

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ANDERSON RANCH ARTS CENTER		D Employer identification number 23-7267983
	Doing business as		E Telephone number (970) 923-3181
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 5598		G Gross receipts \$ 12,134,902.
	City or town, state or province, country, and ZIP or foreign postal code SNOWMASS VILLAGE, CO 81615		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: PETER WAANDERS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: ▶ WWW.ANDERSONRANCH.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1973	M State of legal domicile: CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE INSTRUCTION IN THE FINE ARTS FOR 1,200 CHILDREN AND ADULTS ANNUALLY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	76
	6 Total number of volunteers (estimate if necessary)	6	29
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,656,520.	5,401,050.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	917,392.	954,321.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,669.	959,423.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,322.	129,347.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,637,565.	7,444,141.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	473,909.	378,990.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,665,467.	3,227,132.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 682,433.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,852,518.	2,122,562.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,991,894.	5,728,684.
19 Revenue less expenses. Subtract line 18 from line 12	-354,329.	1,715,457.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,895,499.	19,349,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	468,207.	548,869.
		16,427,292.	18,800,131.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	PETER WAANDERS, PRESIDENT AND CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	FRANK H. SMITH	FRANK H. SMITH	10/28/22		P00639053
Firm's name ▶ MARCUM LLP			Firm's EIN ▶ 11-1986323		
Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ANDERSON RANCH ARTS CENTER (THE RANCH) IS A LEARNING COMMUNITY DEDICATED TO CREATIVITY AND GROWTH THROUGH THE MAKING AND UNDERSTANDING OF THE VISUAL ARTS LOCATED ON FIVE SCENIC ACRES IN SNOWMASS VILLAGE, NEAR ASPEN, COLORADO. WE PROMOTE PERSONAL AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 (Code:) (Expenses \$ 2,071,714. including grants of \$ 378,990.) (Revenue \$ 933,063.) WORKSHOPS ARE THE CORE OF ANDERSON RANCH'S PROGRAMMING AND FULFILL OUR MISSION BY PROVIDING AN INVIGORATING IMMERSION IN CREATIVITY. THE ENERGY GENERATED IN OUR STUDIOS FROM THE DIVERSE MIX OF STUDENTS OF ALL AGES AND ABILITIES PAIRED WITH RENOWNED FACULTY RESULTS IN LIFE-CHANGING EXPERIENCES. IN 2021, ANDERSON RANCH RETURNED TO FULLY IN PERSON WORKSHOPS AFTER THE MAJORITY WERE VIRTUAL FOR 2020. WE OFFERED 144 WORKSHOPS IN CERAMICS, PAINTING, PRINTMAKING, SCULPTURE, PHOTO, DIGITAL MEDIA AND WOODWORKING FOR ADULTS, YOUNG ARTISTS AND CHILDREN. IN TOTAL, THE RANCH SERVED 1,217 WORKSHOP STUDENTS

ANDERSON RANCH IS DEDICATED TO OFFERING OPPORTUNITIES TO PROMISING ARTISTS AND INCREASING ACCESS TO OUR PROGRAMS FOR A DIVERSE GROUP OF

4b (Code:) (Expenses \$ 1,001,961. including grants of \$) (Revenue \$ 348,023.) ANDERSON RANCH'S CAMPUS AMENITIES INCLUDE A DORMITORY, CAFE, LIBRARY, AN ART SUPPLIES STORE, AND AN EXHIBITION SPACE. WE PROVIDE THESE SERVICES TO OUR PROGRAM PARTICIPANTS SUCH AS FOOD, HOUSING, ACCESS TO SUPPLIES AND EXHIBITIONS TO SUPPORT THE COMMUNITY AND IMMERSIVE EXPERIENCE OF CAMPUS.

IN 2021, OUR 2ND ANNUAL OUTDOOR SCULPTURE EXHIBITION: (STILL) SCULPTURALLY DISTANCED INCLUDED 19 SCULPTURES BY LOCAL, NATIONAL AND INTERNATIONALLY-ACCLAIMED ARTISTS INSTALLED THROUGHOUT THE RANCH CAMPUS.

ANDERSON RANCH EDITIONS PUBLICATION PROGRAM HAS INVITED EMERGING AND

4c (Code:) (Expenses \$ 196,989. including grants of \$) (Revenue \$ 65,158.) ANDERSON RANCH'S ARTISTS-IN-RESIDENCE PROGRAM FOSTERS CREATIVE, INTELLECTUAL AND PROFESSIONAL GROWTH FOR EMERGING AND ESTABLISHED VISUAL ARTISTS. RESIDENTS HAVE ACCESS TO WORLD-CLASS FACILITIES AND STUDIO TIME, FREE FROM EVERYDAY PRESSURES, AND PURSUE INTERDISCIPLINARY PROJECTS AMONG A COMMUNITY OF WORKING ARTISTS. IN 2021, 42 ARTISTS WERE SELECTED OVER THREE RESIDENCIES; THIS HAS BEEN THE MOST RESIDENTS ON CAMPUS IN ANY GIVEN YEAR.

DURING THE FIVE OR TEN WEEK RESIDENCY PERIOD, WE INVITE INTERNATIONALLY-RECOGNIZED ARTISTS AND CRITICS TO GIVE CRITICAL STUDIO FEEDBACK TO OUR PROGRAM PARTICIPANTS ALLOWING RESIDENTS A CHANCE TO RECEIVE CONSTRUCTIVE INPUT ON THE DIRECTION OF THEIR WORK. DURING THEIR

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,270,664.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part 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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 28; 1b Enter the number of voting members included on line 1a... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CO
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
PETER WAANDERS - (970) 923-3181
5263 OWL CREEK ROAD, SNOWMASS VILLAGE, CO 81615

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER WAANDERS PRESIDENT AND CEO	40.00			X				266,176.	0.	40,871.
(2) ANDREA WALLACE VICE PRESIDENT, ARTISTIC AFFAIRS	40.00			X				138,500.	0.	50,547.
(3) ASHLEY TODEY VP, OPERATIONS AND BUSINESS UNITS	40.00			X				140,000.	0.	14,223.
(4) KATHERINE ROBERTS DIRECTOR OF MARKETING AND COMM.	40.00					X		102,740.	0.	13,006.
(5) MIRIAM FLORES FINANCE MANAGER	40.00			X				90,000.	0.	12,395.
(6) SUE HOSTETTLER CHAIR	0.50	X		X				0.	0.	0.
(7) REGGIE SMITH VICE CHAIR	1.00	X		X				0.	0.	0.
(8) ANN KOROLOGOS SECRETARY	1.00	X		X				0.	0.	0.
(9) IAN ALTEVEER TRUSTEE	0.50	X						0.	0.	0.
(10) LUCY WOOD BAIRD TRUSTEE	0.50	X						0.	0.	0.
(11) MARIANNE BOESKY TRUSTEE	0.50	X						0.	0.	0.
(12) CHARLES BURSON TRUSTEE	0.50	X						0.	0.	0.
(13) MOTI FERDER TRUSTEE	0.50	X						0.	0.	0.
(14) JAMI GERTZ TRUSTEE	0.50	X						0.	0.	0.
(15) MICHELLE GRIFFITH TRUSTEE	0.50	X						0.	0.	0.
(16) PHILAE KNIGHT TRUSTEE	0.50	X						0.	0.	0.
(17) JONATHAN LEE TRUSTEE	0.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN LORD TRUSTEE	0.50	X						0.	0.	0.
(19) MIKE LYON TRUSTEE	0.50	X						0.	0.	0.
(20) LIZA MAUCK TRUSTEE	0.50	X						0.	0.	0.
(21) ANTHONY MAVUNGA TRUSTEE	0.50	X						0.	0.	0.
(22) BECKY MURRAY TRUSTEE	0.50	X						0.	0.	0.
(23) GABRIELA PALMIERI TRUSTEE	0.50	X						0.	0.	0.
(24) KEVIN RAMNARAIN TRUSTEE	0.50	X						0.	0.	0.
(25) ANNE REYES TRUSTEE	0.50	X						0.	0.	0.
(26) JOHN ROWLAND TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								737,416.	0.	131,042.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								737,416.	0.	131,042.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	731,290.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,068,416.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,601,344.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 903,977.				
	h Total. Add lines 1a-1f		5,401,050.				
Program Service Revenue	2 a TUITION	Business Code					
		900099	933,063.	933,063.			
	b PROGRAM FEES	900099	21,258.	21,258.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		954,321.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		176,129.			176,129.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	43,900.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	43,900.				
	d Net rental income or (loss)		43,900.	43,900.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4693187.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3909893.				
c Gain or (loss)	7c	783,294.					
d Net gain or (loss)		783,294.			783,294.		
8 a Gross income from fundraising events (not including \$ 731,290. of contributions reported on line 1c). See Part IV, line 18	8a		15,150.				
b Less: direct expenses	8b	416,762.					
c Net income or (loss) from fundraising events		-401,612.			-401,612.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		838,033.				
b Less: cost of goods sold	10b	364,106.					
c Net income or (loss) from sales of inventory		473,927.	348,023.		125,904.		
Miscellaneous Revenue	11 a REIMBURSEMENTS	Business Code					
		900099	13,132.			13,132.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		13,132.					
12 Total revenue. See instructions		7,444,141.	1,346,244.	0.	696,847.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	378,990.	378,990.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	752,711.	244,657.	262,665.	245,389.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,055,421.	1,286,165.	706,784.	62,472.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,988.		24,988.	
9 Other employee benefits	204,060.	133,305.	73,627.	-2,872.
10 Payroll taxes	189,952.	104,078.	66,799.	19,075.
11 Fees for services (nonemployees):				
a Management				
b Legal	46,196.	4,404.	33,480.	8,312.
c Accounting	35,341.	3,369.	25,613.	6,359.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	94,714.		94,714.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	446,974.	314,672.	105,989.	26,313.
12 Advertising and promotion	55,682.	43,460.	1,156.	11,066.
13 Office expenses	815.	477.	156.	182.
14 Information technology	106,213.	64,314.	32,337.	9,562.
15 Royalties				
16 Occupancy	331,078.	50,966.	216,184.	63,928.
17 Travel	163,630.	69,828.	16,224.	77,578.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	310.	81.	211.	18.
20 Interest	7,971.	2,093.	5,414.	464.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	312,249.	266,586.	45,663.	
23 Insurance	115,288.	69,809.	35,100.	10,379.
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.)				
a FOOD & BEVERAGES	216,580.	109,695.	1,794.	105,091.
b ART WORK AND COMMISSION	62,857.	59,138.		3,719.
c MEALS & ENTERTAINMENT	50,036.	20,741.	7,123.	22,172.
d ART SUPPLIES	46,943.	29,309.	6,760.	10,874.
e All other expenses	29,685.	14,527.	12,806.	2,352.
25 Total functional expenses. Add lines 1 through 24e	5,728,684.	3,270,664.	1,775,587.	682,433.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	395,595.	1	180,691.
	2 Savings and temporary cash investments	1,135,788.	2	908,901.
	3 Pledges and grants receivable, net	565,533.	3	646,359.
	4 Accounts receivable, net	28,687.	4	550,167.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	780.	7	2,204.
	8 Inventories for sale or use	225,235.	8	227,695.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,745,557.		
	b Less: accumulated depreciation	10b 7,857,561.	10c	4,887,996.
	11 Investments - publicly traded securities	10,455,350.	11	11,944,987.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,895,499.	16	19,349,000.	
Liabilities	17 Accounts payable and accrued expenses	127,718.	17	194,217.
	18 Grants payable		18	
	19 Deferred revenue	190,589.	19	204,752.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	149,900.	23	149,900.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	468,207.	26	548,869.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,894,336.	27	6,823,752.
	28 Net assets with donor restrictions	10,532,956.	28	11,976,379.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,427,292.	32	18,800,131.
	33 Total liabilities and net assets/fund balances	16,895,499.	33	19,349,000.

Part 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	7,444,141.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,728,684.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,715,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,427,292.
5	Net unrealized gains (losses) on investments	5	657,382.
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	18,800,131.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3402582.	3537113.	4398903.	3656520.	5401050.	20396168.
2 Tax revenues levied for the organization'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	3402582.	3537113.	4398903.	3656520.	5401050.	20396168.
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)						392,999.
6 Public support. Subtract line 5 from line 4.						20003169.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3402582.	3537113.	4398903.	3656520.	5401050.	20396168.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	557,606.	408,355.	448,289.	279,720.	457,812.	2151782.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,287.	2,955.		17.	13,132.	35,391.
11 Total support. Add lines 7 through 10						22583341.
12 Gross receipts from related activities, etc. (see instructions)					12	8,682,081.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	88.57 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. 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 stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. 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	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

ANDERSON RANCH ARTS CENTER

Employer identification number

23-7267983

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,068,416.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>249,202.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	976 SHARES OF CRM _____ _____ _____	\$ <u>249,202.</u>	<u>12/30/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

COPY

Name of organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2021

Open to Public Inspection

Name of the organization ANDERSON RANCH ARTS CENTER Employer identification number 23-7267983

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

132051 10-28-21

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,119,168.	8,631,210.	7,422,481.	7,808,079.	7,151,870.
b Contributions	53,441.	108,402.	55,056.	265,424.	180,530.
c Net investment earnings, gains, and losses	1,384,009.	688,281.	1,498,673.	-489,064.	800,371.
d Grants or scholarships					
e Other expenditures for facilities and programs	359,725.	308,725.	345,000.	161,958.	324,692.
f Administrative expenses					
g End of year balance	10,196,893.	9,119,168.	8,631,210.	7,422,481.	7,808,079.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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 basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		248,045.		248,045.
b Buildings		9,215,940.	5,530,510.	3,685,430.
c Leasehold improvements				
d Equipment		3,281,572.	2,327,051.	954,521.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,887,996.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) through (H), and a Total row.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and a Total row.

2. 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 ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,797,492.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	657,382.	
b	Donated services and use of facilities	2b	9,815.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	667,197.	
3	Subtract line 2e from line 1	3	8,130,295.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,714.	
b	Other (Describe in Part XIII.)	4b	-780,868.	
c	Add lines 4a and 4b	4c	-686,154.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,444,141.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,424,653.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	9,815.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	780,868.	
e	Add lines 2a through 2d	2e	790,683.	
3	Subtract line 2e from line 1	3	5,633,970.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,714.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	94,714.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,728,684.	

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 III, LINE 1A:

THE RANCH ACQUIRES ITS COLLECTIONS, WHICH INCLUDE VARIOUS WORKS OF ART, PRIMARILY BY DONATION OR LOAN, AND OCCASIONALLY BY PURCHASES. COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE CONTINUOUSLY PERFORMED. THE COLLECTIONS ARE NOT RECOGNIZED AS ASSETS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS. PROCEEDS

Part XIII Supplemental Information (continued)

FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART III, LINE 4:

THE ART DONATIONS THE RANCH RECEIVES ARE SOLICITED BY THE DEVELOPMENT AND EVENTS TEAM AT THE RANCH'S FUNDRAISING EVENTS. THE ART DONATIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH FOR THE ART STUDENTS WHO ATTEND CLASSES AT THE RANCH.

PART V, LINE 4:

THE PRIMARY USE OF ENDOWMENT FUNDS SCHOLARSHIP ARE TO SUPPORT ARTIST ENDEAVORS THROUGH RESIDENCY PROGRAMS AND SCHOLARSHIP PROGRAMS.

PART X, LINE 2:

THE RANCH PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2021 AND DETERMINED THAT THERE ARE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRIOR PERIOD ADJUSTMENT

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE	-416,762.
COST OF GOODS SOLD	-364,106.
FINANCIAL AID	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-780,868.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 364,106.

SPECIAL EVENTS EXPENSE 416,762.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 780,868.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

ANDERSON RANCH ARTS CENTER

Employer identification number

23-7267983

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IN THE RANCH'S GENERAL REGISTRATION INFORMATION, IT IS PUBLISHED THAT ANDERSON RANCH ACCEPTS ALL PERSONS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION OR RELIGION.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
AN OPTIONAL SURVEY IS SENT TO STUDENTS WHICH INCLUDES A QUESTION ON RACE, IT IS NOT OBLIGATORY TO RESPOND. IT IS FOR OUR TRACKING PURPOSES ONLY.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990) 2021

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE RANCH RECEIVED A GRANT FROM THE CITY OF ASPEN IN THE AMOUNT OF \$14,080, THE TOWN OF SNOWMASS VILLAGE IN THE AMOUNT OF \$5,000, THE NATIONAL ENDOWMENT FOR THE ARTS IN THE AMOUNT \$10,000 AND THE SBA FOR \$1,068,416 DURING THE YEAR ENDED DECEMBER 31, 2021.

Multiple horizontal lines for supplemental information.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		RECOGNITION DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	746,440.		746,440.
	2	Less: Contributions	731,290.		731,290.
	3	Gross income (line 1 minus line 2)	15,150.		15,150.
Direct Expenses	4	Cash prizes	10,000.		10,000.
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	87,812.		87,812.
	8	Entertainment	26,695.		26,695.
	9	Other direct expenses	292,255.		292,255.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-401,612.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROGRAM SCHOLARSHIPS	264	378,990.	0.	FMV	SCHOLARSHIP

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GRANTS AWARDED BY THE RANCH ARE PRIMARILY FOR REDUCTIONS IN THE FULL PRICE OF THE ART CLASSES AND OTHER SERVICES. AS SUCH, THE RANCH DOES NOT HAVE A NEED TO SELF-MONITOR THE SPENDING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **ANDERSON RANCH ARTS CENTER**
 Employer identification number: **23-7267983**

Part I Questions Regarding Compensation

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
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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

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?

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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER WAANDERS PRESIDENT AND CEO	(i)	238,228.	22,838.	5,110.	6,953.	33,918.	307,047.	307,047.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREA WALLACE VICE PRESIDENT, ARTISTIC AFFAIRS	(i)	138,500.	0.	0.	4,155.	46,392.	189,047.	189,047.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHLEY TODEY VP, OPERATIONS AND BUSINESS UNITS	(i)	140,000.	0.	0.	4,200.	10,023.	154,223.	154,223.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(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.

PART I, LINE 1A:

THE RANCH PROVIDED HOUSING TO ANDREA WALLACE AT A VALUE OF \$36,000 FOR THE YEAR ENDED DECEMBER 31, 2021. THE RANCH PROVIDED SOCIAL CLUB DUES TO PETER WAANDERS AT A VALUE OF \$9,000 AND HOUSING AT A VALUE OF \$12,000 FOR THE YEAR ENDED DECEMBER 31, 2021.

PART I, LINE 7:

BONUSES RECEIVED BY EMPLOYEES WERE PAID BASED ON PERFORMANCE OF DUTIES AS WELL AS OTHER DISCRETIONARY CRITERIA. DURING THE YEAR ENDED DECEMBER 31, 2021, PETER WAANDERS RECEIVED A BONUS OF \$22,838.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **ANDERSON RANCH ARTS CENTER** Employer identification number **23-7267983**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	2,425.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,718.	ESTIMATED FMV
5 Clothing and household goods	X		303,632.	ESTIMATED FMV
6 Cars and other vehicles	X		1,000.	
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	249,202.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	345,000.	FMV
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THAT WERE RECEIVED FOR THE YEAR ENDED DECEMBER 31, 2021.

SCHEDULE M, LINE 33:

THE RANCH ACQUIRES ITS COLLECTIONS, WHICH INCLUDE VARIOUS WORKS OF ART, PRIMARILY BY DONATION OR LOAN, AND OCCASIONALLY BY PURCHASES. COLLECTIONS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH. EACH OF THE ITEMS IS CATALOGUED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE CONTINUOUSLY PERFORMED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS, THUS SCHEDULE M LINE 1 DOES NOT INCLUDE CONTRIBUTED COLLECTION ARTWORK. A FURTHER EXPLANATION OF THE FINANCIAL TREATMENT OF THE RANCH'S COLLECTIONS IS SHOWN IN SCHEDULE D.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public
Inspection

Name of the organization

ANDERSON RANCH ARTS CENTER

Employer identification number

23-7267983

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROFESSIONAL DEVELOPMENT OF ARTISTS OF ALL LEVELS OF EXPERTISE THROUGH
YEAR-ROUND WORKSHOPS IN CERAMICS, SCULPTURE, PHOTOGRAPHY, NEW MEDIA,
PAINTING AND DRAWING, PRINTMAKING, WOODWORKING, FURNITURE DESIGN AND
MORE. OUR ARTISTS' RESIDENCIES FOR EMERGING AND ESTABLISHED ARTISTS,
SUMMER INTERNSHIPS, VISITING ARTISTS AND CRITICS, COMMUNITY OUTREACH,
AND PUBLIC EVENTS OFFER A FULL SPECTRUM OF OPPORTUNITIES TO CREATIVE
PEOPLE OF ALL LEVELS. THE FACILITIES FEATURE FULLY-EQUIPPED ART STUDIOS
AND GALLERIES. THE RANCH'S PROGRAMS AND ACTIVITIES, INCLUDING ART
AUCTIONS AND ARTIST SLIDE LECTURES ATTRACT THOUSANDS OF ARTISTS,
ART-LOVERS, STUDENTS, FACULTY AND PATRONS ANNUALLY TO THIS HISTORIC
ROCKY MOUNTAIN RANCH DEDICATED TO THE FINE ARTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PARTICIPANTS. IN 2021, MORE THAN 20% OF OUR WORKSHOP STUDENTS
PARTICIPATED ON SCHOLARSHIP. SPECIFIC SCHOLARSHIPS ARE FUNDED BY RANCH
SUPPORTERS, BOTH INDIVIDUALS AND FOUNDATIONS, EITHER THROUGH ENDOWED
FUNDS OR SPECIAL GIFTS. SCHOLARSHIP APPLICATIONS ARE OPEN TO ALL.
ANDERSON RANCH ALSO PARTNERS WITH 130 COLLEGES AND UNIVERSITIES TO
AWARD SCHOLARSHIPS TO UPPER LEVEL ASPIRING ARTISTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ESTABLISHED ARTISTS ALIKE TO WORK ON PROJECTS ACROSS A VARIETY OF
PROCESSES. IN THE PATTON PRINT SHOP, ARTISTS HAVE THE OPPORTUNITY TO
EXPERIMENT WITH THEIR IDEAS IN NEW WAYS. PRINTMAKING HAS ALWAYS
INCORPORATED CUTTING-EDGE TECHNOLOGY WITH TRADITIONAL SKILLS, AND THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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RANCH ENCOURAGES ARTISTS TO COMBINE TRADITIONAL PRINT PROCESSES WITH THE NEWEST DIGITAL TECHNOLOGY. THIS SUPPORTED EXPERIMENTATION HELPS ARTISTS TO GROW AND CONNECT, AND EXPANDS HORIZONS FOR THE ANDERSON RANCH COMMUNITY. THE RESULTING PRINTS ARE MADE AVAILABLE FOR PURCHASE AND THE PROCEEDS PROVIDE ONGOING SUPPORT FOR ALL RANCH PROGRAMMING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TIME AT THE RANCH, VISITING CRITICS TYPICALLY GIVE A PUBLIC LECTURE AND SPEND ONE TO THREE DAYS CRITIQUING RESIDENT WORK.

ANDERSON RANCH IS COMMITTED TO CHANGING LIVES THROUGH ART AND SERVING OUR AUDIENCE BOTH AT THE RANCH AND IN THE GREATER ROARING FORK VALLEY COMMUNITY WHERE WE ARE LOCATED.

ANDERSON RANCH SHARES THE CONTENT AND TALENT OF OUR COMMUNITY AND VISITING ARTISTS WITH THE LARGER COMMUNITY BY OFFERING FREE PUBLIC LECTURES, OPEN HOUSES, STUDIO TOURS, AS WELL AS SEMINARS AND EXHIBITIONS THAT EDUCATE THE PUBLIC ABOUT ARTISTS, ART MAKING, AND TRENDS AND ISSUES WITHIN THE ART WORLD.

WE EXTEND OUR REACH BEYOND THE BORDERS OF OUR CAMPUS WITH OUTREACH PROGRAMS THAT TOUCH OUR EXTENDED COMMUNITY FROM ASPEN TO GLENWOOD SPRINGS AND BEYOND. THE PURPOSE OF THE RANCH'S OUTREACH PROGRAM IS TO SERVE THE LOCAL GEOGRAPHIC COMMUNITY OF ARTISTS AND NON-ARTISTS THROUGH ACCESSIBLE, SUSTAINED PROGRAMMING AND AREA PARTNERSHIPS STRUCTURED TO MEET THE NEEDS OF THE ROARING FORK VALLEY USING THE VISUAL ARTS. IN 2021, WE INCREASED OUR ENGAGEMENT WITH OUR LATINX COMMUNITY, BRINGING A HISPANIC HERITAGE MONTH CELEBRATION TO THE RANCH CAMPUS ALONGSIDE

Name of the organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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SEVERAL OTHER EVENTS, ALL OF WHICH WERE FILLED TO CAPACITY.

FOR OVER HALF A CENTURY, ANDERSON RANCH HAS OPENED OUR DOORS TO EVERYONE WITH A PASSION FOR THE ARTS. ART REQUIRES INDIVIDUAL THOUGHT AND EXPRESSION AND ARTISTS CAN SERVE AS POWERFUL EDUCATORS DURING TIMES OF GREAT CHANGE AND GROWTH. WE MAINTAIN AN INTENTIONAL FOCUS ON ENSURING INCLUSION IN OUR COMMUNITY TO THOSE WHO HAVE BEEN HISTORICALLY UNDERREPRESENTED BASED ON RACE/ETHNICITY, AGE, DISABILITY, SEXUAL ORIENTATION, GENDER, GENDER IDENTITY, SOCIOECONOMIC STATUS, GEOGRAPHY, CITIZENSHIP STATUS, OR RELIGION. WE REMAIN COMMITTED TO STRENGTHENING OUR UNDERSTANDING OF EQUITY AND DIVERSITY BY LISTENING TO OUR COMMUNITY'S NEEDS, RESEARCHING RICH AND DIVERSE ARTISTIC PROGRAMMING, PARTNERING WITH BIPOC AND LGBTQ+ COMMUNITIES AND CULTURAL ORGANIZATIONS, AND PROVIDING EDUCATION FOR OUR STAFF, FACULTY AND BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FEDERAL FORM 990 IS PREPARED BY OUR INDEPENDENT ACCOUNTING FIRM, MARCUM LLP. AFTER THE RETURN IS PREPARED, THE DRAFT VERSION OF THE FEDERAL FORM 990 IS DISTRIBUTED TO AND REVIEWED BY THE PRESIDENT AND CEO, AND THE CHAIR OF THE BOARD OF TRUSTEES PRIOR TO BEING SUBMITTED TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
EACH OFFICER, TRUSTEE, KEY EMPLOYEE, OR MEMBER OF A BOARD COMMITTEE SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

A. HAS RECEIVED A COPY OF THE POLICY;



Name of the organization ANDERSON RANCH ARTS CENTER	Employer identification number 23-7267983
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B. HAS READ AND UNDERSTOOD THE POLICY;

C. HAS AGREED TO COMPLY WITH THE POLICY, AND;

D. UNDERSTANDS THAT THE RANCH IS A CHARITABLE ORGANIZATION AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND/OR MEMBERS OF A BOARD COMMITTEE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OF TRUSTEES MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING TRUSTEES OR BOARD COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

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

THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND BOARD CHAIR. THE RANCH HAS IMPLEMENTED A COMPENSATION COMMITTEE THAT DOES PERIODIC BENCHMARKING AND COMPENSATION REVIEWS AS WELL. BENCHMARKING WAS COMPLETED IN 2020 AND OFFICER AND KEY EMPLOYEES' COMPENSATION WAS ALSO REVIEWED DURING FISCAL YEAR 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE RANCH MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND FEDERAL FORM 990 AVAILABLE TO THE PUBLIC VIA ITS WEBSITE.

