTOR (19) VERONICA SIVERLS-DUNHAM   | 1.00   | Х                              |                       |  |                       | ╁                            |        | 0.  |  | 0.       |                  |   | 0.               |
| DIRECTOR  | 1.00   | x                              |                       |  |                       |                              |        | 0.  |  | ٥.       |                  |   | 0.               |
| (20) CHRISTIE VAN KEHRBERG  | 1.00   |                                |                       |  |                       | $\vdash$                     |        |   |  |          |                  |   |                  |
| DIRECTOR  |  | х                              |                       |  |                       |                              |        | 0.  | (  | 0.       |                  |   | 0.               |
| (21) JESSICA WARE   | 1.00   |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
| DIRECTOR  |  | Х                              |                       |  |                       |                              |        | 0.  |  | 0.       |                  |   | 0.               |
| (22) EMILIE D. WOLF   | 1.00   |                                |                       |  |                       |                              |        |   |  | ,        |                  |   | ^                |
| DIRECTOR  |  | Х                              |                       |  |                       | <u> </u>                     |        | 0.  |  | 0.       |                  |   | 0.               |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       | -                            |        |   |  | $\dashv$ |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  | $\dashv$ |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
| 1b Subtotal   |  |                                |                       |  |                       |                              |        | 273,511.  |  | 0.       | 6                | 6,3   | 94.              |
| c Total from continuation sheets to Part V  |  |                                |                       |  |                       |                              |        | 273,511.  |  | 0.       |                  | <del></del>                                   | 0.<br>94.        |
| d Total (add lines 1b and 1c)   |  |                                |                       |  |                       |                              |        |   |  | -        |                  | 0,3   | 94.              |
| 2 Total number of individuals (including but r compensation from the organization | iot iimited to tr  | iose                           | liste                 | ed at  | DOV                   | e) w                         | no r   | eceived more than \$100                             | ,000 of reportable                           |          |                  |   | 1                |
| compensation from the organization  |  |                                |                       |  |                       |                              |        |   |  |          |                  | Yes   | No               |
| 3 Did the organization list any former officer,                                   | director, trust  | ee, l                          | кеу е                 | empl   | loye                  | e, o                         | r hig  | ghest compensated emp                               | oloyee on                                    |          |                  |   |                  |
| line 1a? If "Yes," complete Schedule J for s                                      | such individual  |                                |                       |  |                       |                              |        |   |  |          | 3                |   | X                |
| 4 For any individual listed on line 1a, is the su                                 |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
| and related organizations greater than \$15                                       |  |                                |                       |  |                       |                              |        |   |  |          | 4                | X   |                  |
| 5 Did any person listed on line 1a receive or a                                   |  |                                |                       |  | -                     |                              |        |   |  |          | _                |   | Х                |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors | ipiete Scriedui  | e J i                          | Or Si                 | ucn  | pers                  | SON                          |        |   |  |          | 5                |   | _ 21             |
| Complete this table for your five highest co                                      | mpensated in   | depe                           | ende                  | ent c  | onti                  | racto                        | ors t  | that received more than                             | \$100.000 of comp                            | ens:     | ation 1          | rom   |                  |
| the organization. Report compensation for   | •  | •                              |                       |  |                       |                              |        |   |  |          |                  |   |                  |
| (A)   |  |                                |                       |  |                       |                              |        | (B)   |  |          | (C               |   |                  |
| Name and business   | address  | N                              | INC                   | 3  |                       |                              |        | Description of s                                    | ervices                                      |          | ompe             | nsatio  | n                |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
|   |  |                                |                       |  |                       |                              |        |   |  |          |                  |   |                  |
| 2 Total number of independent contractors (                                       | •  | ot li                          | mite                  | d to   |                       | _                            | stec   | d above) who received n                             | nore than                                    |          |                  |   |                  |
| \$100,000 of compensation from the organi   | zation   |                                |                       |  |                       | 0                            |        |   |  |          |                  |   |                  |

| Pa   | rt v | Ш                     |  |  | and the Halla David VIIII |                                    |           |                                 |
|--|------|-----------------------|--|--|---------------------------|------------------------------------|-----------|---------------------------------|
|  |      |                       | Check if Schedule O contains a response  | or note to any lir                           | ne in this Part VIII      | (B)                                | (C)       | (D)                             |
|  |      |                       |  |  | Total revenue             | Related or exempt function revenue | Unrelated | Revenue excluded from tax under |
| Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts | 2    | b<br>c<br>d<br>e<br>f | Fundraising events 1c  | 411,599.<br>131,830.<br>161,466.<br>619,609. | 5,324,504.                | 76,137.                            |           | sections 512 - 514              |
| am<br>eve  |      | d                     |  |  |                           |                                    |           |                                 |
| ogr<br>R   |      | е                     |  |  |                           |                                    |           |                                 |
| Ā  |      | f                     | All other program service revenue  |  |                           | -                                  |           |                                 |
|  |      | g                     | Total. Add lines 2a-2f   |  | 76,137.                   |                                    |           |                                 |
|  | 3 4  |                       | Investment income (including dividends, intereditors similar amounts)  Income from investment of tax-exempt bond p               | roceeds                                      | 396,137.                  |                                    |           | 396,137.                        |
|  | 5    |                       | Royalties (i) Real   | (ii) Personal                                |                           |                                    |           |                                 |
|  |      | b                     | Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c   | (ii) i croonar                               |                           |                                    |           |                                 |
|  |      |                       | Net rental income or (loss)  |  |                           |                                    |           |                                 |
|  |      |                       | Gross amount from sales of (i) Securities  | (ii) Other                                   |                           |                                    |           |                                 |
|  |      |                       | assets other than inventory 7a 476,380.  |  |                           |                                    |           |                                 |
| Revenue  |      |                       | Less: cost or other basis and sales expenses 7b 5 0 4 , 4 4 2 . Gain or (loss) 7c -28 , 0 6 2 .                                  |  |                           |                                    |           |                                 |
|  |      |                       | Net gain or (loss)   |  | -28,062.                  |                                    |           | -28,062.                        |
| Other  | 8    | а                     | Gross income from fundraising events (not including \$ 131,830 • of contributions reported on line 1c). See  Part IV, line 18 8a | 39,763.                                      |                           |                                    |           |                                 |
|  |      | b                     | Less: direct expenses 8b   | 39,763.                                      |                           |                                    |           |                                 |
|  |      |                       | · · · · · · · · · · · · · · · · · · ·  |  | 0.                        |                                    |           |                                 |
|  | 9    | а                     | Gross income from gaming activities. See   |  |                           |                                    |           |                                 |
|  |      |                       | Part IV, line 19   |  |                           |                                    |           |                                 |
|  |      |                       | Less: direct expenses 9b   |  |                           |                                    |           |                                 |
|  |      |                       | Net income or (loss) from gaming activities  Gross sales of inventory, less returns  |  |                           |                                    |           |                                 |
|  |      | <b>-</b>              | and allowances10a  |  |                           |                                    |           |                                 |
|  |      | b                     | Less: cost of goods sold 10b   |  |                           |                                    |           |                                 |
|  |      | С                     | Net income or (loss) from sales of inventory   |  |                           |                                    |           |                                 |
| S  |      |                       | WIGGELT AND COM  | Business Code                                | 10 100                    |                                    |           | 10 122                          |
| neor<br>ue   | 11   |                       | MISCELLANEOUS  | 900099                                       | 18,139.                   |                                    |           | 18,139.                         |
| Miscellaneous<br>Revenue   |      | b                     |  |  |                           |                                    |           |                                 |
| isce<br>Re   |      | d                     | All other revenue  |  |                           |                                    |           |                                 |
| Σ  |      |                       | Total. Add lines 11a-11d   | ı  | 18,139.                   |                                    |           |                                 |
|  | 12   |                       | Total revenue. See instructions  |  | 5,786,855.                | 76,137.                            | 0.        | 386,214.                        |

| Section 501(c)(3) and 501(c)(4) |  |  |
|---------------------------------|--|--|
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

| <b>D</b> - | Check if Schedule O contains a respons  | se or note to any line in (A) | this Part IX(B)          | (C)                             | (D)                  |
|------------|---|-------------------------------|--------------------------|---------------------------------|----------------------|
|            | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | Total expenses                | Program service expenses | Management and general expenses | Fundraising expenses |
| 1          | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                               |                          |                                 |                      |
| 2          | Grants and other assistance to domestic   |                               |                          |                                 |                      |
| _          | individuals. See Part IV, line 22   | 43,896.                       | 43,896.                  |                                 |                      |
| 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,  |                               |                          |                                 |                      |
| Ŭ          | trustees, and key employees   | 207,359.                      | 153,446.                 | 20,736.                         | 33,177               |
| 6          | Compensation not included above to disqualified   |                               |                          |                                 |                      |
| U          | persons (as defined under section 4958(f)(1)) and   |                               |                          |                                 |                      |
|            | paragna described in section 40E0(s)(2)(D)  |                               |                          |                                 |                      |
| 7          |   | 911,395.                      | 659,329.                 | 110,457.                        | 141,609              |
| 7<br>8     | Other salaries and wages  | J ± ± , J J J •               | 000,000.                 |                                 | <u> </u>             |
| 0          | section 401(k) and 403(b) employer contributions)   | 58,424.                       | 42,416.                  | 6 888                           | 9 120                |
|            | · · · · · · · · · · · · · · · · · · ·   | 175,274.                      | 126,696.                 | 6,888.                          | 9,120<br>27,205      |
| 9          | Other employee benefits   | 89,005.                       | 64,618.                  | 10,494.                         | 13,893               |
| 10<br>11   | Payroll taxes   | 05,005.                       | 0=,010•                  | 10,494.                         | 13,093               |
| 11         | Fees for services (nonemployees):   |                               |                          |                                 |                      |
| а          | Management  | 90.                           |                          | 90.                             |                      |
| b          | Legal   | 69,781.                       |                          | 69,781.                         |                      |
| С          | Accounting  | 09,701.                       |                          | 09,701.                         |                      |
| d          | , <u> </u>  |                               |                          |                                 |                      |
| е          | Professional fundraising services. See Part IV, line 17   |                               |                          |                                 |                      |
| f          | Investment management fees  |                               |                          |                                 |                      |
| g          | ` '   | 24 210                        |                          | 24 210                          |                      |
|            | column (A), amount, list line 11g expenses on Sch O.)   | 34,219.                       |                          | 34,219.                         |                      |
| 12         | Advertising and promotion   | 105 724                       | 01 706                   | 15 000                          | 10 000               |
| 13         | Office expenses   | 125,734.                      | 91,786.                  | 15,088.                         | 18,860               |
| 14         | Information technology  | 2,961.                        | 2,162.                   | 355.                            | 444                  |
| 15         | Royalties   | F0 F00                        | 26 002                   | 6 060                           | <u> </u>             |
| 16         | Occupancy   | 50,579.                       | 36,923.                  | 6,069.                          | 7,587                |
| 17         | Travel  | 4,411.                        | 4,411.                   |                                 |                      |
| 18         | Payments of travel or entertainment expenses  |                               |                          |                                 |                      |
|            | for any federal, state, or local public officials   |                               |                          |                                 |                      |
| 19         | Conferences, conventions, and meetings  | 6,777.                        | 6,777.                   |                                 |                      |
| 20         | Interest  |                               |                          |                                 |                      |
| 21         | Payments to affiliates  |                               |                          |                                 | <u></u>              |
| 22         | Depreciation, depletion, and amortization   | 100,439.                      | 73,320.                  | 12,053.                         | 15,066               |
| 23         | Insurance   | 60,831.                       | 44,406.                  | 7,300.                          | 9,125                |
| 24         | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                               |                          |                                 |                      |
| а          | REPAIRS, EQUIPMENT AND  | 124,012.                      | 90,529.                  | 14,881.                         | 18,602               |
| b          | BAD DEBT  | 53,962.                       |                          | 53,962.                         |                      |
| С          | EVENT EXPENSES  | 35,070.                       |                          |                                 | 35,070               |
| d          |   |                               |                          |                                 |                      |
| е          | All other expenses  |                               |                          |                                 |                      |
| 25         | Total functional expenses. Add lines 1 through 24e  | 2,154,219.                    | 1,440,715.               | 383,746.                        | 329,758              |
| <u> </u>   | <b>Joint costs.</b> 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)  |                               |                          |                                 |                      |

# Part X | Balance Sheet

| <u>rar</u>                  | τX  | Balance Sheet                                       |               |                       |                                 |        |                           |
|-----------------------------|-----|---|---------------|-----------------------|---------------------------------|--------|---------------------------|
|                             |     | Check if Schedule O contains a response or no       | te to ar      | y line in this Part X |                                 |        |                           |
|                             |     |   |               |                       | <b>(A)</b><br>Beginning of year |        | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                         |               |                       | 26,721.                         | 1      | 57,762                    |
|                             | 2   | Savings and temporary cash investments              |               |                       | 2,284,209.                      | 2      | 222,433                   |
|                             | 3   | Pledges and grants receivable, net                  |               |                       | 282,212.                        | 3      | 34,933                    |
|                             | 4   | Accounts receivable, net                            |               | 60,032.               | 4                               | 8,095  |                           |
|                             | 5   | Loans and other receivables from any current of     |               |                       |                                 |        |                           |
|                             |     | trustee, key employee, creator or founder, subs     |               |                       |                                 |        |                           |
|                             |     | controlled entity or family member of any of the    | se pers       | ons                   |                                 | 5      |                           |
|                             | 6   | Loans and other receivables from other disqual      | ified pe      | rsons (as defined     |                                 |        |                           |
|                             |     | under section 4958(f)(1)), and persons describe     |               | 6                     |                                 |        |                           |
| ţ                           | 7   | Notes and loans receivable, net                     |               | 7                     |                                 |        |                           |
| Assets                      | 8   | Inventories for sale or use                         |               |                       |                                 | 8      |                           |
| ⋖                           | 9   | Prepaid expenses and deferred charges               |               |                       | 8,731.                          | 9      | 4,286                     |
|                             | 10a | Land, buildings, and equipment: cost or other       |               |                       |                                 |        |                           |
|                             |     | basis. Complete Part VI of Schedule D               |               | 1,936,346.            |                                 |        |                           |
|                             | b   | Less: accumulated depreciation                      | 10b           | 593,046.              | 1,438,081.                      | 10c    | 1,343,300                 |
|                             | 11  | Investments - publicly traded securities            | 10,654,835.   | 11                    | 17,024,343                      |        |                           |
|                             | 12  | Investments - other securities. See Part IV, line   |               | 12                    | 542,643                         |        |                           |
|                             | 13  | Investments - program-related. See Part IV, line    |               |                       | 13                              |        |                           |
|                             | 14  | Intangible assets                                   |               |                       | 14                              |        |                           |
|                             | 15  | Other assets. See Part IV, line 11                  | 4.4 55.4 00.4 | 15                    | 40 005 505                      |        |                           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equ      |               | 1                     | 14,754,821.                     | 16     | 19,237,795                |
|                             | 17  | Accounts payable and accrued expenses               |               | 59,218.               | 17                              | 44,883 |                           |
|                             | 18  | Grants payable                                      | 256 400       | 18                    | 222 040                         |        |                           |
|                             | 19  | Deferred revenue                                    |               |                       | 256,490.                        | 19     | 222,848                   |
|                             | 20  | Tax-exempt bond liabilities                         |               |                       |                                 | 20     |                           |
|                             | 21  | Escrow or custodial account liability. Complete     |               |                       |                                 | 21     |                           |
| ies                         | 22  | Loans and other payables to any current or form     |               |                       |                                 |        |                           |
| Liabilities                 |     | trustee, key employee, creator or founder, subs     |               |                       |                                 |        |                           |
| Lia                         |     | controlled entity or family member of any of the    |               | F                     |                                 | 22     |                           |
|                             | 23  | Secured mortgages and notes payable to unrel        |               |                       |                                 | 23     |                           |
|                             | 24  | Unsecured notes and loans payable to unrelate       |               |                       |                                 | 24     |                           |
|                             | 25  | Other liabilities (including federal income tax, pa |               |                       |                                 |        |                           |
|                             |     | parties, and other liabilities not included on line | S 17-24       | ). Complete Part X    |                                 | 25     |                           |
|                             | 26  | of Schedule D                                       |               |                       | 315,708.                        | 26     | 267,731                   |
|                             | 20  | Organizations that follow FASB ASC 958, ch          |               |                       | 31377000                        | 20     | 2077731                   |
| Ses                         |     | and complete lines 27, 28, 32, and 33.              | JOIN 1101     | · _                   |                                 |        |                           |
| au                          | 27  | Net assets without donor restrictions               |               |                       | 9,839,907.                      | 27     | 15,772,655                |
| Bal                         | 28  | Net assets with donor restrictions                  |               |                       | 4,599,206.                      | 28     | 3,197,409                 |
| ם                           |     | Organizations that do not follow FASB ASC 9         |               |                       |                                 |        |                           |
| Ĭ.                          |     | and complete lines 29 through 33.                   |               |                       |                                 |        |                           |
| io s                        | 29  | Capital stock or trust principal, or current funds  | ;             |                       |                                 | 29     |                           |
| Net Assets or Fund Balances | 30  | Paid-in or capital surplus, or land, building, or e |               |                       |                                 | 30     |                           |
| As                          | 31  | Retained earnings, endowment, accumulated in        |               |                       |                                 | 31     |                           |
| Set                         | 32  | Total net assets or fund balances                   |               | F                     | 14,439,113.                     | 32     | 18,970,064                |
| _                           | 33  | Total liabilities and net assets/fund balances      |               |                       | 14,754,821.                     | 33     | 19,237,795                |

| 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       | 5  | ,78 | 6,8 | 55. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |    | ,15 |     |     |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |    |     |     | 36. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       | 14 | ,43 |     |     |
| 5  | Net unrealized gains (losses) on investments  | 5       |    | 89  | 8,3 | 15. |
| 6  | Donated services and use of facilities  | 6       |    |     |     |     |
| 7  | Investment expenses   | 7       |    |     |     |     |
| 8  | Prior period adjustments  | 8       |    |     |     |     |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |    |     |     | 0.  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |         |    |     |     |     |
|    | column (B))   | 10      | 18 | ,97 | 0,0 | 64. |
| Pa | rt XII Financial Statements and Reporting   |         |    |     |     |     |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |    |     |     |     |
|    |   |         |    |     | Yes | No  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |    |     |     |     |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        |         |    |     |     |     |
| 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       | d 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 separat       | e 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    | e audit | ,  |     |     |     |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         |    | 2c  | X   |     |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scl     | nedule  | Ο. |     |     |     |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       |         |    |     |     |     |
|    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         |    | 3a  |     | Х   |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |         |    |     |     |     |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         |    | 3b  |     |     |

# **SCHEDULE A**

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BLACK ROCK FOREST CONSORTIUM, INC.

Employer identification number 13-3536463

| Pa   | rt I   | Reason for Public (  | Charity Status.                       | (All organizations must c   | omplete th          | nis part.) S    | See instructions.             |                            |
|------|--|--|---------------------------------------|-----------------------------|---------------------|-----------------|-------------------------------|----------------------------|
| The  | ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) |  |                                       |                             |                     |                 |                               |                            |
| 1    |  |  |                                       |                             |                     |                 |                               |                            |
| 2    |  | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).) |                                       |                             |                     |                 |                               |                            |
| 3    | П  | A hospital or a cooperative  |                                       |                             |                     | /h//1////i      | ii\                           |                            |
| 4    | Ħ  | A medical research organiz   |                                       |                             |                     |                 |                               | the hospital's name        |
| 4    |  | _  | ation operated in co                  | njunction with a nospita    | i described         | ı III Sectio    | ii iro(b)( i)(A)(iii). Liitei | the nospital's name,       |
| _    |  | city, and state:   |                                       | llana autoniususiku suusa   |                     |                 |                               | and in                     |
| 5    |  | An organization operated for   |                                       | liege or university owner   | or opera            | ted by a g      | overnmental unit descrit      | bea in                     |
|      |  | section 170(b)(1)(A)(iv). (C   | · · · · · · · · · · · · · · · · · · · |                             |                     |                 |                               |                            |
| 6    |  | A federal, state, or local government  |                                       |                             |                     |                 |                               |                            |
| 7    | X  | An organization that norma   | Illy receives a substa                | ntial part of its support f | rom a gov           | ernmental       | unit or from the general      | public described in        |
|      | _  | section 170(b)(1)(A)(vi). (C   | omplete Part II.)                     |                             |                     |                 |                               |                            |
| 8    | Ш  | A community trust describe   | ed in <b>section 170(b)(</b>          | (1)(A)(vi). (Complete Par   | t II.)              |                 |                               |                            |
| 9    |  | An agricultural research org   | ganization described                  | in section 170(b)(1)(A)(    | ix) operate         | ed in conju     | ınction with a land-grant     | college                    |
|      |  | or university or a non-land-g  | grant college of agric                | ulture (see instructions).  | Enter the           | name, city      | y, and state of the colleg    | je or                      |
|      |  | university:  |                                       |                             |                     |                 |                               |                            |
| 10   |  | An organization that norma   | Illy receives (1) more                | than 33 1/3% of its sup     | port from o         | contributio     | ons, membership fees, a       | nd gross receipts from     |
|      |  | activities related to its exen   |                                       |                             |                     |                 |                               |                            |
|      |  | income and unrelated busin   |                                       |                             |                     |                 |                               |                            |
|      |  | See section 509(a)(2). (Cor  |                                       | (less section of reax) in   | om busine           | sses acqu       | ined by the organization      | arter durie 30, 1973.      |
| 44   |  | •  | . ,                                   | ivaly to toot for public or | faty Can            | aastian E(      | )(/a)/4)                      |                            |
| 11   | H  | An organization organized  | •                                     | •                           | -                   |                 |                               |                            |
| 12   | ш  | An organization organized a  | •                                     | •                           | -                   |                 | •                             |                            |
|      |  | more publicly supported or   | -                                     |                             |                     |                 |                               | neck the box on            |
|      |  | lines 12a through 12d that   |                                       |                             |                     | -               | · · · · · ·                   |                            |
| а    |  |  | · · · · · · · · · · · · · · · · · · · | •                           | •                   |                 |                               |                            |
|      |  | the supported organization   | on(s) the power to re                 | gularly appoint or elect a  | a majority o        | of the dire     | ctors or trustees of the s    | supporting                 |
|      | _  | organization. You must o   | complete Part IV, Se                  | ections A and B.            |                     |                 |                               |                            |
| b    |  |  | anization supervised                  | I or controlled in connec   | tion with it        | s support       | ed organization(s), by ha     | aving                      |
|      |  | control or management o  | of the supporting orga                | anization vested in the s   | ame perso           | ons that co     | ontrol or manage the sup      | ported                     |
|      |  | organization(s). You mus   | t complete Part IV,                   | Sections A and C.           |                     |                 |                               |                            |
| С    |  | Type III functionally inte   | grated. A supporting                  | g organization operated     | in connec           | tion with,      | and functionally integrate    | ed with,                   |
|      |  | its supported organization   | -                                     |                             |                     |                 | • •                           |                            |
| d    |  | Type III non-functionally  |                                       | •                           |                     |                 |                               | ization(s)                 |
|      |  | that is not functionally int   |                                       |                             |                     |                 | • • • • •                     |                            |
|      |  | requirement (see instruct  | -                                     | •                           | -                   |                 | •                             |                            |
| е    |  | Check this box if the orga   | •                                     | -                           |                     |                 |                               |                            |
| C    |  | •  |                                       |                             |                     |                 | a type i, type ii, type iii   |                            |
|      | - Cot  | functionally integrated, or  |                                       |                             |                     |                 |                               |                            |
|      |  | er the number of supported o   | -                                     |                             |                     |                 |                               |                            |
| 9    |  | vide the following information  i) Name of supported                                   | (ii) EIN                              | (iii) Type of organization  | (iv) Is the orga    | nization listed | (v) Amount of monetary        | (vi) Amount of other       |
|      | ,  | organization   | (11) 2.114                            | (described on lines 1-10    | in your governi Yes | ng document?    | support (see instructions)    | support (see instructions) |
|      |  | 9  |                                       | above (see instructions))   | res                 | No              |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
|      |  |  |                                       |                             |                     |                 |                               |                            |
| Tota |  |  |                                       |                             |                     |                 |                               |                            |

# 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.)

| Sec | etion A. Public Support   | ,,           |                 | ,           |          |                         |                      |
|-----|---|--------------|-----------------|-------------|----------|-------------------------|----------------------|
|     | ndar year (or fiscal year beginning in)   | (a) 2018     | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022                | (f) Total            |
|     | Gifts, grants, contributions, and   | (4,) = 0 + 0 | (12) 20 10      | (5) 2525    | (4) 2021 | (5) = 5 = =             | (.,                  |
| -   | membership fees received. (Do not   |              |                 |             |          |                         |                      |
|     | include any "unusual grants.")  | 1047663.     | 5764220.        | 931,338.    | 1211081. | 5324504.                | 14278806.            |
| 2   | Tax revenues levied for the organ-  |              |                 |             |          |                         |                      |
|     | ization's benefit and either paid to  |              |                 |             |          |                         |                      |
|     | or expended on its behalf   |              |                 |             |          |                         |                      |
| 3   | The value of services or facilities   |              |                 |             |          |                         |                      |
|     | furnished by a governmental unit to   |              |                 |             |          |                         |                      |
|     | the organization without charge   |              |                 |             |          |                         |                      |
| 4   | Total. Add lines 1 through 3  | 1047663.     | 5764220.        | 931,338.    | 1211081. | 5324504.                | 14278806.            |
| 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)  |              |                 |             |          |                         | 8751943.             |
|     | Public support. Subtract line 5 from line 4.  |              |                 |             |          |                         | 5526863.             |
|     | tion B. Total Support   |              |                 |             |          |                         |                      |
|     | ndar year (or fiscal year beginning in)   | (a) 2018     | <b>(b)</b> 2019 | (c) 2020    | (d) 2021 | (e) 2022                | (f) Total            |
|     | Amounts from line 4   | 1047663.     | 5764220.        | 931,338.    | 1211081. | 5324504.                | 14278806.            |
| 8   | Gross income from interest,   |              |                 |             |          |                         |                      |
|     | dividends, payments received on   |              |                 |             |          |                         |                      |
|     | securities loans, rents, royalties,   | 050 600      | 000 100         | 205 001     | 205 026  | 206 125                 | 1545060              |
|     | and income from similar sources   | 250,600.     | 200,108.        | 305,881.    | 395,236. | 396,137.                | 1547962.             |
| 9   | Net income from unrelated business  |              |                 |             |          |                         |                      |
|     | activities, whether or not the  |              |                 |             |          |                         |                      |
|     | business is regularly carried on  |              |                 |             |          |                         |                      |
| 10  | Other income. Do not include gain   |              |                 |             |          |                         |                      |
|     | or loss from the sale of capital  |              |                 |             |          | 10 120                  | 10 120               |
|     | assets (Explain in Part VI.)  |              |                 |             |          | 18,139.                 | 18,139.<br>15844907. |
|     | <b>Total support.</b> Add lines 7 through 10  |              | ,               |             |          |                         | 202,742.             |
|     | Gross receipts from related activities,   |              |                 |             |          | 12                      | 202,742.             |
| 13  | First 5 years. If the Form 990 is for the   |              |                 |             |          |                         |                      |
| 800 | organization, check this box and stop<br>etion C. Computation of Publ   |              |                 |             |          |                         | <u></u>              |
|     | Public support percentage for 2022 (  |              |                 | acluma (fl) |          | 14                      | 34.88 %              |
|     | Public support percentage from 2021   |              |                 |             |          | 15                      | 34.88 %<br>46.62 %   |
|     |   |              |                 |             |          |                         |                      |
| ioa | 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |              |                 |             |          |                         |                      |
| h   | b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box  |              |                 |             |          |                         |                      |
|     | and <b>stop here.</b> The organization qualifies as a publicly supported organization   |              |                 |             |          |                         |                      |
| 17a | 7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   |              |                 |             |          |                         |                      |
|     | and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization   |              |                 |             |          |                         |                      |
|     | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization   |              |                 |             |          |                         |                      |
| b   |   | _            | •               | *           | -        | <br>17a. and line 15 is | 10% or               |
|     | <b>b 10%</b> -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the |              |                 |             |          |                         |                      |
|     | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  |              |                 |             |          |                         |                      |
| 18  | Private foundation. If the organization   |              |                 |             |          |                         |                      |
|     |   |              | ,               |             |          |                         | (Form 000) 2022      |

Schedule A (Form 990) 2022

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.)

| qualify under the tests listed be<br>Section A. Public Support                                | pelow, please com   | plete Part II.)      |                      |                    |                     |           |
|---|---------------------|----------------------|----------------------|--------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in)   | (a) 2018            | <b>(b)</b> 2019      | (c) 2020             | (d) 2021           | (e) 2022            | (f) Total |
| Gifts, grants, contributions, and   | (a) 2010            | (0) 2019             | (6) 2020             | (u) 2021           | (6) 2022            | (i) iotai |
| membership fees received. (Do not   |                     |                      |                      |                    |                     |           |
| include any "unusual grants.")  |                     |                      |                      |                    |                     |           |
| 2 Gross receipts from admissions,   |                     |                      |                      |                    |                     |           |
| merchandise sold or services per-   |                     |                      |                      |                    |                     |           |
| formed, or facilities furnished in  |                     |                      |                      |                    |                     |           |
| any activity that is related to the<br>organization's tax-exempt purpose                      |                     |                      |                      |                    |                     |           |
| 3 Gross receipts from activities that   |                     |                      |                      |                    |                     |           |
| are not an unrelated trade or bus-  |                     |                      |                      |                    |                     |           |
| iness under section 513   |                     |                      |                      |                    |                     |           |
| 4 Tax revenues levied for the organ-  |                     |                      |                      |                    |                     |           |
| ization's benefit and either paid to  |                     |                      |                      |                    |                     |           |
| or expended on its behalf   |                     |                      |                      |                    |                     |           |
| 5 The value of services or facilities   |                     |                      |                      |                    |                     |           |
| furnished by a governmental unit to   |                     |                      |                      |                    |                     |           |
| the organization without charge   |                     |                      |                      |                    |                     |           |
| 6 Total. Add lines 1 through 5  |                     |                      |                      |                    |                     |           |
| 7a Amounts included on lines 1, 2, and  |                     |                      |                      |                    |                     |           |
| 3 received from disqualified persons  |                     |                      |                      |                    |                     |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that |                     |                      |                      |                    |                     |           |
| exceed the greater of \$5,000 or 1% of the  |                     |                      |                      |                    |                     |           |
| amount on line 13 for the year  |                     |                      |                      |                    |                     |           |
| c Add lines 7a and 7b   |                     |                      |                      |                    |                     |           |
| 8 Public support. (Subtract line 7c from line 6.)   |                     |                      |                      |                    |                     |           |
| Section B. Total Support  | 1                   | 1                    |                      |                    | 1                   |           |
| Calendar year (or fiscal year beginning in)   | (a) 2018            | <b>(b)</b> 2019      | (c) 2020             | (d) 2021           | (e) 2022            | (f) Total |
| 9 Amounts from line 6   |                     |                      |                      |                    |                     |           |
| <b>10a</b> Gross income from interest, dividends, payments received on                        |                     |                      |                      |                    |                     |           |
| securities loans, rents, rovalties,   |                     |                      |                      |                    |                     |           |
| and income from similar sources b Unrelated business taxable income                           |                     |                      |                      |                    |                     |           |
| (less section 511 taxes) from businesses  |                     |                      |                      |                    |                     |           |
| acquired after June 30, 1975  |                     |                      |                      |                    |                     |           |
| c Add lines 10a and 10b   |                     |                      |                      |                    |                     |           |
| 11 Net income from unrelated business   |                     |                      |                      |                    |                     |           |
| activities not included on line 10b,  |                     |                      |                      |                    |                     |           |
| whether or not the business is<br>regularly carried on  |                     |                      |                      |                    |                     |           |
| 12 Other income. Do not include gain  |                     | 1                    |                      | <u> </u>           |                     | <u> </u>  |
| or loss from the sale of capital  |                     |                      |                      |                    |                     |           |
| assets (Explain in Part VI.)  |                     |                      |                      |                    |                     |           |
| 14 First 5 years. If the Form 990 is for the  |                     | irst, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3) organizat | ion,      |
| check this box and <b>stop here</b>   | •                   |                      | •                    |                    |                     |           |
| Section C. Computation of Pub   | lic Support Pe      | ercentage            |                      |                    |                     |           |
| 15 Public support percentage for 2022 (   |                     |                      |                      |                    | 15                  | %         |
| 16 Public support percentage from 202   |                     |                      |                      |                    | 16                  | %         |
| Section D. Computation of Inve  |                     |                      |                      |                    |                     |           |
| 17 Investment income percentage for 26  |                     |                      |                      |                    |                     | %         |
| <b>18</b> Investment income percentage from   |                     |                      |                      |                    |                     | <u>%</u>  |
| 19a 33 1/3% support tests - 2022. If the  |                     |                      |                      |                    |                     | 17 is not |
| more than 33 1/3%, check this box a   |                     |                      |                      |                    |                     | 🗀         |
| b 33 1/3% support tests - 2021. If the  |                     |                      |                      |                    |                     |           |
| line 18 is not more than 33 1/3%, che   |                     |                      |                      |                    |                     |           |
| 20 Private foundation. If the organization  | on alla not check a | LDUX OH IINE 14, 19  | a, or 190, check t   | nis dux and see in | 1511 UCLIONS        |           |

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# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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              |     |    |
|                |     |    |
| 2              |     |    |
| _              |     |    |
| 3a             |     |    |
|                |     |    |
| 3b             |     |    |
|                |     |    |
| 3c             |     |    |
| 4a             |     |    |
| <del>4</del> a |     |    |
|                |     |    |
| 4b             |     |    |
|                |     |    |
| 4c             |     |    |
|                |     |    |
| 5a             |     |    |
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| 5b             |     |    |
| 5c             |     |    |
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| 9a             |     |    |
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| ฮม             |     |    |
| 9с             |     |    |
|                |     |    |
| 10a            |     |    |
|                |     |    |
| 10b            |     |    |

| Par    | t IV   Supporting Organizations (continued)  |              |      |    |
|--------|--|--------------|------|----|
|        | , territoria, terr |              | Yes  | No |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |              |      |    |
|        | 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          |      |    |
|        | 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          |      |    |
| Sect   | 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   |              |      |    |
|        | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers   | ,            |      |    |
|        | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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            |      |    |
| Sect   | 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            |      |    |
| Sect   | tion D. All Type III Supporting Organizations  |              |      |    |
|        |  |              | Yes  | No |
|        | 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            |      |    |
|        | 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            |      |    |
|        | 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.   | _            |      |    |
|        | tion E. Type III Functionally Integrated Supporting Organizations  | 3            |      |    |
|        | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction   | ne)          |      |    |
| '<br>a | The organization satisfied the Activities Test. Complete line 2 below.   | 113).        |      |    |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.  |              |      |    |
| c      | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se  | e instructio | ns). |    |
|        | Activities Test. Answer lines 2a and 2b below.   |              | Yes  | No |
|        | 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   |              |      |    |
|        | 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  |              |      |    |
|        | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.  | 3a           |      |    |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |              |      |    |

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

| Schedule A | (Form 990 | 2022       | BLACK       | ROCK    | FOREST      | CONSORTIUM,        | IN    |
|------------|-----------|------------|-------------|---------|-------------|--------------------|-------|
| Part V     | Type III  | Non-Functi | onally Inte | egrated | 509(a)(3) S | Supporting Organiz | atior |

| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust o   | n Nov. 20, 1970 (explain in I | Part VI). See instructions.    |
|------|---|--------------|-------------------------------|--------------------------------|
|      | All other Type III non-functionally integrated supporting organizations must    | st comple    | te Sections A through E.      |                                |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year                | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain   | 1            |                               |                                |
| 2    | Recoveries of prior-year distributions  | 2            |                               |                                |
| 3    | Other gross income (see instructions)   | 3            |                               |                                |
| 4    | Add lines 1 through 3.  | 4            |                               |                                |
| 5    | Depreciation and depletion  | 5            |                               |                                |
| 6    | Portion of operating expenses paid or incurred for production or                |              |                               |                                |
|      | collection of gross income or for management, conservation, or                  |              |                               |                                |
|      | maintenance of property held for production of income (see instructions)        | 6            |                               |                                |
| 7    | Other expenses (see instructions)   | 7            |                               |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8            |                               |                                |
| Sect | ion B - Minimum Asset Amount  |              | (A) Prior Year                | (B) Current Year<br>(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):               |              |                               |                                |
| а    | Average monthly value of securities   | 1a           |                               |                                |
| b    | Average monthly cash balances   | 1b           |                               |                                |
| c    | Fair market value of other non-exempt-use assets                                | 1c           |                               |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d           |                               |                                |
| е    | Discount claimed for blockage or other factors                                  |              |                               |                                |
|      | (explain in detail in <b>Part VI</b> ):   |              |                               |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                    | 2            |                               |                                |
| 3    | Subtract line 2 from line 1d.   | 3            |                               |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,     |              |                               |                                |
|      | see instructions).  | 4            |                               |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5            |                               |                                |
| 6    | Multiply line 5 by 0.035.   | 6            |                               |                                |
| _ 7  | Recoveries of prior-year distributions  | 7            |                               |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                     | 8            |                               |                                |
| Sect | ion C - Distributable Amount  |              |                               | Current Year                   |
| _1   | Adjusted net income for prior year (from Section A, line 8, column A)           | 1            |                               |                                |
| 2    | Enter 0.85 of line 1.   | 2            |                               |                                |
| _3   | Minimum asset amount for prior year (from Section B, line 8, column A)          | 3            |                               |                                |
| 4    | Enter greater of line 2 or line 3.  | 4            |                               |                                |
| _5   | Income tax imposed in prior year  | 5            |                               |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |              |                               |                                |
|      | emergency temporary reduction (see instructions).                               | 6            |                               |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | ally integra | ated Type III supporting org  | anization (see                 |
|      | instructions).  |              |                               |                                |

Schedule A (Form 990) 2022

4 Amounts paid to acquire exempt-use assets

4

5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8

(provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6

9 10 10 Line 8 amount divided by line 9 amount

| Sect | ion E - Distribution Allocations (see instructions)           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|------|---|-----------------------------|--|---|
| 1    | Distributable amount for 2022 from Section C, line 6          |                             |  |   |
| 2    | Underdistributions, if any, for years prior to 2022 (reason-  |                             |  |   |
|      | able cause required - explain in Part VI). See instructions.  |                             |  |   |
| 3    | Excess distributions carryover, if any, to 2022               |                             |  |   |
| а    | From 2017   |                             |  |   |
| b    | From 2018   |                             |  |   |
| С    | From 2019   |                             |  |   |
| d    | From 2020   |                             |  |   |
| е    | From 2021   |                             |  |   |
| f    | Total of lines 3a through 3e                                  |                             |  |   |
| g    | Applied to underdistributions of prior years                  |                             |  |   |
| h    | Applied to 2022 distributable amount                          |                             |  |   |
| i_   | Carryover from 2017 not applied (see instructions)            |                             |  |   |
| j_   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.        |                             |  |   |
| 4    | Distributions for 2022 from Section D,                        |                             |  |   |
|      | line 7: \$  |                             |  |   |
| a    | Applied to underdistributions of prior years                  |                             |  |   |
| b    | Applied to 2022 distributable amount                          |                             |  |   |
| С    | Remainder. Subtract lines 4a and 4b from line 4.              |                             |  |   |
| 5    | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h      |                             |  |   |
|      | and 4b from line 1. For result greater than zero, explain in  |                             |  |   |
|      | Part VI. See instructions.                                    |                             |  |   |
| 7    | Excess distributions carryover to 2023. Add lines 3j          |                             |  |   |
|      | and 4c.   |                             |  |   |
| 8    | Breakdown of line 7:  |                             |  |   |
| а    | Excess from 2018  |                             |  |   |
| b    | Excess from 2019  |                             |  |   |
| С    | Excess from 2020  |                             |  |   |
| d    | Excess from 2021  |                             |  |   |
| е    | Excess from 2022  |                             |  |   |

Schedule A (Form 990) 2022

# **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 Inspection

Name of the organization

BLACK ROCK FOREST CONSORTIUM, INC.

**Employer identification number** 13-3536463

| Par | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the       |   |                                      |  |  |  |
|-----|--|---|--------------------------------------|--|--|--|
|     | organization answered "Yes" on Form 990, Part IV, lir  | (a) Donor advised funds                       | (b) Funds and other accounts         |  |  |  |
| 1   | Total number at end of year  | (4) 2 51161 4411654 141165                    | (2) - 2.1.20 2.1.2 2.1.0.            |  |  |  |
| 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   | L   | sed 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 of  |   |                                      |  |  |  |
|     |  |   |                                      |  |  |  |
| Par |  |   |                                      |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organizat   | ion (check all that apply).                   |                                      |  |  |  |
|     | Preservation of land for public use (for example, recrea   | ation or education) Preservation of           | f a historically important land area |  |  |  |
|     | Protection of natural habitat  | Preservation of                               | a certified historic structure       |  |  |  |
|     | Preservation of open space   |   |                                      |  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a quali  | fied conservation contribution in the form    |                                      |  |  |  |
|     | day of the tax year.   |   | Held at the End of the Tax Year      |  |  |  |
| а   | Total number of conservation easements   |   | 2a                                   |  |  |  |
| b   | Total acreage restricted by conservation easements   |   | 2b                                   |  |  |  |
| С   | Number of conservation easements on a certified historic str   | ructure included in (a)                       | 2c                                   |  |  |  |
| d   | Number of conservation easements included in (c) acquired  |   |                                      |  |  |  |
|     | historic structure listed in the National Register   |   |                                      |  |  |  |
| 3   | Number of conservation easements modified, transferred, re   | leased, extinguished, or terminated by the    | e organization during the tax        |  |  |  |
|     | year   |   |                                      |  |  |  |
| 4   | Number of states where property subject to conservation ea   |   |                                      |  |  |  |
| 5   | Does the organization have a written policy regarding the pe   |   |                                      |  |  |  |
| _   | violations, and enforcement of the conservation easements in   |   |                                      |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,   | handling of violations, and enforcing con-    | servation easements during the year  |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing concerve   | ation agreements during the year     |  |  |  |
| ′   | Amount of expenses incurred in monitoring, inspecting, hand  | diling of violations, and emorcing conserva   | ation easements during the year      |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above  | ve satisfy the requirements of section 170    | 0(b)(4)(B)(i)                        |  |  |  |
| Ū   | and section 170(h)(4)(B)(ii)?  | •   |                                      |  |  |  |
| 9   | In Part XIII, describe how the organization reports conservat  |   |                                      |  |  |  |
| •   | balance sheet, and include, if applicable, the text of the foot  |   |                                      |  |  |  |
|     | organization's accounting for conservation easements.  |   |                                      |  |  |  |
| Par | t III Organizations Maintaining Collections o  | f Art, Historical Treasures, or O             | Other Similar Assets.                |  |  |  |
|     | Complete if the organization answered "Yes" on Form  | n 990, Part IV, line 8.                       |                                      |  |  |  |
| 1a  | If the organization elected, as permitted under FASB ASC 95  | 58, not to report in its revenue statement a  | and balance sheet works              |  |  |  |
|     | of art, historical treasures, or other similar assets held for pul   | blic exhibition, education, or research in fu | urtherance of public                 |  |  |  |
|     | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. |   |                                      |  |  |  |
| b   | If the organization elected, as permitted under FASB ASC 95  | 58, to report in its revenue statement and    | balance sheet works of               |  |  |  |
|     | art, historical treasures, or other similar assets held for public   | e exhibition, education, or research in furth | herance of public service,           |  |  |  |
|     | provide the following amounts relating to these items:   |   |                                      |  |  |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |   | \$ <u></u>                           |  |  |  |
|     |  |   | •                                    |  |  |  |
| 2   | If the organization received or held works of art, historical tre  | asures, or other similar assets for financia  | al gain, provide                     |  |  |  |
|     | the following amounts required to be reported under FASB A   | ASC 958 relating to these items:              |                                      |  |  |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |   | \$                                   |  |  |  |
|     | Assets included in Form 990, Part X  |   | \$                                   |  |  |  |
| LHA | For Paperwork Reduction Act Notice, see the Instruction  | s for Form 990.                               | Schedule D (Form 990) 2022           |  |  |  |

232051 09-01-22

|        |  |                       | CONSORTIU              | •                   | 011        |               | 353646  |               | age <b>2</b> |
|--------|--|-----------------------|------------------------|---------------------|------------|---------------|---|---------------|--------------|
| Par    | t III   Organizations Maintaining C  |                       |                        | -                   |            |               |   | nued)         |              |
| 3      | Using the organization's acquisition, accession  | n, and other record   | ls, check any of the   | following that m    | nake sign  | ificant use o | f its   |               |              |
|        | collection items (check all that apply):   |                       |                        |                     |            |               |   |               |              |
| а      | Public exhibition  | d                     |                        | hange program       |            |               |   |               |              |
| b      | Scholarly research   | е                     | Other                  |                     |            |               |   |               |              |
| С      | Preservation for future generations  |                       |                        |                     |            |               |   |               |              |
| 4      | Provide a description of the organization's co   | •                     | •                      | •                   | •          |               | Part XIII.                                    |               |              |
| 5      | During the year, did the organization solicit or   |                       |                        |                     |            |               |   | _             | 1            |
| _      | to be sold to raise funds rather than to be ma   |                       |                        |                     |            |               | Yes   |               | No           |
| Par    | t IV Escrow and Custodial Arrang   |                       | ete if the organizatio | n answered "Ye      | es" on Fo  | rm 990, Part  | IV, line 9, or                                | ,             |              |
|        | reported an amount on Form 990, Par  | ·                     |                        |                     |            |               |   |               |              |
| 1a     | Is the organization an agent, trustee, custodia  |                       | •                      |                     |            |               |   |               | 1            |
|        | on Form 990, Part X?   |                       |                        |                     |            |               | Yes   |               | No           |
| b      | If "Yes," explain the arrangement in Part XIII a   | and complete the fo   | llowing table:         |                     | 1          |               | Λ   |               |              |
|        |  |                       |                        |                     |            |               | Amoun   |               |              |
|        | Beginning balance  |                       |                        |                     |            | 1c            |   |               |              |
|        | Additions during the year  |                       |                        |                     |            | 1d            |   |               |              |
| _      | Distributions during the year  |                       |                        |                     |            | 1e            |   |               |              |
| f      | Ending balance   |                       |                        |                     |            | 1f            |   | $\overline{}$ | T            |
|        | Did the organization include an amount on Fo   |                       |                        |                     | -          |               | Yes   | H             | │ No<br>│    |
| Par    | If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete if                    |                       |                        |                     |            |               |   |               |              |
| ı uı   | Endownient i dilas: Complete ii  | (a) Current year      | (b) Prior year         | (c) Two years b     |            | Three years h | ack (a) Four                                  | vears         | hack         |
| 4.     | Deginning of year belones  | 12,212,038.           | 10,455,740.            | 11,302,2            |            | 7,199,8       |   | ,432,         |              |
|        | Beginning of year balance  | 3,929,077.            | 289,665.               |                     |            | 4,865,6       |   | 156,          |              |
|        | Contributions  Net investment earnings, gains, and losses  | 1,176,534.            | 2,909,591.             | 120,0               | 003.       | 4,005,0       |   | 130,          | 070.         |
|        | Grants or scholarships   | 1,170,334.            | 2,303,331.             |                     |            |               |   |               |              |
|        | Other expenditures for facilities  |                       |                        |                     |            |               |   |               |              |
| e      | . '  | 859,507.              | 558,691.               | 972,6               | 620        | 763,1         | 78  | 389,          | 052          |
|        | and programs   | 035,307.              | 884,267.               | 3,2,0               | 020.       | 703,1         | 70.   | 305,          | 032.         |
|        | Administrative expenses  End of year balance   | 16,458,142.           | 12,212,038.            | 10,455,7            | 740        | 11,302,2      | 77 7  | ,199,         | 843          |
| g<br>2 | End of year balance  |                       | , ,                    |                     | , <u> </u> | 11,002,2      | <u>, , , , , , , , , , , , , , , , , , , </u> | , 1,,,        | <del></del>  |
|        | Board designated or quasi-endowment  | 85.8777               | % Column (8            | iji rielu as.       |            |               |   |               |              |
|        | Permanent endowment 13.2930  | %                     |                        |                     |            |               |   |               |              |
|        | Term endowment 8286 9  |                       |                        |                     |            |               |   |               |              |
| ·      | The percentages on lines 2a, 2b, and 2c shou   |                       |                        |                     |            |               |   |               |              |
| За     | Are there endowment funds not in the posses  | •                     | ation that are held a  | nd administered     | d for the  |               |   |               |              |
| - Cu   | organization by:   | oolon or the organiza | ation that are mora a  | ria darriiriiotorot | a 101 ti10 |               | Ī   | Yes           | No           |
|        | (i) Unrelated organizations  |                       |                        |                     |            |               | 3a(i)   | $\overline{}$ | X            |
|        | (ii) Related organizations   |                       |                        |                     |            |               | 3a(ii)  | $\dashv$      | X            |
| b      | If "Yes" on line 3a(ii), are the related organization  | ions listed as requi  | red on Schedule R?     |                     |            |               |   | $\neg$        |              |
| 4      | Describe in Part XIII the intended uses of the   |                       |                        |                     |            |               |   |               |              |
| Par    | t VI Land, Buildings, and Equipm   |                       |                        |                     |            |               |   |               |              |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. |                       |                        |                     |            |               |   |               |              |
|        | Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value                 |                       |                        |                     |            |               |   |               |              |
|        |  | basis (investr        |                        |                     | depred     |               | • •   |               |              |
| 1a     | Land   |                       |                        |                     |            |               |   |               |              |
|        | Buildings  |                       |                        |                     |            |               |   |               |              |
|        | Leasehold improvements   |                       |                        | 2,268.              |            | 4,992.        |   | 7,2           |              |
|        | Equipment  |                       | 80                     | 4,078.              | 37         | 8,054.        | 42  | 6,02          | 24.          |
|        | Other  |                       |                        |                     |            |               |   |               |              |

Schedule D (Form 990) 2022

1,343,300.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

| Compiler   The organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  |  | FOREST CONSOR              | TIUM, INC. 13                            | -3536463 Page 3        |
|--|--|----------------------------|--|------------------------|
| (a) Book value   (c) Method of valuation: Cost or end-of-year market value   (f) Financial derivatives   (g) Closely held equity interests   (g) Closely held equity interes | Part VII Investments - Other Securities. | on Form 000 Port IV line   | 11b Coo Form 000 Port V line 10          |                        |
| (1) Financial derivatives (2) Closely held equity interests (3) Other (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9   |  |                            |  | d-of-year market value |
| (2) Closely held equity interests (3) Other (4) (5) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9   |  | (b) Book value             | (c) Method of Valdation. Cost of end     | a or year market value |
| (8) Clb  |  |                            |  |                        |
| (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C   |  |                            |  |                        |
| (C) (C) (D) (C) (D) (D) (E) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   | •  |                            |  |                        |
| (c) (D) (E) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F   |  |                            |  |                        |
| (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |  |                            |  |                        |
| (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part XI Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9  |  |                            |  |                        |
| (G) (H) (Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9  | (E)                                      |                            |  |                        |
| (H) Total, Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total, Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part XI Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part XI Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (9)  (1)  (9)  (1)  (9)  (1)  (9)  (9   | (F)                                      |                            |  |                        |
| Total. (Col. (b) must equal form 990, Part X, col. (8) line 12.)   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)  | (G)                                      |                            |  |                        |
| Part VIII   Investments - Program Related.   | (H)                                      |                            |  |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value  |  |                            |  |                        |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (7) (7) (8) (9) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9  |  |                            |  |                        |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6)  |  |                            |  |                        |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6)   | (a) Description of investment            | (b) Book value             | (c) Method of valuation: Cost or end     | d-of-year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (b) Book value  (c) (a) Description (c) Interest of the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (c) (d) Federal income taxes (e) (e) (f) Federal income taxes (f) Federal Income taxes (g) (g) (g) (g) (g) (h) Book value   |  |                            |  |                        |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6)   |  |                            |  |                        |
| (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   |  |                            |  |                        |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10  |  |                            |  |                        |
| (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5) (6)   |  |                            |  |                        |
| (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)  |  |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   |  |                            |  |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   |  |                            |  |                        |
| Part IX  |  |                            |  |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  |  |                            |  |                        |
| (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)   |  | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.      |                        |
| (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)   | (a)                                      | Description                |  | (b) Book value         |
| (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)  | (1)                                      |                            |  |                        |
| (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)   | (2)                                      |                            |  |                        |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)  | (3)                                      |                            |  |                        |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   | (4)                                      |                            |  |                        |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   | (5)                                      |                            |  |                        |
| (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)  | (6)                                      |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   | (7)                                      |                            |  |                        |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6)   |  |                            |  |                        |
| Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  |  | 4=1                        |  |                        |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)   |  | e 15.)                     |  |                        |
| 1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)  |  | on Form 000 Port IV line   | 11a av 11f Caa Farm 000 Dart V lina 05   |                        |
| (1) Federal income taxes (2) (3) (4) (5) (6)   | (1)                                      | on Form 990, Part IV, line | The or Th. See Form 990, Part X, line 25 |                        |
| (2) (3) (4) (5) (6)  |  |                            |  | (b) book value         |
| (3)<br>(4)<br>(5)<br>(6)   |  |                            |  |                        |
| (4)<br>(5)<br>(6)  |  |                            |  |                        |
| (5)<br>(6)   |  |                            |  |                        |
| (6)  |  |                            |  |                        |
|  |  |                            |  |                        |
|  |  |                            |  |                        |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

(8)

| Part XI | Recon | ciliation | of Revenue | per Audited | <b>Financial</b> | Statements | With | Revenue pe | er Return |
|---------|-------|-----------|------------|-------------|------------------|------------|------|------------|-----------|

| Га  | T XI Reconciliation of Revenue per Audited Financial S   | iatements with       | nevenue per n  | eturi   | ••               |
|---|--|----------------------|----------------|---------|------------------|
|   | 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       | 6,685,170.       |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                      |                |         |                  |
| а   | Net unrealized gains (losses) on investments   | 2a                   | 898,315.       |         |                  |
| b   | Donated services and use of facilities   | 2b                   |                |         |                  |
| С   | Recoveries of prior year grants  | 2c                   |                |         |                  |
| d   | Other (Describe in Part XIII.)   |                      |                |         |                  |
| е   | Add lines 2a through 2d  |                      |                | 2e      | 898,315.         |
| 3   | Subtract line 2e from line 1   |                      |                | 3       | 5,786,855.       |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                      |                |         |                  |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                   |                |         |                  |
| b   | Other (Describe in Part XIII.)   | 4b                   |                |         |                  |
| С   | Add lines 4a and 4b  |                      |                | 4c      | 0.               |
| 5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   |                      |                | 5       | 5,786,855.       |
| Pa  | rt XII Reconciliation of Expenses per Audited Financial  | Statements Wit       | h Expenses per | Retu    | ırn.             |
|   |  |                      |                |         |                  |
| -   | Complete if the organization answered "Yes" on Form 990, Part IV   |                      |                |         |                  |
| 1   | Complete if the organization answered "Yes" on Form 990, Part IV  Total expenses and losses per audited financial statements   |                      |                | 1       | 2,154,219.       |
| 2   | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                      |                | 1       | 2,154,219.       |
|   | Total expenses and losses per audited financial statements   |                      |                | 1       | 2,154,219.       |
| 2   | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 2a                   |                | 1       | 2,154,219.       |
| 2<br>a                                    | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  | 2a 2b                |                | 1       | 2,154,219.       |
| 2<br>a<br>b                               | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  | 2a 2b 2c             |                | 1       | 2,154,219.       |
| 2<br>a<br>b                               | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d |                | 1<br>2e | 0.               |
| 2<br>a<br>b<br>c<br>d                     | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d   | 2a<br>2b<br>2c<br>2d |                |         |                  |
| 2<br>a<br>b<br>c<br>d                     | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  | 2a<br>2b<br>2c<br>2d |                | 2e      | 0.               |
| 2<br>a<br>b<br>c<br>d<br>e                | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1   | 2a   2b   2c   2d    |                | 2e      | 0.               |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4      | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 2a   2b   2c   2d    |                | 2e      | 0.<br>2,154,219. |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a | Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 4a 4b    |                | 2e      | 0.               |

### Part XIII Supplemental Information.

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

# PART V,

#### WILLIAM T. GOLDEN FUND

IN THE 2016 FISCAL YEAR, THE CONSORTIUM ESTABLISHED THE WILLIAM T. GOLDEN FUND TO ENSURE A BALANCED ANNUAL OPERATIONS BUDGET AND TO BUILD FISCAL SECURITY. AS OF SEPTEMBER 30, 2023, THE BALANCE IN THIS FUND WAS \$7,453,746. FOR THE 2023 FISCAL YEAR, THE BOARD APPROPRIATED \$533,460 FOR USE IN OPERATIONS.

# EDUCATOR FUND

IN THE 2017 FISCAL YEAR, THE CONSORTIUM ESTABLISHED THE EDUCATOR FUND, TO BE USED TO HIRE A SCIENCE EDUCATOR TO CO-DEVELOP AND BROADEN CURRICULUM,

CREATING A REGIONAL CENTER DEDICATED TO INCREASING SCIENCE PROFICIENCY AND

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Schedule D (Form 990) 2022

Part XIII | Supplemental Information (continued)

EDUCATIONAL INNOVATION. AS OF SEPTEMBER 30, 2023, THE BALANCE IN THIS FUND WAS \$2,016,553. FOR THE 2023 FISCAL YEAR, THE BOARD APPROPRIATED \$59,108 TO FUND THESE RELATED EXPENSES.

#### DAVID N. REDDEN CONSERVATION SCIENCE FUND

IN THE 2018 FISCAL YEAR, THE CONSORTIUM ESTABLISHED THE DAVID N. REDDEN CONSERVATION SCIENCE FUND, WHICH IS DIRECTED PRIMARILY TOWARD CONSERVATION RESEARCH AND TRAINING IN BLACK ROCK FOREST AND THE SURROUNDING HUDSON HIGHLANDS AND LOWER HUDSON VALLEY REGIONS. AS OF SEPTEMBER 30, 2023, THE BALANCE IN THIS FUND WAS \$222,433. FOR THE 2023 FISCAL YEAR, THE BOARD APPROPRIATED \$42,128 TO FUND THESE RELATED EXPENSES.

### POSTDOCTORAL FELLOWSHIP AND HIGHER EDUCATION FUND

THE POSTDOCTORAL FELLOWSHIP AND HIGHER EDUCATION FUND WAS ESTABLISHED IN 2013 WITH A GOAL OF ENSURING ROBUST FUTURE FOREST AND SUSTAINABILITY SCIENCE RESEARCH BY HIRING FOR SUCCESSIVE TWO YEAR TERMS A SERIES OF POSTDOCTORAL FELLOWS IN FOREST ECOLOGY. A NUMBER OF INDIVIDUALS AND FOUNDATIONS CONTRIBUTED TO THE SUCCESSFUL, MULTI-YEAR CAMPAIGN TO REACH A FUNDING LEVEL CAPABLE OF SUSTAINING SUCH A PROGRAM, WHICH BEGAN IN 2020. AS OF SEPTEMBER 30, 2023, THE BALANCE IN THIS FUND WAS \$4,441,150. FOR THE 2023 FISCAL YEAR, THE BOARD APPROPRIATED \$111,811 TO FUND THESE RELATED EXPENSES.

# GENERAL ENDOWMENT

THE CONSORTIUM ESTABLISHED THE GENERAL ENDOWMENT FUND TO ENSURE A BALANCED ANNUAL OPERATIONS BUDGET AND TO BUILD FISCAL SECURITY. AS OF SEPTEMBER 30, 2023, THE BALANCE IN THIS FUND WAS \$2,132,567. FOR THE 2023 FISCAL YEAR, THE BOARD APPROPRIATED \$110,000 FOR USE IN OPERATIONS.

Schedule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

| Name of the organization  | OOK HODERE CONCORE   | TTTN  |   | NG   |         |   | ntification number                                      |  |  |
|---|--|---|---|--|---------|---|---|--|--|
| BLACK ROCK FOREST CONSORTIUM, INC. 13-3536463  Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not   |  |   |   |  |         |   |   |  |  |
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.  |  |   |   |  |         |   |   |  |  |
| <ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul> | sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitate and solicitate are solicitated and solicitated are solicitated and solicitated are solicitated. Solicitated and solicitated are solicitated are solicitated are solicitated and solicitated are solicitated are solicitated are solicitated and solicitated are solicitated ar | tion of<br>tion of<br>fundra<br>(includerofess  | non-g<br>gover<br>lising o<br>ding o<br>ional f | overnment grants nment grants events fficers, directors, true undraising services? | stees   | Yes   |   |  |  |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity  | (iii)<br>fundr<br>have co<br>or con<br>contribu | Did<br>aiser<br>ustody<br>trol of<br>utions?    | (iv) Gross receipts from activity  | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |  |  |
|   |  | Yes   | No  |  |         |   |   |  |  |
|   |  |   |   |  |         |   |   |  |  |
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| otal  |  |   |   |  |         |   |   |  |  |
| 3 List all states in which the organization or licensing.   | ın is registered or licensed to solicit o  | contrib   | utions  | s or has been notified   | d it is | exempt from re  | egistration   |  |  |
|   |  |   |   |  |         |   |   |  |  |
|   |  |   |   |  |         |   |   |  |  |
|   |  |   |   |  |         |   |   |  |  |
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232081 10-27-22

Schedule G (Form 990) 2022

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

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

|                 |      | of fundraising event contributions and gr  | oss income on Form 990     | FEZ, lines I and 6b. List  | events with gross receip | ots greater than \$5,000.  |
|-----------------|------|--|----------------------------|----------------------------|--------------------------|----------------------------|
|                 |      |  | (a) Event #1               | <b>(b)</b> Event #2        | (c) Other events NONE    | (d) Total events           |
|                 |      |  | BENEFIT                    |                            |                          | (add col. (a) through      |
| e               |      |  | (event type)               | (event type)               | (total number)           | col. <b>(c)</b> )          |
| Revenue         | 1    | Gross receipts   | 171,593.                   |                            |                          | 171,593.                   |
|                 | 2    | Less: Contributions  | 131,830.                   |                            |                          | 131,830.                   |
|                 | 3    | Gross income (line 1 minus line 2)   | 39,763.                    |                            |                          | 39,763.                    |
|                 | 4    | Cash prizes  |                            |                            |                          |                            |
| "               | 5    | Noncash prizes   |                            |                            |                          |                            |
| Direct Expenses | 6    | Rent/facility costs  |                            |                            |                          |                            |
| Direct E        | 7    | Food and beverages   |                            |                            |                          |                            |
|                 | 8    | Entertainment  |                            |                            |                          |                            |
|                 | 9    | Other direct expenses  | 39,763.                    |                            |                          | 39,763.                    |
|                 |      | Direct expense summary. Add lines 4 through                                      | . ,                        |                            |                          | 39,763.                    |
| Da              |      | Net income summary. Subtract line 10 from li                                     |                            |                            |                          | 0.                         |
| Pa              | rt I | <b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form     | 1990, Part IV, line 19, or | reported more than       |                            |
|                 |      | \$13,000 0111 01111 990-LZ, liftle 0a.   |                            | (b) Pull tabs/instant      |                          | (d) Total gaming (add      |
| Revenue         |      |  | (a) Bingo                  | bingo/progressive bingo    | (c) Other gaming         | col. (a) through col. (c)) |
| eve             |      |  |                            |                            |                          |                            |
| Œ               | 1    | Gross revenue  |                            |                            |                          |                            |
|                 |      |  |                            |                            |                          |                            |
| Se              | 2    | Cash prizes  |                            |                            |                          |                            |
| Direct Expenses | 3    | Noncash prizes   |                            |                            |                          |                            |
| Direct I        | 4    | Rent/facility costs  |                            |                            |                          |                            |
|                 | 5    | Other direct expenses  |                            |                            |                          |                            |
|                 | 6    | Volunteer labor  | Yes % No                   | Yes %                      | Yes %  No                |                            |
|                 | 7    | Direct expense summary. Add lines 2 through                                      |                            |                            |                          |                            |
|                 | 8    | Net gaming income summary. Subtract line 7                                       | from line 1. column (d)    |                            |                          |                            |
|                 |      | gg   | (2)                        |                            |                          |                            |
| 9               | Ent  | er the state(s) in which the organization condu                                  | ucts gaming activities:    |                            |                          |                            |
| а               | ls t | he organization licensed to conduct gaming a                                     | ctivities in each of these | states?                    |                          | Yes No                     |
| b               | If " | No," explain:  |                            |                            |                          |                            |
|                 |      |  |                            |                            |                          |                            |
| 10a             | We   | ere any of the organization's gaming licenses re                                 | evoked, suspended, or to   | erminated during the tax   | year?                    | Yes No                     |
| b               | If " | Yes," explain:   |                            |                            |                          |                            |
|                 |      |  |                            |                            |                          |                            |
|                 |      |  |                            |                            |                          |                            |

Schedule G (Form 990) 2022

232082 10-27-22

| Sch | edule G (Form 990) 2022 BLACK ROCK FOREST CONSORTIUM, INC. 13-3  | 3536463          | 3 Page <b>3</b> |
|-----|--|------------------|-----------------|
| 11  | Does the organization conduct gaming activities with nonmembers?   | Yes              | ☐ No            |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed        |                  |                 |
|     | to administer charitable gaming?   | Yes              | ☐ No            |
| 12  | Indicate the percentage of gaming activity conducted in:   |                  |                 |
|     |  | ا ءمدا           | 0/              |
|     | The organization's facility  | 13a              | <u>%</u>        |
|     | An outside facility  | 13b              | <u>%</u>        |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:            |                  |                 |
|     | Name   |                  |                 |
|     |  |                  |                 |
|     | Address  |                  |                 |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?                 | Yes              | ☐ No            |
| b   | o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount                                |                  |                 |
|     | of gaming revenue retained by the third party \$   |                  |                 |
|     | : If "Yes," enter name and address of the third party:   |                  |                 |
| •   | on 165, onto hame and address of the third party.  |                  |                 |
|     | Name   |                  |                 |
|     | Address  |                  |                 |
|     | Address  |                  |                 |
| 16  | Gaming manager information:  |                  |                 |
|     | Name   |                  |                 |
|     | Gaming manager compensation \$   |                  |                 |
|     |  |                  |                 |
|     | Description of services provided   |                  |                 |
|     |  |                  |                 |
|     |  |                  |                 |
|     |  |                  |                 |
|     | ☐ Director/officer ☐ Employee ☐ Independent contractor   |                  |                 |
|     |  |                  |                 |
| 17  | Mandatory distributions:   |                  |                 |
| а   | Is the organization required under state law to make charitable distributions from the gaming proceeds to                    |                  |                 |
|     | retain the state gaming license?   | Yes              | ☐ No            |
| h   | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | •                |                 |
| ~   |  |                  |                 |
| Da  |  |                  | 0h 10h          |
| Га  |  | ırt III, Ilnes 9 | , 90, 100,      |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                             |                  |                 |
|     |  |                  |                 |
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| Schedule G | G (Form 990)                           | BLACK ROCK          | FOREST | CONSORTIUM, | INC.                                  | 13-3536463 Page 4 |
|------------|--|---------------------|--------|-------------|---------------------------------------|-------------------|
| Part IV    | (Form 990)<br><b>Supplemental Info</b> | rmation (continued) |        |             |                                       |                   |
|            |  |                     |        |             |                                       |                   |
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization BLACK RO   | Employer identification number 13-3536463            |                                    |                          |                                  |  |                                       |                                    |
|---|--|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants  |  |                                    |                          |                                  |  |                                       |                                    |
| Does the organization maintain record criteria used to award the grants or as     Describe in Part IV the organization's part II Grants and Other Assistance to | sistance?<br>procedures for moni<br>o Domestic Organ | itoring the use of gran            | t funds in the Unite     | ed States. Complete if the org   |  |                                       | X Yes No                           |
| recipient that received more tha  1 (a) Name and address of organization or government  |  | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|   |  |                                    |                          |                                  |  |                                       |                                    |
|   |  |                                    |                          |                                  |  |                                       |                                    |
|   |  |                                    |                          |                                  |  |                                       |                                    |
|   |  |                                    |                          |                                  |  |                                       |                                    |
|   |  |                                    |                          |                                  |  |                                       |                                    |
|   |  |                                    |                          |                                  |  |                                       |                                    |
| 2 Enter total number of section 501(c)(3)   | and government o                                     | rganizations listed in t           | he line 1 table          | •                                |  | •                                     | •                                  |

3 Enter total number of other organizations listed in the line 1 table

| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the        | organization answe       | ered "Yes" on Form 9                  | 990, Part IV, line 22.                                |                                       |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|  |                          |                          |                                       |   |                                       |
| DAVID N. REDDEN CONVSERVATION SCIENCE FUND   | 11                       | 43,896.                  | 0.                                    |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
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|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Provide the information req  | uired in Part I, lin     | e 2; Part III, column    | ı (b); and any other a                | dditional information.                                |                                       |
| PART I, LINE 2:  |                          |                          |                                       |   |                                       |
| BLACK ROCK FOREST POSTS A REQUEST  | FOR RESE                 | ARCH PROPO               | SALS AT TH                            | E END OF  |                                       |
| EVERY YEAR WITH AN APPLICATION DEA   | DLINE IN                 | JANUARY.                 | A GRANT RE                            | VIEW  |                                       |
| COMMITTEE OF BLACK ROCK FOREST RES   | EARCH ST                 | AFF, BOARD               | MEMBERS,                              | AND EXTERNAL  |                                       |
| RESEARCHERS MEETS TO DETERMINE APP   | LICANT E                 | LIGIBILITY               | AND ASSES                             | SES THE   |                                       |
| QUALITY OF THE PROPOSED RESEARCH P   | ROJECT O                 | N 8 CRITER               | IA: SCIENT                            | IFIC MERIT,   |                                       |
| CLARITY, FEASIBILITY, CONSERVATION   | RELEVAN                  | CE, ABILIT               | Y OF APPLI                            | CANTS,  |                                       |
| JUSTIFIED BUDGET, ADHERENCE TO GUI   | DELINES,                 | AND VALUE                | TO BLACK                              | ROCK FOREST.  |                                       |
| BLACK BOCK FOREST MONITORS THE USE   | ' OF FIIND               | S ENSURE C               | ONCLERENCE                            | אדיי ייוד   |                                       |

Schedule I (Form 990)

# 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

Department of the Treasury

BLACK ROCK FOREST CONSORTIUM, INC.

 $Employer\ identification\ number \\ 13-3536463$ 

| Pa     | art I Questions Regarding Compensation  |    |     |          |
|--------|---|----|-----|----------|
|        | ·   |    | Yes | No       |
| 1a     | 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   |    |     |          |
|        | 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 |     | <u> </u> |
| 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  |    |     |          |
|        | Form 990 of other organizations  X Approval by the board or compensation committee  |    |     |          |
|        | Desire the control of the control of the desire of the control of |    |     |          |
| 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:  Receive a severance payment or change-of-control payment?  | 4a |     | Х        |
| a<br>h | Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  | 4b |     | X        |
|        | Participate in or receive payment from an equity-based compensation arrangement?  | 4c |     | X        |
| Ü      | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |    |     |          |
|        | The to any of lines at o, list the persons and provide the applicable amounts for each term in a cin.   |    |     |          |
|        | 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:  |    |     |          |
| а      | The organization?   | 5a |     | Х        |
|        | Any related organization?   | 5b |     | Х        |
|        | 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:  |    |     |          |
| а      | The organization?   | 6a |     | Х        |
| b      | Any related organization?   | 6b |     | Х        |
|        | 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  |    |     | l        |
|        | 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   |    |     |          |
|        | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   | 8  |     | X        |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |    |     |          |
|        | Regulations section 53.4958-6(c)?   | 9  | l   | ı        |

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

Schedule J (Form 990) 2022

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

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

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

|                                      |             | (B) Breakdown of W       | J-2 and/or 1099-MISo<br>compensation      | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------------------------|-------------|--------------------------|---|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title                   |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) WILLIAM SCHUSTER                 | (i)         | 162,929.                 | 77,409.                                   | 0.                                  | 19,227.                           | 39,951.                 | 299,516.                           | 0.  |
| EXECUTIVE DIRECTOR (THROUGH 11/9/22) | (ii)        | 0.                       | 0.  | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)<br>(ii) |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (י)<br>(ii) |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (ii)        |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (i)         |                          |   |                                     |                                   |                         |                                    |   |
|                                      | (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. |
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# **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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| BLACK ROCK FOREST CONSORTIUM, INC.                         | 13-3536463       |
|--|------------------|
| FORM 990, PART VI, SECTION B, LINE 11B:                    |                  |
| THE FORM 990 IS REVIEWED BY THE GOVERNING BODY PRIOR TO FI | LING WITH THE    |
| INTERNAL REVENUE SERVICE.                                  |                  |
|  |                  |
| FORM 990, PART VI, SECTION B, LINE 12C:                    |                  |
| WE REQUIRE EACH YEAR SUBMISSION OF A COMPLETED CONFLICT OF | 'INTEREST FORM   |
| FOR EACH BOARD AND STAFF MEMBER.                           |                  |
|  |                  |
| FORM 990, PART VI, SECTION B, LINE 15A:                    |                  |
| REVIEWED THE EMPLOYEE'S ACCOMPLISHMENTS THE PAST YEAR AND  | SALARY HISTORY   |
| FOR COMPARABLE POSITIONS. DOCUMENTATION AND THE DELIBERATI | ON AND DECISION  |
| IN FILE.   |                  |
|  |                  |
| FORM 990, PART VI, SECTION C, LINE 19:                     |                  |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI | AL STATEMENTS    |
| AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. IN ADDITION, | THE ORGANIZATION |
| NOW MAKES ITS FINANCIAL STATEMENTS, TAX RETURNS, AND ANNUA | L REPORTS        |
| AVAILABLE TO THE PUBLIC EVERY YEAR ON ITS WEBSITE.         |                  |
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### **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 13-3536463 BLACK ROCK FOREST CONSORTIUM, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | <b>(f)</b><br>Direct controllir<br>entity |
|--|----------------------|---|---------------------|---------------------------|---|
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organizations during the tax year.

| (a)  Name, address, and EIN  of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section | (f) Direct controlling entity | contr | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |  |
|--|--------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|--|--|
|  |                                |   |                               | 501(c)(3))                            |                               | Yes   | No   |  |
| BLACK ROCK FOREST PRESERVE, INC - 13-3536460         |                                |   |                               |                                       |                               |       |  |  |
| 65 RESERVOIR ROAD                                    |                                |   |                               |                                       |                               |       |  |  |
| CORNWAL, NY 12518                                    | LANDOWNER                      | NEW YORK                                      | 501(C)(3)                     | 509(A)(3)                             | BRF CONSORTIUM                |       | X  |  |
|  |                                |   |                               |                                       |                               |       |  |  |
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|  | 1                              |   |                               |                                       |                               |       |  |  |

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| organization a season as a parameter of the configuration of the configu |                  |                   |                    |  |                |                       |         |           |  |        |             |         |  |  |  |  |
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| (a)  | (b)              | (c)               | (d)                | (e)  | (f)            | (g)                   | (1      | h)        | (i)  | (j     | (           | (k)     |  |  |  |  |
| Name, address, and EIN of related organization   | Primary activity | Legal<br>domicile | Direct controlling | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total | Share of              | Disprop | ortionate | Code V-UBI   | Gener  | al or Perce | centage |  |  |  |  |
| or related organization  |                  | (state or foreign | entity             | excluded from tax under  | income         | end-of-year<br>assets |         | ntions?   | amount in box<br>20 of Schedule<br>K-1 (Form 1065) | partr  | er?         | iersnip |  |  |  |  |
|  |                  | country)          |                    | sections 512-514)  |                |                       | Yes     | No        | K-1 (Form 1065)                                    | Yes    | No          |         |  |  |  |  |
|  |                  |                   |                    |  |                |                       |         |           |  |        |             |         |  |  |  |  |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(t<br>contr<br>ent | tion<br>b)(13)<br>rolled<br>ity? |
|--|--------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|--|--------------------------------|------------------------------|----------------------------------|
|  |                                | country)                             |                               | or tracty                                     |                                 | 400010                                   |                                | Yes                          | No                               |
|  |                                |                                      |                               |   |                                 |  |                                |                              |                                  |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.                |                        |  |       | Yes | No |
|-----|--|------------------------|--|-------|-----|----|
| 1   | During the tax year, did the organization engage in any of the following transactions with one or mo | <u> </u>               |  |       |     |    |
| а   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity      |                        |  | 1a    |     | X  |
| b   | Gift, grant, or capital contribution to related organization(s)                                      |                        |  | 1b    |     | X  |
|     | Gift, grant, or capital contribution from related organization(s)                                    |                        |  | 1c    |     | X  |
|     | Loans or loan guarantees to or for related organization(s)   |                        |  | 1d    |     | X  |
|     | Loans or loan guarantees by related organization(s)  |                        |  | 1e    |     | X  |
|     |  |                        |  |       |     |    |
| f   | Dividends from related organization(s)   |                        |  | 1f    |     | X  |
| g   | Sale of assets to related organization(s)  |                        |  | 1g    |     | Х  |
|     | Purchase of assets from related organization(s)  |                        |  | 1h    |     | Х  |
| i   | Exchange of assets with related organization(s)  |                        |  | 1i    |     | Х  |
| j   | Lease of facilities, equipment, or other assets to related organization(s)                           |                        |  | 1j    |     | X  |
|     |  |                        |  |       |     |    |
| k   | Lease of facilities, equipment, or other assets from related organization(s)                         |                        |  | 1k    |     | X  |
| ı   | Performance of services or membership or fundraising solicitations for related organization(s)       |                        |  | 11    |     | X  |
| m   | Performance of services or membership or fundraising solicitations by related organization(s)        |                        |  | 1m    |     | X  |
| n   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)        |                        |  | 1n    | Х   |    |
|     | Sharing of paid employees with related organization(s)   |                        |  | 10    | Х   |    |
|     |  |                        |  |       |     |    |
| р   | Reimbursement paid to related organization(s) for expenses   |                        |  | 1p    |     | Х  |
| q   | Reimbursement paid by related organization(s) for expenses   |                        |  | 1q    |     | Х  |
| -   |  |                        |  |       |     |    |
| r   | Other transfer of cash or property to related organization(s)  |                        |  | 1r    |     | Х  |
|     | Other transfer of cash or property from related organization(s)                                      |                        |  | 1s    |     | Х  |
| 2   | If the answer to any of the above is "Yes," see the instructions for information on who must compl   |                        |  |       |     |    |
|     | (a) (b)  Name of related organization Transaction type (a-s)   | (c)<br>Amount involved | (d)<br>Method of determining amount invo | olved |     |    |
| (1) |  |                        |  |       |     |    |
| (2) |  |                        |  |       |     |    |
| (3) |  |                        |  |       |     |    |
| (4) |  |                        |  |       |     |    |
| (5) |  |                        |  |       |     |    |
| (6) |  |                        |  |       |     |    |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)                    | (b)              | (c)                        | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)         | (f)          | (g)                   | (ř      | 1)          | (i)  | (j)             | (k)          |
|------------------------|------------------|----------------------------|---|-------------|--------------|-----------------------|---------|-------------|--|-----------------|--------------|
| Name, address, and EIN | Primary activity | Legal domicile             | Predominant income (related unrelated   | partners se | Share of     | Share of              | Dispr   | por-<br>ate | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | Genera<br>manag | Percentage   |
| of entity              |                  | (state or foreign country) | excluded from tax under   | orgs.?      | total income | end-of-year<br>assets | allocat | ions?       | of Schedule K-1  | partne          | r? ownersnip |
|                        |                  | Country)                   | Sections 5 (2-5 (4)   | Yes No      | ) IIICOITIE  | assets                | Yes     | No          | (F01111 1065)  | Yes N           | 10           |
|                        |                  |                            |   |             |              |                       |         |             |  |                 |              |
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