COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Inspection

A F	or the	2021 calendar year, or tax year beginning and er	nding								
B (heck if pplicable	C Name of organization		D Employer identific	cation number						
	Addres	Save the Storks									
	Name change	Doing business as		46-1031815							
	Initial return	ial Constitution of the co									
	Final	· · · · · · · · · · · · · · · · · · ·	300 866-639-0479								
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code									
	Amend			H(a) Is this a group re		2,337.					
	Applica tion			for subordinates		X No					
	pending	same as C above		H(b) Are all subordinates in		No					
<u> </u>	ax-exe	mpt status: \boxed{x} 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	527	1 ' '	list. See instruction						
		www.savethestorks.com		H(c) Group exemptio		,,,,					
		organization: X Corporation Trust Association Other	I Year o		State of legal domi	cile. CO					
		Summary	I Tour	or formation,	vi otato or logal dolli	0110.					
	_	Briefly describe the organization's mission or most significant activities: To creat	e a sto	ry of hope and							
Governance		empowerment for every woman facing an unplanned pregnancy.									
'n	-	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets						
Ş.	l	Sumber of voting members of the governing body (Part VI, line 1a)		1 1		5					
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)				4					
တ္မ		otal number of individuals employed in calendar year 2021 (Part V, line 2a)				36					
)ţţį		otal number of volunteers (estimate if necessary)				241					
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12				0.					
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.					
		, ,		Prior Year	Current Ye	ar					
ø.	8 (Contributions and grants (Part VIII, line 1h)		8,994,271.		0,100.					
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	,	0.					
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,329.	-15	3,562.					
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,276,473.		7,125.					
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,725,127.		3,663.					
			and similar amounts paid (Part IX, column (A), lines 1-3) s paid to or for members (Part IX, column (A), line 4)								
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		2,563,682.		0,881.					
çpe		otal fundraising expenses (Part IX, column (D), line 25) 743,90									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,947,644.	3,36	3,739.					
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,967,195.	7,23	0,383.					
	19 F	Revenue less expenses. Subtract line 18 from line 12		-242,068.	97	3,280.					
Net Assets or Fund Balances		·		ginning of Current Year	End of Yea						
sets	20 1	otal assets (Part X, line 16)		3,867,665.	4,32	7,538.					
d B	21 7	otal liabilities (Part X, line 26)		1,307,410.	79	4,003.					
<u>FF</u>	22 1	let assets or fund balances. Subtract line 21 from line 20		2,560,255.	3,53	3,535.					
Pa	art II	Signature Block									
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	y knowledge and bel	ief, it is					
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.							
Sig	n	Signature of officer		Date							
Her	е	John Gore, Chief Financial Officer									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Oate Check Check	PTIN						
Paid		shley Peabody	body !	9/12/2022 if self-employe							
-	-	Firm's name Capin Crouse LLP		Firm's EIN	36-3990892						
Use	Only	Firm's address ▶ 2435 Research Parkway, STE 200	U								
		Colorado Springs, CO 80920		Phone no.505							
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes	No					

Save the Storks 46-1031815 Form 990 (2021) Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Empower women all over America to choose life. We are accomplishing this by partnering with local pregnancy centers, cultural influencers, and a grassroots movement of followers. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. 3,066,008. including grants of \$ 1,421,780.) (Revenue\$ 66,474.) (Expenses \$ Partnering with Pregnancy Resource Centers, Churches, and other Pro-life Organizations to Implement the Stork Bus Mobile Medical Progam: A woman facing an unplanned pregnancy is not always presented with the full range of options available to her. That's why mobile medical units Stork Buses - are so important. A Stork Bus helps pregnancy resource centers (PRCs), churches and other life affirming organizations take services into their communities to reach more abortion-vulnerable women who desperately need hope and help in their unexpected pregnancy. When a woman boards a Stork Bus she will get the support she needs. These mobile medical units are equipped with ultrasound machines and licensed 1,697,229. including grants of \$) (Expenses \$) (Revenue \$ Awareness and Marketing Impact 2021: -As a pro-family, pro-woman, Pro-life organization, we need to expand our presence so the truth about the programs and services we provide and partnerships with other organizations continues to reach a broader audience. Abortion groups have dominated the digital and social media space due to their unparalleled budges and support from major tech platforms, companies, and media organizations. We invested in campaigns that help to educate an audience that wants the facts and to inspire people to support the life-affirming work we do. -In 2021, radio spend increased to bring awareness in mission critical 547,494. including grants of \$ 68,983.) (Revenue\$ 4c (Code:) (Expenses \$ Events: In 2021, as Covid related restrictions started to lift, Save the Storks planned and executed several impact driven events across the country to

bring awareness and equip the audiences to be the catalysts that serves
and celebrate every life. Our 2021 events included:

-AACC International Event in Orlando, FL, over six thousand church
members, counselors, and mental health care professionals, attended
this event. Many learned about Save the Storks and gain understanding
regarding the truth about abortion, how to care for women facing
unplanned pregnancies, and how to embrace adoption as a great option

Other program services (Describe on Schedule O.)

15,000.) (Revenue \$

(Expenses \$ 164,248. including grants of \$

Total program service expenses ► 5,474,979.

Form 990 (2021) Save the Storks Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 10		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			.,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2021) Save the Storks

Part IV Checklist of Required Schedules (continued)

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

O21) Save the Storks Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			-		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	36			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country	accou	iity:	T a		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?		 I	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		.,,
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ü				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Didd			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 [°] 12b	í Í	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Save the Storks 46-1031815

	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "Mo"		age U				
. u.	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		COPO	100				
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	5	100	110				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Λ					
C	and Orbert In Orbert 18th and the	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	х					
	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ CO, GA, MA, MN, MS, SC, TN, VA, WA, WI, WV, AK							
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) (1024 or 1024-A) (1024 or 1024-)s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Very substite							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial					
	statements available to the public during the tax year							

20 State the name, address, and telephone number of the person who possesses the organization's books and records > John Gore - 866-639-0479

4050 Lee Vance View Drive, 300, Colorado Springs, CO 80918

Form 990 (2021) Save the Storks 46-1031815 Page **7**

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.

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

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Diane Ferraro	50.00									
CEO				Х				171,894.	0.	11,396.
(2) John Gore	50.00									
CFO				Х				118,256.	0.	35,143.
(3) Annie Tang Humphrey	50.00									
<u>coo</u>				Х				128,053.	0.	2,597.
(4) Thomas Kim	40.00									
COO (part year) / consultant				Х				83,189.	0.	2,556.
(5) Karysse Trandem	2.25									
Board Member/Event speaker		Х						9,125.	0.	0.
(6) Herb McCarthy	10.00									
Chairman/Consultant		Х		Х				0.	0.	0.
(7) Gary Kehr	2.00									
Board Treasurer		Х		Х				0.	0.	0.
(8) Stephan Tchividjian	2.00									
Board Member		Х						0.	0.	0.
(9) Eric Dunavant	2.00									
Board Member		Х						0.	0.	0.
		-								
		_								

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Form 990 (2021) Save the Storks 46-1031815 Page 8

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

	economy a comecia, paracters, mas	cood, itoy ziii	ر ۲۰۰	-	,	~ · · ·	. <u></u>	•••	somponoutou Employo	00 (00111111111111111)				
	(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more erson	than is bot	h an	(D) (E) Reportable Reportable compensation			on amount of		
		week (list any hours for related organizations below	tee or director	Institutional trustee		Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS(1099-NEC)		fı org an	other pensation the anizated relate anizated	e tion ted
		line)	Indi	Inst	Officer	Key	High	Pon						
											\dashv			
											\Box			
											\dashv			
											\Box			
1b	Subtotal								510,517.		0.		51	,692.
	Total from continuation sheets to Part V								0.		0.			
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but r								510,517.	000 of roportable	0.		51	,692.
2	compensation from the organization	ioi iii iiited to ti	1056	IISLE	eu a	DOV	e) wi	10 1	eceived more than \$100	,,000 of reportable	,			3
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											_		х
4	For any individual listed on line 1a, is the si								her compensation from		····	3		_ A
•	and related organizations greater than \$15	-		-					•	-	ı	4	х	
5	Did any person listed on line 1a receive or													
_	rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch	pers	son .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	ens	ation :	from	
	the organization. Report compensation for													
	(A) Name and business	address							(B) Description of s	ervices	С)) ompe) nsatio	n
Suk	ow Ventures, 8781 Forest Park Dri	ve,												
North Saanich, British Columbia, CAN									IT development/Mar	keting			480	,000.
	Ambassadeurs 906 E Buffalo Ave, Santa Ana, CA 92706								Dundunising and so	1+			277	600
	Gold Entertainment, Inc	00						\dashv	Fundraising and co	insurcing			312	,600.
	Park Plaza Suite 531, Boston, MA	02116							Marketing				204	,129.
-														
								- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2021) Save the St
Part VIII Statement of Revenue 46-1031815 Page 9 Save the Storks

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					lanotion revenue	business revenue	sections 512 - 514
nts its	1 a	Federated campaigns 1a					
irar		Membership dues 1b					
Å,		Fundraising events 1c					
ar fit		Related organizations 1d					
s, G		Government grants (contributions)	428,303.				
ö		All other contributions, gifts, grants, and	,				
but		similar amounts not included above	7,851,797.				
ا ا	c	Noncash contributions included in lines 1a-1f	, ,				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	•	8,280,100.			
			Business Code	, ,			
o l	2 a	1					
Ş	b						
Program Service Revenue	c						
am eve							
Pg	-						
Prc	f	All other program service revenue					
	ç	-					
\neg	3	Investment income (including dividends, intere					
	Ū	other similar amounts)		7,241.			7,241.
	4	Income from investment of tax-exempt bond p		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties	1	1,945.			1,945.
	J	(i) Real	(ii) Personal	_,			
	6 =	Gross rents 6a	(.,,				
		D Less: rental expenses 6b					
		Rental income or (loss) 6c					
		I Net ventel in come ou (loca)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	30,500.				
		Less: cost or other basis	55,555.				
e l		and sales expenses7b	191,303.				
en(,	Gain or (loss) 7c	-160,803.				
ther Revenue		Net gain or (loss)		-160,803.			-160,803.
e		Gross income from fundraising events (not		200,000.			200,000
동	0.0	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	r	Less: direct expenses 8b					
							
		Gross income from gaming activities. See					
	5 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a	73,845.				
	r	Less: cost of goods sold 10th	· ·				
		Net income or (loss) from sales of inventory		66,474.	66,474.		
_		The modifie of floody norm dated of inventory	Business Code	,-/	,-/		
Miscellaneous Revenue	11 a	1					
nue	b						
ells eve							
lisc R		All other revenue	900099	8,706.			8,706.
2		• Total. Add lines 11a-11d		8,706.			·
	12	Total revenue. See instructions	•	8,203,663.		0.	-142,911.

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).

Do not include amounts reported on lines 6b, 70	0001	On 501(c)(3) and 501(c)(4) organizations must com	·		· · · · · · · · · · · · · · · · · · ·	Х
Total services Tota	Do		(A)	(B)	(C)	(D)
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign programations, foreign governments, and foreign programations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits pad to or for membras Compensation of current officers, directors, trustees, and key emptyoges 6 Compensation not included above to disqualified persons (seaffined under section) 4980(f(1)) and persons discribed in section 4980(f(1)) and			Total expenses			
2 Grants and other assistance to domestic inclividuous. SoP part N. line 0.22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuous. See Part N. line 0.5 facilities. 4 Benefits paid to or for members 5 Compensation of current officers, directores, trustaes, and key employees consistent of the compensation of current officers, directores, trustaes, and key employees consistent of the compensation of current officers, directored persons (as defined under section 4958(ft/1) and persons described in section 4958(ft/1) and persons 4958(ft/1) and persons 4958(ft/1) and persons 4958(ft/1) and 4958(ft/1) an	1	Grants and other assistance to domestic organizations		·		·
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation or current officers, decotors, trustees, and key employees 6 Compensation for linded above to disqualified persons (as defined under section MSRI(Y1) and persons described in section 4958(x)(X1) and macrosis and under section MSRI(Y1) and persons (as defined under section MSRI(Y1)		and domestic governments. See Part IV, line 21	1,505,763.	1,505,763.		
3 Gards and other assistance to foreign organizations, foreign overments, and to reign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above to disqualified persons (as defined under section 4958(IV)) and persons discretified in section 4958(IV) (IV) and persons discretified in section 4958(IV) and 403(IV) employer contributions (Include section 401(IV) and 403(IV) employer contributions) 9 Other employee benefits 15 23,2527. 24,720. 4,554. 33,253. 15,343. 11,564. 15,343. 17,156. 150,454. 15,343. 17,156. 150,454. 15,343. 17,156. 150,454. 15,343. 17,156. 150,454. 15,343. 17,156. 150,454. 15,343. 17,156. 150,454. 15	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 18. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958((1))) and persons described in section 4958((1)) and person described in section 4958((1)) and 4050((1)) employer contributions (1)	3	· ·				
## Description of current forces, directors, trustees, and key employees (appears and to not force directors, trustees, and key employees (appearson) and trustees, and key employees (appearson) and trustees, and key employees (appearson) and appearson and trustees, and key employees (appearson) and appearson and trusted above to disqualified persons (appearson) and appearson described in section 4958(f(x)) and persons described in section 4958(f(x)) and 490(b) employer contributions (include section 401(k) and 490(b) employer contributions) (appearson) and 490(b) employer contributions (include section 401(k) and 490(b) employer contributions (include section 401(k) and 490(b) employer contributions (include section 401(k) and 490(b) employer contributions) (appearson) and 490(b) employer contributions (include section 401(k) and 490(b) employer contributions (include section 491(k) and 490(k) employer contributions (include section 491(k) employer contributions (include section 491(k) employer (include section 491(k) emp						
5 Compensation of current officers, directors, trustees, and key employees 562,324, 391,556, 120,448, 50,320,						
Section Sect	4					
6 Compensation not included above to disqualified persons (as defined under section 4988(ic)(3)(8) 275,546. 174,995. 93,655. 16,896. 7 Other salaries and wages 1,337,057 1,016,165. 187,188. 133,706. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contribution 401(k) and 403(b) employer contribution 401(k) and 403(b) employer contribution 401(k) and 403(k) employer contribution 401(k) and 403	5					
persons (as defined under section 4958(pt(1)) and persons described in section 4958(pt(3))(B)			562,324.	391,556.	120,448.	50,320.
persons described in section 4958(c)(3)(B)	6	·				
1,337,057.						
8 Pension plan accurals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 32,527. 24,720. 4,554. 3,253. 10 Payroll taxes 153,427. 116,604. 21,480. 15,343. 11 Feas for services (nonemployees): a Management	_				'	
Section 401(k) and 403(h) employer contributions) 32,527, 24,720, 4,554, 3,253,		The state of the s	1,337,057.	1,016,163.	187,188.	133,706.
9 Other employee benefits 32,527, 24,720, 4,554, 3,253, 10 Payroll taxes 153,427, 116,604, 21,480, 15,343, 15,343, 17 Fees for services (nonemployees): a Management	8	· ·				
10	^	` ' ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	22 527	24 720	4 EE4	2 252
11 Fees for services (nonemployees): a Management b Legal					'	
a Management b Legal 71,564. 50,095. 114,313. 7,156. c Accounting 27,585. 27,585. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 435,679. 259,887. 43,627. 132,165. Golumn (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 435,679. 259,887. 43,627. 132,165. Golumn (A), amount, list line 10g systems on Sch 0.) Advertising and promotion 435,679. 259,887. 43,627. 132,165. Golumn (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 435,679. 259,887. 43,627. 132,165. Golumn (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 435,679. 259,887. 43,627. 132,165. Golumn (A), amount, list line 10g line 26, column (A), amount, list line 24e expenses on schedule 0.) By Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. Interest Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. Interest Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. Insurance 181,294. 138,236. 26,059. 16,999. Other expenses. Ilmize expenses on line 24e, li line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) A Mobile unit repairs 410,186. 140,186. b Vehicle expenses Column (A), amount, list line 24e expenses on Schedule 0.) A Mobile unit repairs 510, of line 25, column (A), amount, list line 24e expenses on combined educational campaign and fundraising solicitation reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			133,427.	110,004.	21,400.	15,545.
b Legal 71,564. 50,095. 14,313. 7,156. c Accounting 27,585. 271,585. 27585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 375. 585. 385. 385. 385. 385. 385. 385. 38		` ' ' '				
c Accounting 27,585. 27,585. 27,585. d Lobbying Professional fundraising services. See Part IV, line 17			71 564	50 095	14 313	7 156
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 855,073. 616,919. 95,769. 142,385. 4 Advertising and promotion 435,679. 259,887. 43,627. 132,165. 10 Office expenses 555,959. 209,556. 271,678. 74,725. 11 Information technology 99,855. 73,676. 15,248. 10,931. 15 Royalties 16 Occupancy 219,764. 171,783. 30,556. 17,425. 17 Travel 199,764. 171,783. 30,556. 17,425. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. 10 Interest 19 Payments to affiliates 253,617. 205,710. 29,037. 18,870. 21 Insurance 181,294. 138,236. 26,059. 16,999. 24 Other expenses. Ilemize expenses not covered above. (List miscellaneous expenses on line 24e. if line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 25 Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				30,033.	'	7,130.
Professional fundraising services. See Part IV, line 17 Investment management fees 9 Chter. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 855,073. 616,919. 95,769. 142,385. 12 Advertising and promotion 435,679. 259,887. 43,627. 132,165.			27,000.		27,000.	
The street training and promotion Street						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion	_	· •				
Column (A), amount, list line 11g expenses on Sch 0, Advertising and promotion						
12 Advertising and promotion 435,679. 259,887. 43,627. 132,165. 13 Office expenses 555,959. 209,556. 271,678. 74,725. 14 Information technology 99,855. 73,676. 15,248. 10,931. 16 Occupancy 219,764. 171,783. 30,556. 17,425. 17 Travel 195,023. 121,022. 32,187. 41,814. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 700. 700. 700. 700. 700. 700. 700. 700. 700. 61,919. 10 Interest 292,471. 228,549. 2,003. 61,919. 700. 18,870. 700.	J	,	855,073.	616,919.	95,769.	142,385.
13 Office expenses	12		435,679.	259,887.	43,627.	132,165.
14	13		555,959.	209,556.	271,678.	74,725.
15 Royalties	14		99,855.	73,676.	15,248.	10,931.
16 Occupancy 219,764. 171,783. 30,556. 17,425. 17 Travel 195,023. 121,022. 32,187. 41,814. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 20 20 20 228,549. 2,003. 61,919. 19 Conferences, conventions, and meetings. 292,471. 228,549. 2,003. 61,919. 20 Interest. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization. 253,617. 205,710. 29,037. 18,870. 23 Insurance. 181,294. 138,236. 26,059. 16,999. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) 140,186. 140,186. a Wehicle expenses 35,669. 29,559. 6,110. c d 4 d 4 4 e All other expenses. 25 Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a co	15					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. 21 Insurance 181,294. 138,236. 26,059. 16,999. 22 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 Mobile unit repairs 140,186. 140,186. 2 Vehicle expenses 35,669. 29,559. 6,110. 2 All other expenses Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	16		219,764.	171,783.	30,556.	17,425.
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 25 Mobile unit repairs 26 All other expenses 27 Total functional expenses. Add lines 1 through 24e 28 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	17	Travel	195,023.	121,022.	32,187.	41,814.
19 Conferences, conventions, and meetings 292,471. 228,549. 2,003. 61,919. 20 Interest 29 Payments to affiliates 20 Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. 21 Insurance 181,294. 138,236. 26,059. 16,999. 22 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 23 Mobile unit repairs 140,186. 140,186. 24 Vehicle expense 35,669. 29,559. 6,110. 25 Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. 23 Insurance 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 exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Mobile unit repairs 410,186. 140,186. b Vehicle expenses 55 Total functional expenses. Add lines 1 through 24e 57,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. 23 Insurance 181,294. 138,236. 26,059. 16,999. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Mobile unit repairs 140,186. 1440,186. b Vehicle expenses 35,669. 29,559. 6,110. c d 24 All other expenses Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 25 Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	19	Conferences, conventions, and meetings	292,471.	228,549.	2,003.	61,919.
Depreciation, depletion, and amortization 253,617. 205,710. 29,037. 18,870. Insurance 181,294. 138,236. 26,059. 16,999. Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Mobile unit repairs 140,186. 140,186. Vehicle expenses 35,669. 29,559. 6,110. C d	20					
Insurance 181,294. 138,236. 26,059. 16,999. 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.) Mobile unit repairs 140,186. 140,186. Vehicle expenses 35,669. 29,559. 6,110. C d e All other expenses Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	21					
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Mobile unit repairs		ľ				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a Mobile unit repairs			181,294.	138,236.	26,059.	16,999.
Mobile unit repairs 140,186. 140,186. 29,559. 6,110. C All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b Vehicle expenses 35,669. 29,559. 6,110. c d e All other expenses Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	а		140,186.	140,186.		
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 7, 230, 383. 5, 474, 979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b	Vehicle expenese			6,110.	
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 7, 230, 383. 5, 474, 979. 1,011,497. 743,907. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С			·	•	
Total functional expenses. Add lines 1 through 24e 7,230,383. 5,474,979. 1,011,497. 743,907. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			7,230,383.	5,474,979.	1,011,497.	743,907.
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
Check here ► X if following SOP 98-2 (ASC 958-720) 188,037. 150,430. 0. 37,607.		educational campaign and fundraising solicitation.				
		Check here X if following SOP 98-2 (ASC 958-720)	188,037.	150,430.	0.	37,607.

Form 990 (2021)
Part X Balance Sheet 46-1031815 Save the Storks Page **11**

Га	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			857,094.	1	815,388.
	2	Savings and temporary cash investments			1,146,562.	2	2,117,561.
	3	Pledges and grants receivable, net			, ,	3	, ,
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			261,321.	9	207,507.
	l	Land, buildings, and equipment: cost or other			<u>, </u>		,
		basis. Complete Part VI of Schedule D		1,710,421.			
	l b	Less: accumulated depreciation		544,276.	1,581,751.	10c	1,166,145.
	11	Investments - publicly traded securities	· · · · · ·	, , .	11	, , -	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, II		13			
	14	Intangible assets	1,625.	14	1,625.		
	15	Other assets. See Part IV, line 11		19,312.	15	19,312.	
	16	Total assets. Add lines 1 through 15 (must e	3,867,665.	16	4,327,538.		
	17	Accounts payable and accrued expenses			653,698.	17	202,596.
	18	Grants payable		169,000.	18	160,000.	
	19	Deferred revenue	10,000.	19	10,774.		
	20	Tax-exempt bond liabilities		<u> </u>	20	,	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, su					
liqe		controlled entity or family member of any of				22	
Ë	23	Secured mortgages and notes payable to ur			270,907.	23	262,118.
	24	Unsecured notes and loans payable to unrel			, -	24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D		, complete t ditt	203,805.	25	158,515.
	26	Total liabilities. Add lines 17 through 25			1,307,410.	26	794,003.
		Organizations that follow FASB ASC 958,			, ,		,
ses		and complete lines 27, 28, 32, and 33.	01100111101				
anc	27	Net assets without donor restrictions			1,897,195.	27	3,441,815.
Bal	28	Net assets with donor restrictions			663,060.	28	91,720.
nd		Organizations that do not follow FASB AS			,		,
Ē		and complete lines 29 through 33.	,				
s or	29	Capital stock or trust principal, or current fur	nds			29	
šets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,560,255.	32	3,533,535.
~	33	Total liabilities and net assets/fund balances			3,867,665.	33	4,327,538.
	_ 55	Total habilition and flot absolutional balances			, , ,	<u> </u>	.,,,

Form **990** (2021)

Save the Storks 46-1031815 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 8 203 663. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 7,230,383. 2 973,280. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,560,255. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 3,533,535. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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: X 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? Х 2c 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

Form **990** (2021)

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 46-1031815 Save the Storks Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (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.)

Sec	ction A. Public Support	7.1		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(/ =	(-,	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	3,628,478.	5,529,397.	9,650,290.	8,994,271.	8,280,100.	36,082,536.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,628,478.	5,529,397.	9,650,290.	8,994,271.	8,280,100.	36,082,536.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						36,082,536.
	ction B. Total Support	1		-		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3,628,478.	5,529,397.	9,650,290.	8,994,271.	8,280,100.	36,082,536.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 072	1 200	10.021	7 220	0 106	22 400
_	and income from similar sources	2,872.	1,280.	12,831.	7,329.	9,186.	33,498.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)		53,925.	271,570.	48,903.	8,706.	383,104.
11	Total support. Add lines 7 through 10		33,323.	271,370.	40,303.	0,700.	36,499,138.
12	Gross receipts from related activities,	etc (see instructi	one)			12	4,413,225.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v		<u> </u>	1,113,223.
10	organization, check this box and stor			•			
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2021 (olumn (f))		14	98.86 %
	Public support percentage from 2020					15	98.74 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to				•		
b	10% -facts-and-circumstances tes	-	•	* * *	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

Page 2

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.)

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

Schedule A (Form 990) 2021 Save the Storks 46-1031815 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	0.2		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
	5b 5c		
	5 C		
	6		
	7		
	•		
	8		
	9a		
	O!-		
	9b		
	9с		
	10a		
_	10b		

Pai	rt IV	Supporting Organizations (continued)			J
		1. Communication		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations	2		
		7. Type it supporting organizations		Yes	No
4	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
		7. 7. Type in Supporting Significations		Yes	No
4	Did th	a arganization provide to each of its supported examizations, by the lest day of the fifth month of the		163	NO
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•				
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2		ization's governing documents in effect on the date of notification, to the extent not previously provided? any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	· · · · · · · · · · · · · · · · · · ·			
	•	cant voice in the organization's investment policies and in directing the use of the organization's le or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ne)	
2		ties Test. Answer lines 2a and 2b below.	Struction	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
ч		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive? If Fee, then it is the control of the contr			
		the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u>-u</u>		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

 Schedule A (Form 990) 2021
 Save the Storks
 46-1031815
 Page 6

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

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	7 1031013
	on D - Distributions	(/(-/ -	<u>Continc</u>	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	1	ourrone rour		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	e			
	(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	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	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: \$				
а	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:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

46-1031815

Organization type (chec	rganization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 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							
• •	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ring 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; -EZ, line 1. Complete Parts I and II.							
contributor, du literary, or educ	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III.							
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year							
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 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

Employer identification number

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46-1031815

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$371,367.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$549,260.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Save the Storks

46-1031815

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l \$	

Name of or	ganization		Employer identification number
Save the	Storks		46-1031815
Part III		through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(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
(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
(a) No.			
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, a	nd 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

Inspection

Name of the organization

Save the Storks

Employer identification number

46-1031815

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the			
	, ,	(a) Donor advised funds	(b) Funds and other accounts			
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 w	vriting that the assets held in donor adv	vised funds			
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferring			
	impermissible private benefit?		Yes No			
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	of a historically important land area			
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	m of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a	•				
	listed in the National Register					
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax			
	year ▶					
4	Number of states where property subject to conservation eas		_			
5	Does the organization have a written policy regarding the peri					
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing co	onservation easements during the year			
_						
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	vation easements during the year			
•			70/L\/4\/D\/3\			
8	Does each conservation easement reported on line 2(d) above	•				
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn	·				
	organization's accounting for conservation easements.	ote to the organization's illiancial state	ments that describes the			
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works			
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan					
b	If the organization elected, as permitted under FASB ASC 958					
_	art, historical treasures, or other similar assets held for public	· ·				
	provide the following amounts relating to these items:		,			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			L A			
2	If the organization received or held works of art, historical trea					
-	the following amounts required to be reported under FASB AS		gan, provide			
а	Revenue included on Form 990, Part VIII, line 1	-	> \$			
	Assets included in Form 990, Part X					

	dule D (Form 990) 2021 Save the St					46-103			age 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, c	or Other	Similar Ass	ets(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that	t make sig	nificant use of i	ts		
	collection items (check all that apply):								
а	Public exhibition	c	l Loan or ex	change progra	ım				
b	Scholarly research	e		.					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	n's exem	nt nurnose in P	art XIII		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Yes		No
Pai	t IV Escrow and Custodial Arran							<u> </u>	1110
	reported an amount on Form 990, Pa		cie ii trie organizat	ion answered	103 0111	om 550, r art r	v, iii ic 5, 6i		
10	Is the organization an agent, trustee, custod		dian, for contribution	ana ar athar aa	coto not in	adudad			
ıa									1 N.
/						Yes		J No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:					A			
							Amoun	τ	
	Beginning balance					1c			
d	Additions during the year					1d			
е	e Distributions during the year 1e								
f	f Ending balance If								
2a	Did the organization include an amount on F	form 990, Part X, line	21, for escrow or	custodial acco	unt liability	/?L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" on I	Form 990, Part	IV, line 10).			
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years bac	k (e) Four	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
·									
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	•	, ,	(a)) neid as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	<u>%</u>							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	red for the	organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule F	1?					
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, line 11a.	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o		st or other		umulated	(d) Boo	k valu	
	besoription of property	basis (investr	',	s (other)	` '	eciation	(4) 500	n valut	,
	Lond	,	none, basi	31,300.	асрі	Columnia		21	300
	Land					22 641			
	Buildings			365,262.		23,641.		341,	
	Leasehold improvements			944,907.		393,711.		551,	
	Equipment			132,767.		115,674.			093
	Other			236,185.		11,250.		224,	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			1	,166,	145

1,166,145. Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 900 Port IV lin	o 11h Soo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1) Financial derivatives	(b) Book value	(e) method of valuations doct of one	Toryour market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 1 N / I'	11 0 5 000 B 1 V II 10	
Complete if the organization answered "Yes" of			l of
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-year market value
(1)		+	
(2)			
(3)		+	
(4)		+	
(5) (6)			
(7)			
(8)		+	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 000 Part IV line	o 11 o or 11f Soo Form 900 Part V line 25	
(1) 5	on on 990, Fait IV, iii	e 11e 0(11). See 1 0(1) 990, Fait X, iiile 23	(b) Book value
"			(b) Book value
(1) Federal income taxes (2) Deferred lease incentive, net			158,515.
(2) Deferred lease incentive, net (3)			130,313.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	158,515.
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under		_	· —

Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	levenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,211,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		7,371.		
	Add lines 2a through 2d			2e	7,371.
3	Subtract line 2e from line 1			3	8,203,663.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	8,203,663.
Pa	t XII Reconciliation of Expenses per Audited Financial State			Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	7,237,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
	Other (Describe in Part XIII.)		7,371.		
	Add lines 2a through 2d	·		2e	7,371.
3	Subtract line 2e from line 1			3	7,230,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			J	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	•		4c	0.
5				5	7,230,383.
	t XIII Supplemental Information.				, , -
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1b ar	nd 2b: Part V. line	4: Part X. li	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			.,	,,
Part	XI, Line 2d - Other Adjustments:				
	-				
Cost	of goods sold	7,371.			
		, , , , , , , , , , , , , , , , , , ,			
Part	XII, Line 2d - Other Adjustments:				
	,				_
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			
Cost	of goods sold	7,371.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Save the Stori	ks						Employer identification number 46-1031815
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	stance? ocedures for mon	itoring the use of grant	t funds in the United	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	_				anization answered "`	Yes" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Abba's Arms							
12002 Arnold Road							
Orrville, OH 44667	34-1644409	501(c)(3)	6,000.	0.			General Support
Albemarle Pregnancy Resource Center - PO Box 2188 - Elizabeth City, NC 27906	56-1621555	501(c)(3)	49,200.	0.			Mobile Medical Unit
Alpha Pregnancy Help Center 700 Loughborough Blvd Merced, CA 95348	77-0079754	501(c)(3)	6,000.	0.			Story Grants
Bridge Women's Center 127 White Oak Lane Old Bridge, NJ 08857	22-2603508	501(c)(3)	32,400.	0.			Mobile Medical Unit & Story Grants
Carenet Pregnancy Center of Canandaigua - 120 N Main Street #28 - Canandaigua, NY 14424	20-8275816	501(c)(3)	10,000.	0.			Center Makeover Grant
Carolina Pregnancy Center 103 Metro Drive Spartanburg, SC 29303	57-0791115	501(c)(3)	38,761.	0.			Mobile Medical Unit
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	he line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Choices Chattanooga/AAA Womens							
Services Inc - 951 Eastgate Loop							
Suite 1000 - Chattanooga, TN 37411	58-1713618	501(c)(3)	10,000.	0.			Center Makeover Grant
Community Pregnancy Center of Lake							
Norman - 212 Caldwell Avenue -							
Mooreville, NC 28115	56-1782296	501(c)(3)	203,010.	0.			Mobile Medical Unit
Compassion Care Center							
PO Box 1552							
Yadkinville, NC 27055	56-2146413	501(c)(3)	6,000.	0.			Story Grants
,			, ,	-			-
Community Pregnancy Center of							
Pasadena - 4230 Vista Road -							
Pasadena, TX 77504	76-0120799	501(c)(3)	47,427.	0.			Mobile Medical Unit
Every Mother's Advocate							
1101 NW 33rd St							
Pompano Beach, FL 33064	46-3401334	501(c)(3)	165,000.	0.			Pilot Program Grant
rompano Beach, FE 33004	40-2401334	501(0)(3)	103,000.	0.			FIIOC FIOGIAM GIANC
First Choice Pregnancy Center							
602 Main Street							Ultrasound and Story
Texarkana, TX 75501	71-0494180	501(c)(3)	5,600.	0.			Grants
First Choice Pregnancy Medical							
Center - 4622 Grand Ave - Fort							
Smith, AR 72904	58-1899081	501(c)(3)	6,000.	0.			 Center Makeover Grant
	30 1077001	501(0)(3)	0,000.	0.			CONTROL MANGOVEL GIAIIC
Friends of the Great Commission							
PO Box 6305							Life Matters Training
Colorado Springs, CO 80934	46-5506318	501(c)(3)	15,000.	0.			Center Support
Foundations of Life Pregnancy							
Center - 6845 N Dale Mabry Hwy -							
contest 0042 M Date Mant Mund -			28,200.				

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

Part II Continuation of Grants and Othe		omestic Organization	ns and Domestic G	overnments (Sch	edule I (Form 990). Pa		0-1031013 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HeartReach Center							
865 S. Seward Meridian Parkway							
Wasilla, AK 99654	92-0115423	501(c)(3)	79,500.	0.			Mobile Medical Unit
Hope Women's Resource Clinic							
3740 Laurel Ave							
Beaumont, TX 77726	76-0548301	501(c)(3)	116,597.	0.			Mobile Medical Unit
Horizon Pregnancy Center							
15061 Springdale St. Suite 109							
Huntington Beach, CA 92649	75-3132920	501(c)(3)	115,000.	0.			Mobile Medical Unit
Life Network							
3700 Galley Road	84-0970592	E01/~\/2\	17 000	0			General Support & Center Renovation
Colorado Springs, CO 80909	84-0970592	501(0)(3)	17,000.	0.			Renovation
Lighthouse Pregnancy and Health							
Services - 1703 W Fletcher -							
Vandalia, IL 62471	03-0442552	501(c)(3)	30,427.	0.			Mobile Medical Unit
Mosaic Pregnancy and Health							
Centers - 2019 Johnson Road -							
Granite City, IL 62040	37-1218460	501(c)(3)	31,000.	0.			Mobile Medical Unit
,			1				
Open Arms Pregnancy Center							
141 S. 11th Street,							
Cambridge, OH 43725	27-2028979	501(c)(3)	35,550.	0.			Mobile Medical Unit
Options - A Women's Care Center							
1840 N. Hacienda Blvd #13							
La Puente, CA 91744	85-0484800	501(c)(3)	61,000.	0.			Mobile Medical Unit
·							
Options for Women							
1500 Kings Hwy N#110							
Cherry Hill, NJ 08034	22-2624026	501(c)(3)	10,000.	0.			Center Makeover Grant

Schedule I (Form 990) Save the Storks 46-1031815 Page 1

organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pregnancy and Fatherhood Solutions							
3565 N. Lee Trevino							Story Grants and General
El Paso, TX 79936	74-2247355	501(c)(3)	13,000.	0.			Support for Mobile Unit
Pregnancy Resource Center of							
Southwest Florida - 991 Corkscrew							
Road Suite 201 - Estero, FL 33928	59-3427729	501(c)(3)	7,140.	0.			General Support
Reliance Center							
102 New 6th Street							
Lewiston, ID 83535	81-1593805	501(c)(3)	75,000.	0.			Mobile Medical Unit
The Matter of Life							
3384 29th St							
San Diego, CA 92104	85-0581014	501(c)(3)	25,000.	0.			Documentary Grant Suppor
Ban Brege, en 32101	03 0301011	301(0)(3)	25,000.	•••			becameneary crame suppor
Triad Coalition for Life							
1852 Banking Street #9202							
Greensboro, NC 27408	84-4958568	501(c)(3)	110,716.	0.			Mobile Medical Unit
TruChoice							
115 Warden Lane							
San Marcos, TX 78666	74-2347237	501(c)(3)	16,000.	0.			Mobile Medical Unit
Verity's Village							
18240 Archers Drive							
Monument, CO 80132	86-3373662	501/a)/3)	9,175.	0.			General Support
monument, co sursz	80-3373002	501(6)(3)	9,175.	0.			General Support

<u>Schedule I (Form 990) 2021</u> Save the Storks 46-1031815 Page **2**

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	Ţ.
(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
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
The organization tracks grant expenditures in accor	dance with t	he accrual			
basis of accounting, using expense reports, grant f	eedback, and	other			
appropriate documentation.					
The condition placed upon the grants given for Mobi	le Medical U	nits was			
proof that the MMU was fully funded. Funds were not	restricted	but were			
contingent on completion of a Mobile Medical Unit.					

Schedule I (Form 990) Save the Storks 46-1031815 Page 2 Part IV | Supplemental Information Training grants are given after completing a training and are not restricted. Story grants are given for regular reporting of stories directly related to the program impact that affiliate pregnancy centers experienced as a result of our Mobile Medical Units. Makeover grants have been awarded to help centers either rebuild in the event of disaster or to update their centers with needed cosmetic and/or structural change/improvements.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Save the Storks

Employer identification number 46-1031815

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
a	Any related organization?	6b		X
7	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	7		х
o	not described on lines 5 and 6? If "Yes," describe in Part III			–
8		8		х
O	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	0		
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Save the Storks 46-1031815 Page **2**

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

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

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

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Diane Ferraro	(i)	171,894.	0.	0.	3,407.	8,031.	183,332.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) John Gore	(i)	118,106.	0.	150.	4,062.	31,123.	153,441.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	

chedule J (Form 990) 2021 Save the Storks	46-1031815	Page 3
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 comp	plete this part for any additional information.	

SCHEDULE O (Form 990)

Department of the Treasury

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.

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

Save the Storks

Employer identification number 46-1031815

Form 990, Part III, Line 4a, Program Service Accomplishments: technicians, as well as trained advocates to talk through her options. Save the Storks works closely with the Pregnancy Resource Centers Churches, and other organizaitons to customize the Stork Buses to best serve their communities. The National Partner Program team from Save the Storks works with these partners to ensure they have the best strategies for a successful Stork Bus launch. Our team facilitates a comprehensive training to equip our partners with the know how to optimize their impact with their new mobile ministry. Thanks to the generosity of our donors, and in parntership with our affiliate pregnancy resource centers, churches, and other Pro-life organizations we have delivered over 65 Stork Buses that reach women near abortion clinics, on college campuses, in rural areas and inner cities. Save the Storks has developed a unique way to reach abortion-vulnerable mothers with the Stork Bus. We've seen Stork Buses profoundly expand the reach and increase the impact of pregnancy resource centers all over the nation. These mobile medical units minimize the distance between the PRC and the women most in need of the services 80% of women who boarded a Stork Bus, and had a positive pregnancy test, chose life. Form 990, Part III, Line 4b, Program Service Accomplishments: markets like California, Florida, and Texas.

Name of the organization Save the Storks	Employer identification number 46-1031815
-The importance of social media cannot be ignored. We hired a	
contractor and later a full-time social media coordinator to grow our	
reach and impressions. The growth has been significant.	
-Storytelling continues to be a significant part of our ministry. In	
2021, our video, Shelter of Love, had over one million views with	
inspiring stories told by brave moms. The children of these women were	
featured in the video, joyfully singing the lyrics to "Shelter of	
Love".	
-A new video about Ashley Bratcher (actress from "Unplanned") and her	
mother was produced with plans to launch in 2022.	
Form 990, Part III, Line 4c, Program Service Accomplishments:	
for moms who are not ready to parent.	
-E-Women Confernece in Lynchburg, TN touched the hearts of over over	
3,500 women as they learned about Save the Storks and the redemptive	
post-abortive story of our COO. One of the post abortive women in the	
audience was so inspired that she went on to open her own pregnancy	
resource center. Multiple worship nights with Save the Storks were	
hosted in various markets to connect churches, pregnancy resource	
centers, and other Pro-life organizations with their local communities.	
-Pro-Life Innovator Summit 2021 was a huge success as the two winners	
from this conference went on to make significant impact in the Pro-life	
Movement. The Matter of Life documentary and Verity's Village were the	
two winners of this conference. The Pro-life Innovators Summit is a	Cabadula O (Farra 2001) 2004

Name of the organization Save the Storks	Employer identification number
3-day interactive conference equippping and empowering participants to	
turn their pro-life ministry plan into a reality. The weekend ends with	
a Shark Tank-like pitch session where each attendee presents their	
pro-life non-profit to a Review Board.	
-Flyway 2021 hosted over 40 Exexcutive Directors from pregnancy	
resource centers across the country for three days. Trainers and	
guests speakers invested their time to train and inspire these EDs to	
grow their organizaton and maximize their reach.	
Form 990, Part III, Line 4d, Other Program Services:	
Pro-Life Training Center:	
Students participated in the following activities:	
-LOVE Approach training	
-Student group devotions, Bible studies, prayer, and church attendance	
-Wrote blogs about their experiences	
-Sidewalk advocacy outside Planned Parenthood faciliities	
-Volunteered at pregnancy resource centers and on mobile medical units	
-Conducted baby showers for moms in need	
-Open air pro-life witnessing on the streets in various locations in	
and out of NY	
-Delivered material items to familes in need of items including	
diapers, wipes, car seats, clothes, strollers, beds, furniture, shoes,	
food, Bibles	
-Conducted Bible studies and shared the Gospel	
-Referred and arranged for transportation for clients to have	

Name of the organization **Employer identification number** Save the Storks 46-1031815 ultrasounds at PRCs -Served as mentors to moms including grants of \$ 15,000. Revenue \$ 0. Expenses \$ 164,248. Form 990, Part VI, Section B, line 11b: The 990 was prepared by an independent CPA firm and reviewed in detail by the organization's Chief Financial Officer for accuracy. It was then provided to all members of the board for review prior to being filed with the IRS. Form 990, Part VI, Section B, Line 12c: The organization requires all officers and board members to annually complete and sign a conflict of interest questionnaire. The board Chairman reviews the signed statements and ensures that interested persons are in compliance with the conflict of interest policy. The board Chairman's statement is reviewed by the remaining board members. Should any potential conflicts of interest be disclosed, the board member or officer would be asked to refrain from participation in any deliberation or decision with regard to matters affected by the relationship. Form 990, Part VI, Section B, Line 15: Form 990, Part VI, Section B, Line 15a: The independent members of the Board approves compensation for the CEO, using comparability data. The approval process is documented in the minutes. Form 990, Part VI, Section B, Line 15b:

The CEO provided board Chairman and board Treasurer with comparative

Name of the organization Save the Storks		Employer identification number
compensation/salary ranges for other officers. Comparabili	ty data was	·
compiled in the first quarter of 2021 and consisted of sale	ary ranges for	
comparable executive officer level positions primarily in (Colorado and	
California, and focused on roles at non-profits when availa	able. Salary	
ranges also gathered from websites such as Glassdoor.com a	nd Indeed.com.	
After reviewing the data, compensation was approved by the	board Chairman	
and board Treasurer.		
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:	
CO,GA,MA,MN,MS,SC,TN,VA,WA,WI,WV,AK,NH,HI		
Form 990, Part VI, Section C, Line 19:		
The organization makes its governing documents, conflict or	f interest	
policy, and financial statements available to the public up	pon reguest.	
Form 990, Part IX, Line 11g, Other Fees:		
Graphic Artists:		
Program service expenses	37,418.	
Management and general expenses	10,691.	
Fundraising expenses	5,345.	
Total expenses	53,454.	
Other fees:		
Program service expenses	579,501.	
Management and general expenses	85,078.	
Fundraising expenses	137,040.	
Total expenses	801,619.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	855,073.	Schedule O (Form 990) 202

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	this form, visit www.irs.gov/e-file-providers/e-file-for-char			ore details on	the electronic		
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
•	orations required to file an income tax return other than F e Form 7004 to request an extension of time to file incom			rships, REMIC	S, and trusts		
Type or			Taxpaye	Faxpayer identification number (TIN)			
print	Save the Storks			46-1031815			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 4050 Lee Vance View Drive, 300						
instructions.	Colorado Springs, CO 80918						
	e Return Code for the return that this application is for (fil	le a separa	ate application for each return)			. 0 1	
Application Return Application			Retu				
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ 01 Form 1041-A					08		
Form 4720 (individual) 03 Form 4720 (other than individual)					09		
Form 990-PF 04 Form 5227					10		
	0-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11		
	Form 990-T (trust other than above) 06 Form 8870					12	
Form 99	0-T (corporation) John Gore	07					
Telep	shone No. ► 866-639-0479 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶	. If this is fo	r the whole group, c		
	equest an automatic 6-month extension of time untile organization named above. The extension is for the org X calendar year 2021 or tax year beginning	anization's		o file the exen	npt organization retu	ırn for	
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	e tentative tax, less				
any nonrefundable credits. See instructions.				3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
es	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.	
с Ва	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by				
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.	
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	l (direct de	bit) with this Form 8868, see For	m 8453-TE ar	nd Form 8879-TE for	payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)