Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

Α	For the	2021 ca	lendar year, or tax year b	eginning			, and e	nding					
В	Check if a	applicable:	C Name of organization	The Sakonne	t Preservatio	n Association	, Inc.		D Emplo	yer identif	ication numb	er	
	Address	change	Doing business as										
\Box	Manage als		Number and street (or P.O.	box if mail is not	delivered to st	reet address)	Room/suite		23-72259	987			
Щ	Name ch	ange	PO BOX 945						E Teleph	one numbe	er		
	Initial retu	ırn	City or town			State	ZIP code		401-635-	8800			
\equiv	Final astron	/t ! tl	LITTLE COMPTON			RI	02837		401-035-	0000			
Ш	Final return	/terminated	Foreign country name	Foreign	province/state	county/	Foreign postal	code		_ \			
	Amended	l return							G Gross	receipts \$		5,3	16,177
П	Annligatio	n pending	F Name and address of princ	inal officer:				H/a) la t	his a group ret	ura for auboro	linotoo?	Vaa	X No
Ш	Application	ni pending	'	•	DI 000	07					_		
			Abigail Brooks Box 945	, Little Compi	on, Ri 028	31		1	e all subordi	_		Yes	No
1	Tax-exer	npt status:	X 501(c)(3) 501(c)	() <	(insert no.)	4947(a)(1) or 527	lf'	'No," attach	a list. See i	nstructions		
J	Website	; ▶ sak	onnetpreservation.org					H(c) Gr	oup exempti	on number	•		
v	Form of	organization	n: X Corporation Tru	ust Associa	ation Ot	her ▶	I Vos	ar of form				lomioilo	
				ust Associa		nei 🖊	Litea	ar or ioinia	ation: 19	/2 IVI 3	State of legal of	iorniche.	RI
	art I		mmary										
4	1	•	lescribe the organization		•				net Preser	vation A	ssociation,		
ဋ		Inc.,is d	edicated to preserving th	ne rural chara	cter & natuı	al resources	of Little Con	npton,					
na		Rhode I	sland, for the lasting ber	efit of the co	mmunity.			<u>/)</u>					
Ver	2	Check tl	his box 🕨 if the org	anization dis	continued it	s operations	or disposed	of more	e than 25	% of its r	net assets.		
Ó	3		of voting members of th							1 _ 1			17
જ	4		of independent voting m							4			17
es										5			
¥	5		mber of individuals emp	-	-	JZI (Fait V,							3
Activities & Governance	6		ımber of volunteers (esti							6			58
⋖	7a		related business revenu							7a			0
	b	Net unre	elated business taxable i	ncome from I	orm 990-T	, Part I, line	<u>11</u>			7b			
ē									Prior Year		Curr	ent Yea	r
	8		utions and grants (Part V						4	130,473		3,5	91,665
ű	9	9 Program service revenue (Part VIII, line 2g)								1,000			1,000
Revenue	10	Investm	ent income (Part VIII, co	lumn (A), line	s 3, 4, and	7 d)				15,766			73,783
œ	11	Other re	evenue (Part VIII, column	(A), lines 5,	6d, 8c, 9c,	10c, and 11e	e)			0			0
	12		enue—add lines 8 through				•		4	147,239		3.6	66,448
	13		and similar amounts paid							0		-,-	0
	14		paid to or for members			•				0			
"			, other compensation, emp						46,960				78,237
ses	10		ional fundraising fees (Pa										
Expenses	16a									0			0
×	b		ndraising expenses (Par				27,264			10.000			05.040
ш	1 ''		xpenses (Part IX, colu m r							48,302			85,043
	18		penses. Add lines 13–17			lumn (A), line	e 25)			95,262			63,280
	19	Revenu	e less expenses. Subtra	ct line 18 fron	n line 12 .					351,977		8	03,168
Sor	2							Beginn	ning of Curr		End	of Year	
set	20		sets (Part X, line 16)						6,8	337,150		7,7	67,895
AB	21		bilities (Part X, line 26).							32,608			38,372
Net Assets or	22	Net ass	ets or fund balances. Su	btract line 21	from line 20)			6,8	304,542		7,7	29,523
	art II		nature Block										
Und	ler penalti	es of perjur	y, I declare that I have examine	d this return, inclu	ıding accompa	nying schedules	and statements	, and to th	ne best of m	y knowledg	е		
and	belief, it i	s true, corre	ect, and complete. Declaration o	f preparer (other	than officer) is	based on all info	ormation of which	n prepare	r has any kn	owledge.			
e:	a n												
Sig	_	/	Signature of officer						Date	9			
He	ere	N	Abigail Brooks				Pres	ident					
			Type or print name and title										
		Prin	t/Type preparer's name		Preparer's sig	ınature		Dat	е		PTIN	1	
Pa	id		21 1 1		,					Check	X if		
	eparer	Kat	harine G Estes, CPA		Katharine (G Estes, CP/	Α	5/	7/2022	self-emp	loyed P01	21036	0
			n's name ► Katharine G	. Estes. CPA					Firm's EIN	▶ 05-05	519237		
US	e Only	, –	n's address ► 34 Schaeffe		Id RI 0287	g			Phone no.		258-3031		
		•											
Ma	y the IF	kS discus	s this return with the pre	parer shown	above? See	e instructions	S				. X	Yes	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	The Sakonnet Preservation Association, Inc. is dedicated to preserving the rural character	
	and natural resources of Little Compton, Rhode Island for the lasting benefit of the	
	community. Since its inception in 1972, the Organization has protected approximately 465	
	acres, which it monitors & stewards on a regular basis.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 2,783,146 including grants of \$) (Revenue \$)
	Land stewardship - approximately 465 acres preserved to date	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Provide information to the general public about the importance of land conservation.	. ,
4c	(Code: (Code:) (Expenses \$ including grants of \$) (Revenue \$	1
70	Land protection - approximately 465 acres preserved to date	,)
	Edita proteotion - approximatory 400 doles preserved to date	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	

2,783,146

4e Total program service expenses

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Χ	
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		_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Х
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Χ	
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	Χ	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
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			V
10	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		^
••	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, Part VI	11a	Χ	
b	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		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444	V	
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d 11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	44.		V
1 E	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Х
10	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, 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		Χ
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		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

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Par	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	<u> </u>	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	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		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	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	<u> </u>		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	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c		

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If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines at and 2a is greater than 250, you may be required to 4-fie. See instructions. 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A will if Yes, his if lifed a Form 990-1 for this year? If Wir * *D line 3, provide an explanation on Schedule** O 3 D	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a					
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account in a foreign country). 49 If Yes, "enter the name of the foreign country. 40 If Yes," enter the name of the foreign country. 40 If Yes," enter the name of the foreign country. 41 Yes," enter the name of the foreign country. 42 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 43 Yes, "If Yes," the see in the second of the grantization than a service of the second of the grantization aperty to a prohibited tax shelter transaction at any time during the tax year? 43 Yes, "If Yes," to line Se or Sb, did the organization that If was or is a party to a prohibited tax shelter transaction? 44 If Yes, "If Yes," to line Se or Sb, did the organization filine Form 8868-17. 45 If Yes," to line Se or Sb, did the organization include with every solicitation an express statement than \$100,000, and all the organization include with every solicitation an express statement that such contributions or girls were not tax deductibles. 45 If Yes," did the organization include with every solicitation an express statement that such contributions or girls were not tax deductibles. 46 If Yes," include the number of Forms 8282 filed during the year. 47 If Yes," include the number of Forms 8282 filed during the year. 48 If Yes, "inclicate the number of Forms 8282 filed during the year. 49 If Yes," inclicate the number of Forms 8282 filed during the year. 40 If Yes, "inclicate the number of Forms 8282 filed during the year. 40 If the organization received a contribution of cars, boals, airplanes, or preventions, did the organization life Form 8282. 41 If the organization received a contribution of cars, boals, airplanes, or preventions, did the organization fi	b		2b	Χ	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 3b. 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. 2x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b. 2x If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. 3b. 2x b If "Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible as charitable contributions? 5c. 3b. 1f "Yes," did the organization include with every solicitation and express statement that such contributions or grits were not tax deductible? 7b. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c. 3c	_				
4a At any sime during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4a	_				Х
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a			3b		
b If "Yes," either the name of the foreign country \(\) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5a	4a		4-		_
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	h		4a		_
Sa X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5	5a		5a		Х
c If "Yes" to line 5 ao r 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and this the organization solicit any contributions that were not tax deductible as chantable contributions? 1 Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 2 Organizations that may receive deductible contributions under section 170(c). 3 Did the organization set a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 4 If "Yes," indicate the number of forms 82827 filed during the year pure of the form of 2627. 5 Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827. 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te	_				
Sea Does the organization have annual gross receipts that are normally greater than \$100,000, and fait the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	6a				
gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Tax X Did the organization receive appayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Tax X Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization receive any funds, directly or indirectly or any personal benefit contract? To Did the organization received a contribution of qualified intellectual property did the organization file Form 8899 as required? If the organization received a contribution of carsi, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Bo Did the sponsoring organization make and taking the top of the property of the pr		organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 6 Did the organization all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property of diff the organization file Form \$39 says required? 1 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form \$39 says required? 1 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 3 Sponsoring organizations maintaining donor advised funds. 1 Organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 3 Sponsoring organizations maintaining donor advised funds. 2 Did the sponsoring organization make any taxable distribution under section 4966? 3 Did the sponsoring organization make a distribution to a depor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a depor, donor advisor, or related person? 9 Did the sponsoring organization make any taxable distribution under section 4966? 1 Section 501(c)(7) organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Section 501(c)(7) organizations. Enter: 1 Section 501(c)(7) organizations. Enter: 2 In the organization in the sponsoring organization members or sharefidders. 3 In the organization in the sponsoring organ	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 78			6b		
and services provided to the payor?. b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7				
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d If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	C		70		v
be Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	Ч		70		^
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make and startibution to a denor, donor advisor, or related person? Bection 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Gross income from members or shareholders. Gross income from ther sources (Do not hat amounts due or paid to other sources against amounts due or received from their). Section 501(c)(72) grapitations. Enter Gross income from ther sources (Do not hat amounts due or paid to other sources against amounts due or received from their). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Is the organization il censed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organizations required to maintain by the states in which the organization is required to require a maintain the program of the			7e		Х
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		Х
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Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	-				
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	·			
			17		

Part VI

Sect	ion 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 11a 17			
	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			
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		Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Χ	
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	Χ	
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	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	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		Χ
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		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	i01(c)		_
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	Sakonnet Preservation Association, Abigail Brooks 401 635-8800			
	Box 945, Little Compton, RI 02837			

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23.	-7225987	

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Page	1

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

Employees, and Independent Contractors

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

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

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

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

				((C)	_				
					ition					
(A) Name and title	(B) Average	٠,				than on is both a		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and title	hours					r/trustee	e)	compensation	compensation	of other
	per week	or or	· II	Q.	<u>~</u>	en I i	Former	from the	from related	compensation
	(list any hours for	dire		Officer	y e	Highest co	rme	1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	Individual to or director	ğ		Jan Jan	yee yee	_	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director			Key employee	ğμ				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
	4		Ō			ated				
(1) Lawre Goodnow	0.50									
Director	0.00	Χ								
(2) Warren Jagger	4.00									
Director	0.00	Х								
(3) Paul Bazzoni	1.00									
Director	0.00	Χ								
(4) Nan Haffenreffer	1.00									
Director	0.00	Χ								
(5) Michal Brownell	1.00									
Director	0.00	Χ								
(6) John Cook	1.00									
Director	0.00	Χ								
(7) David Palumb	1.00									
Director	0.00	Χ								
(8) Charlie Whipple	5.00									
Director	0.00	Χ								
(9) Maureen Harrington	1.00									
Director	0.00	Χ								
(10) Judy Melanson	1.00									
Director	0.00	Χ								
(11) Davy Cutts	1.00									
Director	0.00	Χ								
(12) Phil Goodnow	1.00									
Director	0.00	Х								
(13) Geoff Manning	1.00									
Director	0.00	Χ								
(14) Peter Rowley	1.00									
Director	0.00	Χ								

P	Section A. Officers, Directors, Tru	istees, Key Em _l	ploye	ees,	and	d Hi	ghes	t Co	ompensated Em	iployees (contil	nued)	
	(A) Name and title	(B) Average hours per week	box, offic	unles er an	Pos neck ss pe d a d	rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	C	(F) ated amount of other spensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/ 1099-MISC/ 1099-NEC)	fr organ	rom the nization and organizations
(15)	Bill Theriault	2.00							4			
	surer	0.00	Χ		Х							
	Abigail Brooks	50.00			V							
	ident Sheila Mackintosh	0.00 15.00	Х		Х							
	President	0.00	Х		Х							
	Ann Deendeley	3.00										
Secr	etary	0.00	Χ		Х							
(19)												
(20)												
(21)				~				_				
(22)			/									
(23)			V									
(24)												
(25)												
1b	Subtotal							•	0	0		0
С	Total from continuation sheets to Part VII, So								0	0	_	0
d 	Total (add lines 1b and 1c)							<u> </u>	0	000 of		0
2	reportable compensation from the organization		sieu a	JDOV	e) v	VIIO	recei	ved	more man \$100	,000 01		0
	repertable compensation from the organization											Yes No
3	Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>										3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	•	•						•	h		
	individual				-						4	Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_			5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization. Report co										tax yea	ar.
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compens	
	None											0
												0
												0
												0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-		tho	se l	iste	d abo	ve)	who received			

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	28,480 0 0 12,276			3	
<u>ာ</u>	h	Total. Add lines 1a–1f		3,591,665			
Program Service Revenue	2a b c d e f	Rents All other program service revenue	Business Code 551111	1,000 0 0 0 0 0	1,000		
Other Revenue	3 4 5 6a b c d 7a b c d 8a b c	Investment income (including dividends, interest other similar amounts)	st, and	19,270 0 0 0			19,270
	b	Gross sales of inventory, less returns and allowances	0	0			
Miscellaneous Revenue	11a b c d	All other revenue	Business Code	0 0 0 0			
	12		<u> </u>	3.666.448	1.000	0	19.270

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

	ection 501(c)(3) a	and 501(c)(4) organizations	must complete all columns	. All other organizations must com	plete column (A).
--	--------------------	-----------------------------	---------------------------	------------------------------------	-------------------

	Check if Schedule O contains a response or note	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 Grants and other assistance to domestic	0			
3	individuals. See Part IV, line 22	0			
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	71,997	36,628	19,332	16,037
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0		,	,
9	Other employee benefits	0			
10	Payroll taxes	6,240	3,156	1,741	1,343
11 a	Fees for services (nonemployees): Management	0			
b	Legal	137	137		
C	Accounting	12,996		12,996	
d e	Lobbying	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	22,476	22,416	0	60
12 13	Advertising and promotion	12,304	1,300	2,592	9.412
14	Office expenses	4,016	1,300	2,497	8,412 1,412
15	Royalties	0	101	2,101	1,112
16	Occupancy	6,958		6,958	
17	Travel	0			
18	Payments of travel or entertainment expenses	0			
19	for any federal, state, or local public officials	0 2,465	545	1,920	
20	Interest	0	010	1,020	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	6,542	2,958	3,584	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Impairment loss, conservation easements	2,701,998	2,701,998		
b	Dues and fees	7,415		1,250	
c d	Landscaping	7,736	7,736		
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	2,863,280	2,783,146	52,870	27,264
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	498,299	1	63,691
	2	Savings and temporary cash investments	0	2	313,396
	3	Pledges and grants receivable, net	137,384	3	332,004
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	_0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS)	8	Inventories for sale or use	0'	8	
٩	9	Prepaid expenses and deferred charges	29,787	9	26,912
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 5,216			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	755,998	11	1,616,207
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,415,682	15	5,415,685
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,837,150	16	7,767,895
	17	Accounts payable and accrued expenses	4,662	17	8,763
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	25,000
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
jak		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete	07.040		4 000
		Part X of Schedule D	27,946	25	4,609
	26	Total liabilities. Add lines 17 through 25	32,608	26	38,372
Ses		Organizations that follow FASB ASC 958, check here ► X			
auc		and complete lines 27, 28, 32, and 33.			
3a	27	Net assets without donor restrictions	5,961,751	27	6,141,361
힏	28	Net assets with donor restrictions	842,791	28	1,588,162
٦		Organizations that do not follow FASB ASC 958, check here ▶			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ध	29	Capital stock or trust principal, or current funds	0	29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund.	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
let	32	Total net assets or fund balances	6,804,542	32	7,729,523
_	33	Total liabilities and net assets/fund balances	6,837,150	33	7,767,895

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,666	6,448
2	Total expenses (must equal Part IX, column (A), line 25)		2,863	3,280
3	Revenue less expenses. Subtract line 2 from line 1		803	3,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6,804	1,542
5	Net unrealized gains (losses) on investments		121	1,813
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		7,729	9,523
Part			ı	
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
	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:			
	X Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ju	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- 54		
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
	, , , and , , , , , , , , , , , , , , , , , , ,			_

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

The	Sak	onnet Preservation Association,	Inc.				23-72	25987	
Par	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
The	orga	anization is not a private foundat	•		-		•		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)((A)(i).		
2		A school described in section 1	170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•		
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(l	b)(1)(A)(iii	j).		
4		A medical research organizatio		nction with a hospital d	lescribed i	in section	170(b)(1)(A)(iii). En	ter the	
	_	hospital's name, city, and state							
5	Ш	An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ection 170	(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental u	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizor university or a non-land-gran							
10		university: An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt functio income and unrelate	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (no more than 33 1/39 511 tax) from busine	% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See s e	ection 509)(a)(4).		
12		An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).	
а	a 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.								
b		Type II. A supporting organization(s). You must organization(s).	e supporting organi	zation vested in the sa					
С		Type III functionally integrated its supported organization(s)	ated. A supporting o	rganization operated i				rated with,	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	itegrated. A supportated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nection with	rith its supported org quirement and an att		
е		Check this box if the organize functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported			•				0
g		Provide the following information	about the support						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				, , ,	Yes	No	,	,	
(A)									
(B)									—
(C)									
(D)									
(E)			_						
Γota	l						0		0

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	355,573	362,052	2,019,381	430,473	3,591,665	6,759,144
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	355,573	362,052	2,019,381	430,473	3,591,665	6,759,144
	shown on line 11, column (f)						3,331,706
6	Public support. Subtract line 5 from line 4						3,427,438
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	355,573	362,052	2,019,381	430,473	3,591,665	6,759,144
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,091	7,501	7,150	9,816	73,783	105,341
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•		,	,		0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					0
11	Total support. Add lines 7 through 10						6,864,485
12 13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga organization, check this box and stop here	nization's first, sec		or fifth tax year as a			5,000
Sec	ction C. Computation of Public Sur	port Percenta	ige				
15	Public support percentage for 2021 (line 6, con Public support percentage from 2020 Scheduline)	ule A, Part II, line 1	4			14 15	49.93% 98.80%
16a	33 1/3% support test—2021. If the organization qualifies as			·	·		> X
b	33 1/3% support test—2020. If the organization qualified box and stop here. The organization qualified			·			▶
17a	10%-facts-and-circumstances test—2021 10% or more, and if the organization meets the Part VI how the organization meets the facts-organization.	he facts-and-circur -and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here . Explain in publicly supported	d	▶□
b	10%-facts-and-circumstances test—2020 15 is 10% or more, and if the organization me in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	>
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		▶□

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				/)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						_
	or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	- 0	0	0	0	0
8	Public support (Subtract line 7c from						•
800	tine 6.)						0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	(1) Total
	Gross income from interest, dividends,	0	0	0	0	0	
ıva		•					
	payments received on securities loans, rents, royalties, and income from similar sources						0
h	Unrelated business taxable income (less	^(
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						<u> </u>
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)		,
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2021 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15	0.00%
	Public support percentage from 2020 Sched					16	0.00%
	tion D. Computation of Investmer					T T	
17	Investment income percentage for 2021 (line		-			17	0.00%
18	Investment income percentage from 2020 Sc					18	0.00%
19a	33 1/3% support tests—2021. If the organi						. —
L	not more than 33 1/3%, check this box and s	-			-		▶ 🔼
D	33 1/3% support tests—2020. If the organi line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r	_	=				
	ato roundation. Il the organization did i	IOL OLIOOK & DOX OIL	i - , i ∪ a, ∪ i l ð	~, on ook und box o	111311 UUUUI 13		· · · · · · · · · · · · · · · · · · ·

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

- 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**.
- 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		
24		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
10b		
 A /=		`

Page **5**

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44 -		
Socti	on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Cooti	the supported organization(s).	1		
Secu	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		,
instructions. All other Type III non-functionally integrated supporting orga	nizati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	<u> </u>	
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	7	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):	N		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	
instructions).			•

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	ı	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017 0			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
<u> </u>	Applied to 2021 distributable amount			0
i	Carryover from 2016 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2021 from			
	Section D, line 7: \$ 0			
<u>a</u>			0	
<u> </u>	Applied to 2021 distributable amount			0
<u>C</u>	Tremainder: Cabract meet la and 15 herri meet.	0		
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.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2022. Add lines 3j	_		
	and 4c.	0		
8	Breakdown of line 7.			
a	Excess from 2017			
<u>b</u>	Excess from 2018			
	Excess from 2019			
<u>d</u>				
е	Excess from 2021 0			

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

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury

► Attach to Form 990 or Form 990-PF.

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

Name of the organization
The Sakonnet Preservation Association, Inc.

Creanization type (check one):

Employer identification number
23-7225987

organization type (chisck sho).				
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			
Check if your organization is cov	ered by the General Rule or a Special Rule .			
Note: Only a section 501(c)(7), (instructions.	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General Rule				
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.			
Special Rules				
regulations under section 16b, and that received fr	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
contributor, during the year literary, or educational p	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.			
contributor, during the ye contributions totaled mod during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re-than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year			

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

Name of organization	Employer identification number
The Sakonnet Preservation Association Inc	23-7225987

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	Not available for public inspection Foreign State or Province: Foreign Country:	\$1,549,229	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	Foreign State or Province: Foreign Country:	\$ 58,991	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					
3	Foreign State or Province: Foreign Country:	\$1,050,000	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)					

Name of organization

The Sakonnet Preservation Association, Inc.

Employer identification number

23-7225987

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I Publicly traded securities 1 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 3 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of org	anization net Preservation Association, Inc.			Employer identification number 23-7225987
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any on the completing Part in (Enter this information)	one contributor. Complet III, enter the total of exclu formation once. See instru	d in section 501(c)(7), (8), or e columns (a) through (e) and usively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift) Use of gift	(d) Description of how gift is held
Part I		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee
(a) No	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

The S	Sakonnet Preservation Association, Inc.			23-7225987
Part		Advised Funds or Other Similar Fun	ds or Accou	nts.
	Complete if the organization answere			
	<u>-</u>	(a) Donor advised funds	(b) Fun	nds and other accounts
1	Total number at end of year		4	•
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 dono	•		• •
	funds are the organization's property, subject to			Yes No
6	Did the organization inform all grantees, donors			
	only for charitable purposes and not for the ben			
	conferring impermissible private benefit?			Yes No
Part				
	Complete if the organization answere			
1	Purpose(s) of conservation easements held by			
	X Preservation of land for public use (for example	e, recreation or education) X Preservation	of a historicall	y important land area
	X Protection of natural habitat	Preservation	n of a certified h	istoric structure
	X Preservation of open space	• •		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a	conservation
_	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a	34
b	Total acreage restricted by conservation easem	nents	2b	217.36
С	Number of conservation easements on a certific		2c	0
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register			0
3	Number of conservation easements modified, to	ransferred, released, extinguished, or termi	nated by the or	ganization during
	the tax year			
4	Number of states where property subject to cor			<u>1</u> _
5	Does the organization have a written policy reg			
_	violations, and enforcement of the conservation			
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing co	onservation ease	ments during the year
-	79.00			
7	Amount of expenses incurred in monitoring, inspect	ing, nandling of violations, and enforcing conse	rvation easement	s during the year
8	► \$ 456 Does each conservation easement reported on	line 2(d) above satisfy the requirements of	section 170/h)/	(4)(D)(i)
0	and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	Section 170(II)(Yes No
9	In Part XIII, describe how the organization repo		and expense st	
•	balance sheet, and include, if applicable, the te		•	
	organization's accounting for conservation ease		iolal olatorriorito	that accompce the
Part			Other Simila	r Assets.
	Complete if the organization answere			
1a	If the organization elected, as permitted under I	FASB ASC 958, not to report in its revenue	statement and	balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, educatio	n, or research i	n furtherance of
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	scribes these it	ems.
b	If the organization elected, as permitted under I	FASB ASC 958, to report in its revenue star	tement and bala	ance sheet
	works of art, historical treasures, or other similar		n, or research i	n furtherance of
	public service, provide the following amounts re			
	(i) Revenue included on Form 990, Part VIII, lir	ne 1		\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art		s for financial ga	ain, provide the
	following amounts required to be reported under			_
	Revenue included on Form 990, Part VIII, line 1	1		\$
h	Assets included in Form 990 Part X		h	× «

Part	Organizations Maintaining C	ollections of Ar	t, Histoı	rical Tre	asures, or	Other S	imilar Asse	ts (conti	nued)	
3	Using the organization's acquisition, acc	cession, and other	records, o	check any	of the follow	ing that n	nake significar	nt use of it	s	
	collection items (check all that apply):			ī						
а	Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations			•						
4	Provide a description of the organization	n's collections and	explain h	ow they fu	irther the org	anization	's exempt purr	ose in Pa	art	
•	XIII.			o					•••	
5	During the year, did the organization so	licit or receive dona	ations of a	art. historio	cal treasures	or other	similar			
-	assets to be sold to raise funds rather th							Ye	es	No
Part			•							
· ar	Complete if the organization ar		n Form 9	990. Part	IV. line 9. d	or report	ed an amou	nt on Foi	m	
	990, Part X, line 21.				,					
1a	Is the organization an agent, trustee, cu	stodian or other in	termediar	y for contr	ibutions or of	ther asse	ts not			
	included on Form 990, Part X?			-				Ye	es	No
b	If "Yes," explain the arrangement in Par	t XIII and complete	the follow	wing table	:					
								Amount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					<u>1e</u>				
f	Ending balance					1f				0
2a	Did the organization include an amount	on Form 990, Part	X, line 2	1, for escr	ow or custodi	ial accou	nt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Par	t XIII. Check here i	f the expl	anation ha	as been provi	ided on P	art XIII			
Part			. •							
	Complete if the organization ar	nswered "Yes" o	n Form 9	990, Part	IV, line 10.					
		(a) Current year	(b) Pri	or year	(c) Two years	back (d) Three years bad	ck (e) Fo	ur years	back
1a	Beginning of year balance	0	X	0		0		0		0
b	Contributions									
С	Net investment earnings, gains,									
	and losses	* •								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	4								
f	Administrative expenses	0		0		0				
g	End of year balance		aalanaa /	0	امط (دم) امطال	0		0		0
∠ a	Provide the estimated percentage of the Board designated or quasi-endowment		%	ille ig, co	numm (a)) nei	u as.				
b	Permanent endowment	%	70							
C		/o								
·	The percentages on lines 2a, 2b, and 2c		%.							
3a	Are there endowment funds not in the p			n that are	held and adı	ministere	d for the			
	organization by:		J						Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related org	janizations listed a	s required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses of	of the organization	s endowr	nent funds	3.					
Part										
	Complete if the organization ar	nswered "Yes" o	n Form 9	990, Part	IV, line 11a	a. See F	<u>orm 990, Pa</u>	rt X, line	10.	
	Description of property	(a) Cost or oth		` '	or other basis	` '	ccumulated	(d) Bo	ook value)
		(investme		(0	other)	dep	oreciation			
1a	Land	+	0		0					0
b	Buildings		0		0		0			0
C C	Leasehold improvements		0		5,216		5,216			0
d e	Equipment		0		5,216		5,216			0
E	I. Add lines 1a through 1e. (Column (d) m			1		l				0

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Refundable advances	4,609
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,609

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part		eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Other (Describe in Part XIII.)	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		Part X, line
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	
Part I	Line 9 Land purchases and contributions are reported at cost or estimated fair		
value	respectively at the date of acquisition or donation. Conservation easements		
gener	ally provide that a property will be maintained unimpaired in its current natural,		
agricu	ultural, scenic, or recreational state. Conservation easements placed on land owned		
by the	e Organization impair the value of the land. Accordingly, the loss of value is shown		
	. (7)		
as a r	eduction of net assets on the Statement of Activities. The Organization also holds		
conse	ervation easements (including deeded development rights) on land owned by other		
partie	s. There is no market for such easements, which are recorded at \$1 at time of		
receip	ot.		
D- 1 "	I Line E Democrath to the medianel Land Truck Alliance of the Line III and III		
Part I	I Line 5 Pursuant to the national Land Trust Alliance standards and practices, the		
Calcar	anot Proconvotion Accognition (the Accognition) shall manifer each of its concernation		
Sakor	nnet Preservation Association (the Association) shall monitor each of its conservation		
Ageer	ment properties within each calendar year and within twelve months of acquisition.		
casel	ment properties within each calendar year and within twelve months of acquisition.		
Annu	al property monitoring strengthens the relationship with the landowner, ascertains		

Supplemental Information (continued) changes in land ownership and ensures enforcement of the easement's terms. Effective property monitoring is required to uncover possible easement violations, initiate remediation, undertake enforcement actions and establish a record for possible legal action. The Association is committed to monitoring, defending and enforcing their terms and restrictions in a consistent, timely manner. Part II Line 5 continued The volunteer property monitor or Stewardship Director shall walk the boundaries of the property, making every effort to locate them, following the baseline Documentation Report, Management Plan or Survey Plan photographs. Overall supervision of monitoring shall be the responsibility of the Stewardship Director who shall delegate monitoring duties to the Association's trained volunteer monitors which may include the Sakonnet Preservation Association's Board Members. Completed monitoring reports will be archived in accordance with the Association's adopted Records Policy and Procedure Part X Line 2 The Organization accounts for uncertainty in income taxes in accordance with ASC Topic Income Taxes. This standard clarifies the accounting for uncertainty in tax positions and describes a recognition threshold and measurement attribute for the financial statements regarding a tax position taken or expected to be taken in a tax return. The Organization has determined that there are no uncertain tax positions which qualify for either recognition or disclosure in the financial statements as of December 31, 2020.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

The Sakonnet Preservation Association, Inc.

 $\,\blacktriangleright\,$ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

23-7225987

Employer identification number

Par	Types of Property	1		, :				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures				1			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household				•			
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	9	1,649,729	Market			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures			•				
14	Qualified conservation							
	contribution—Other	Χ	1	1,050,000	Appraisal			
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (Landscaping mater)	X	1	7,736	Fair value			
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	, Part V, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organization			•	•			
	28, that it must hold for at least thr	-						
	to be used for exempt purposes for		holding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	-	· · · · · · · · · · · · · · · · · · ·					
	contributions?					31	Χ	
32a	3	•	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	noncash contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an checked, describe in Part II.	amount in o	column (c) for a type of prop	erty for which column (a) is				

Schedule M (Form 990) 2021 The Sakonnet Preservation Association, Inc. 23-7225987 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether
the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
or a combination of both. Also complete this part for any additional information.
Part I Column B. The Organization reports number of gifts received, not units received.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

The Sakonnet Preservation Association, Inc. 23-7225987 Form 990, Part VI, Section A, Line 4: The By-laws, as changed allow the Board of Directors to alter, amend or repeal the by-laws except when such actions would prevent the Organization from qualifying as an exempt organization under Sections 170(c), 170b1A(v), and 501(c)(3), or otherwise, of the internal revenue code as may be amended from time to time. In the past any changes required the affirmative vote of two thirds of the Members present and voting at an annual or special meeting of the Members at which a quorum is present. Form 990, Part VI, Section A, Line 6&7: Article III of the Organization's by-laws defines members as anyone who pays annual dues according to a schedule set by the Board of Directors Article IV states that members will ratify the slate of Directors at each annual meeting for the ensuing year. Article XII, Section 2 states that the by-laws may not be amended to prevent the Organization from qualifying as an exempt organization under Sections 170(c), 170b1A(v). and 501(c)(3) or otherwise of the Internal Revenue Code as may be amended from time to time without the vote of one hundred percent (100%) of the Members present and voting at a meeting at which a quorum is present. Form 990, Part VI, Section B, Line 11b: The Board of Directors reviews and approves the Form 990 following review of the Finance and Executive Committees. Form 990, Part VI, Section B, Line 12c: Each member of the Board of Directors is required to report, sign and file a form affirming that they have read, understood and agree to abide by the Organization's conflict of interest policy. All directors, advisors and employees are required to submit to the President a list of businesses and other entities with which the Organization has or is contemplating entering into a relationship or transactions and with which the director, advisor or employee or a member of his or her immediate family is 1) an officer, director, trustee, member, employee or client; 2) a 5% shareholder; 3) is the owner of shares valued at more than \$10,000. Form 990, Part VI, Section B, Line 15: The Organization has no CEO, Executive Director or

other key employee. Members of the Board of Directors perform these functions on a voluntary

Schedule O (Form 990) 2021	Page	2
Name of the organization	Employer identification number	
The Sakonnet Preservation Association, Inc.	23-7225987	
:-		
pasis.		
Form 990, Part VI, Section C, Line 19: The Organization publishes its Form 990 on its website.		
		
Governing documents, conflict of interest policy and financial statements available to the		
oublic upon request.		
)	
		