990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	he 20	20 calendar y	ear, or tax year begin	ning		, 2020,	and endi	ing		, 20		
В	Check	if appli	cable:	C Name of organization IN	TERNATIONAL	OWL CENTER				D Emp	loyer identification number		
	Addres	ss chan	ige	Doing business as							45-5503365		
	Name	change	•	Number and street (or P.0	D. box if mail is not delive	ered to street address)		Room/sui	ite	E Telep	phone number		
	Initial r	-		ро вох 536						·	(507) 896-6957		
П	Final re	eturn/te	rminated	City or town, state or prov	ince, country, and ZIP or	foreign postal code				G Gros	ss receipts		
П	Ameno	ded retu	ırn	HOUSTON, MN 55		0 1				\$	340,739		
П		ation pe		F Name and address of prin					H(a) Is this a	a group return for subordinates? Yes X No			
										subordinates included? Yes No			
	Tax-exe	empt sta	atus: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No," attach a list. See instructions				
J	Websi	· .		NTERNATIONALOWL			, 02.		H(c) Group				
<u>. </u>			nization: X Corp		ociation Other		L Year of format	ion: 201			gal domicile: MN		
	ırt I		Summary	poration nust Assi	ociation other :		L Icai oi loimat	.ion. 201		otate of ic	gai domicile. 1414		
	1	1		he organization's missic	on or most significar	nt activities: TO	MAKE THE	WORT.D	Δ ΒΕΤΤ	FD DI	ACE FOR OWLS		
•	'		•	JCATION AND RES	•	<u>10</u>	PARKE THE	WORLD	A DELL	DIX EL	MCE FOR OWED		
Governance			INCOGII EDO	CATION AND RED									
'n.		_											
ĕ	2	- Ch	neck this hov	if the organization	discontinued its one	erations or disposed	of more than 2	5% of its	net accete				
Ö	3			members of the govern		•				1	6		
Activities &	4		ŭ	endent voting members	• • • • • • • • • • • • • • • • • • • •	,					6		
ţį	5		•	ndividuals employed in		• , ,					6		
ξi				ridividuals employed in volunteers (estimate if n	,	, ,					6		
	6			,	• /					. 7a	100		
				usiness revenue from P							0		
		D INE	et unrelated bus	siness taxable income f	10111 F01111 990-1, Pa	arti, iine ii	<u> </u>				0		
	١,			-lt- /Dt \/!!! : /	11-1				Prior Year		Current Year		
ø	8			d grants (Part VIII, line 1	•					5,739	184,887		
ă	9		•	revenue (Part VIII, line 2	0,					1,366	63,762		
Revenue	10			ne (Part VIII, column (A)						.,023	284		
2				Part VIII, column (A), line						,377	44,079		
	12			idd lines 8 through 11 (n	•					5,505	293,012		
	13			ar amounts paid (Part I)	` '	•			1	.,151	821		
		Benefits paid to or for members (Part IX, column (A), line 4)									0		
S	15			ompensation, employee					129	,513	130,179		
Expenses	16			draising fees (Part IX, co	, ,,			•			0		
e e			•	expenses (Part IX, colu	` ,		4,443	_					
ш	17			(Part IX, column (A), line				•		,283	92,777		
	18			Add lines 13-17 (must e				•		1,947	223,777		
	19) Re	evenue less ex	penses. Subtract line 1	8 from line 12 .			•	81	.,558	69,235		
s or								Begir	nning of Curre		End of Year		
set	<u></u>		otal assets (Par					•		5,798	593,649		
Net Assets or	[21		otal liabilities (P					•		,324	194,940		
				nd balances. Subtract lii	ne 21 from line 20			•	329	,474	398,709		
************	ırt II		Signature										
				that I have examined this return ion of preparer (other than office				of my know	viedge and bei	iet, it is			
Sig	ın		KARLA E										
			Signature of o	omicer						Da	ate		
He	re			BLOEM, EXECUTIVE	E DIRECTOR								
_			• • • • • • • • • • • • • • • • • • • •	name and title	Daniel Control		D-:		1		DTIN		
_			Print/Type preparer	rs name	Preparer's signature		Date		Check	if	PTIN		
Pa			Patrick F				08-24-20)21	self-em	ployed	P00921546		
	par		Firm's name	Bluff Co	untry Financ	ial Services		F	irm's EIN				
Us	e Or	าเม	Firm's address	РО Вож 3	06			P	hone no.				
				Houston							896-3030		
May	the I	RS dis	scuss this retur	rn with the preparer sho	wn above? (see ins	structions)					X Yes No		

	(Code:) (Expenses	\$	including grants of	\$) (Revenue	\$)
•			moduling grante of	*			, /
d	Other program services (Describe on (Expenses \$		\$) (Revenue \$)	
е	Total program service expenses	163	,326			,	
A							Form 990 (2020)

Form 990 (2020) **Part IV** C 0) INTERNATIONAL OWL CENTER Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_ X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I	•		
7	,	6		X
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
6		11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			X
120	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		3.5
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		_ X
ıJ	If "Yes," complete Schedule G, Part III	19		х
20 a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 1? If "Yes " complete Schedule Parts and	21		v

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Form 990 (2020) INTERNATIONAL OWL CENTER

Part IV Checklist of Required Schedules (continued)

	The checking of Required continues (Continues)			
00	Dillian and in the control of the co		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		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		Х
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete 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%	00		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			21
	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		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,"			
22	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		.,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-4	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			23
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	16		
	reportable gaming (gambling) winnings to prize winners?	1c		

20) INTERNATIONAL OWL CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

INTERNATIONAL OWL CENTER Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.		
a	The governing body?	8a ob	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	Х	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		<u> </u>
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
I6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401		
200	organization's exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
. •	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KADIA BIOFM (507) 896-6957 126 F CEDAD CEDET HOUSENIN MN 55943			

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)								
(A)	(B)		Position				(D)	(E)	(F)	
Name and title	Average	,	(do not check more than one box, unless person is both an			,	Reportable	Reportable	Estimated amount	
	hours				compensation	compensation	of other			
	per week							from the	from related	compensation
	(list any	악교	7	Q	<u>~</u>	을 표	Fc	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	titut	Officer	y er	ghes	Former	(11 2/1000 111100)	,	related organizations
	organizations	ual t	iona		Key employee	/ee	·			
	below	Individual trustee or director	Institutional trustee		/ee	nper				
	dotted line)	ď	tee			Highest compensated employee				
						ed				
(1) SCOTT BINGHAM										
BOARD MEMBER		х						0	0	0
(2) JAMES NISSEN										
BOARD MEMBER		х	_					0	0	0
(3) KATHY SOLUM										
BOARD MEMBER		х						0	0	0
(4) PETER CONGDON										
CHAIRMAN				х				0	0	0
(5) ROBERT CARLSON										
TREASURER				х				0	0	0
(6) WILLIAM L OHM										
VICE CHAIR			_	Х				0	0	0
(7)										
(8)										
			_							
(9)										
(10)										
(11)										
(12)										
(13)										
40			\dashv							
(14)										
	(1	

	(A) Name and title		(C) Position (do not check more than or box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amount of other compensation from the		t
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatior (W-2/1099-MIS		organi	m tne zation and organization	าร
<u>(15)</u>														
<u>(16)</u> _														
<u>(17)</u>														_
<u>(18)</u>														_
<u>(19)</u>														
<u>(20)</u>														_
<u>(21)</u>														
<u>(22)</u>														_
<u>(23)</u>														
(24)														
<u>(25)</u>														
1b c d	Subtotal	on A .				 		· •	0 than \$100,000 of		0		O)
	reportable compensation from the organization		eu abc		wilo				11a11 \$ 100,000 01			,	/ N	0
3	Did the organization list any former officer, director, employee on line 1a? <i>If</i> "Yes," complete Schedule J	for such ind	lividual									3	Yes No	
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$ individual	150,000? <i>lf</i>	"Yes,"	com	plete	e Sc	hedule	J fo	or such			4	х	
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," c	•		•			•	izatio	on or individual			5	x	
Section 1	on B. Independent Contractors Complete this table for your five highest compensate	ed indenend	lent co	ntrac	tors	that	receiv	ed n	nore than \$100,000	of				_
	compensation from the organization. Report compensation										ar.			
	(A) Name and business address	;							(B) Description of service	es		(C) Compensa	ion	
														_
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) w	/ho						

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Form 990 (2020) INTERNATION Statement of Revenue

		Check if Schedule O contains a response	or no	te 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
	1a	Federated campaigns	1a					
s is	b	Membership dues	1b	36,356				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
e, e	d	Related organizations	1d					
Sifts ar A	е	Government grants (contributions)	1e	31,100				
imil)	f	All other contributions, gifts, grants,						
it S		and similar amounts not included above	1f	117,431				
檀품	g	Noncash contributions included in						
on od (lines 1a-1f	1g	\$				
တ 👨	h	Total. Add lines 1a-1f		▶	184,887			
				Business Code				
ø	2a	PROGRAMS, ADMISSIONS		900099	63,762	63,762		
ه ≧	b							
Sei	С							
e e a	d							
Program Service Revenue	е							
P	f	All other program service revenue						
	g	Total. Add lines 2a-2f			63,762			
	3	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond		▶	284	284		
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a 22,	266	(ii) i ordoniai				
	b	Less: rental expenses 6b 14,						
	1		658					
	1	Net rental income or (loss)			7,658			7,658
		Gross amount from (i) Securitie	s	(ii) Other	,,,,,			.,
	١, ٣	sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
	d	Net gain or (loss)						
Other Re	8a	Gross income from fundraising						
₹		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a	69,540				
	1	Less: cost of goods sold	10b	33,119				
	С	Net income or (loss) from sales of inventory			36,421	36,421		
				Business Code				
Miscellanous Revenue		MISCELLANEOUS		900099				
lan Suu	b							
cel	С							
M Ris		All other revenue						
		Total. Add lines 11a-11d						
	17	Total revenue. See instructions			293 012	100 467	0	7 658

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	ny line in this Part 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			g	о. фолосо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	821	821		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	67,652	51,348	14,207	2,097
6	Compensation not included above, to disqualified	·			•
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	44,770	40,437	4,232	101
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,206	2,597	543	66
9	Other employee benefits	5,791	4,395	1,216	180
10	Payroll taxes	8,760	7,156	1,434	170
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	581		581	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,670	109	2,561	
12	Advertising and promotion	11,446		11,446	
13	Office expenses	12,579	8,241	2,509	1,829
14	Information technology	4,749	4,209	540	
15	Royalties				
16	Occupancy	18,961	14,600	4,361	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,589	2,898	8,691	
23	Insurance	4,794	1,446	3,348	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	LIVE BIRD EXPENSE	4,253	4,253		
b	VEHICLE EXPENSE	356	356		
C	REPAIRS AND MAINTENANCE	900	561	339	
d	FESTIVAL OF OWLS PROGRAM EXP	16,528	16,528		
е	All other expenses	3,371	3,371		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	223,777	163,326	56,008	4,443
40	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)				

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Part X **Balance Sheet**

Cash - non-interest-bearing			Check if Schedule O contains a response or note to any line in this Part X			
1 Cash - non-interest-bearing 1 1 1 1 1 1 1 1 1				(A)		(B)
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustees, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), and persons described in section 4956(c)(3)(8) 6 Loans and other receivables from other disqualified persons (as defined under section 4956(c)(3)(8) 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 8 Inventories for sale or use 9 Pregale expenses and deferred changes 9 Pregale expenses and deferred changes 9 Pregale depreciation 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangble assets. 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Total assets. Add lines 1 through 15 (must equal line 33) 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-except bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties 23 Secured mortages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Net assets with chord restrictions 29 Organizations that follow FASB ASC 958, check here and complete lines 27 through 33 30 Paid-in or capital surplus. or land, building, or equipment fu				Beginning of year		End of year
1		1	Cash - non-interest-bearing		1	
4 Accounts receivable, net (120) 4		2	Savings and temporary cash investments	139,648	2	155,484
S		3	Pledges and grants receivable, net		3	
Trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5		4	Accounts receivable, net	(120)	4	
Controlled entity or family member of any of these persons 5		5	Loans and other receivables from any current or former officer, director,			
Section Comparison Compa			trustee, key employee, creator or founder, substantial contributor, or 35%			
Total assets. See Part IV, line 11 1,200 15 1,200 15 1,200 16 17 18 17 18 18 19 19 19 19 19 19			controlled entity or family member of any of these persons		5	
Notes and loans receivable, net		6	Loans and other receivables from other disqualified persons (as defined			
Section Sect			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
10a	w	7	Notes and loans receivable, net		7	
10a	set	8	Inventories for sale or use		8	
Basis. Complete Part VI of Schedule D	As	9	Prepaid expenses and deferred charges		9	
B		10a	Land, buildings, and equipment: cost or other			
11 Investments - publicity traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 14 15 15 16 17 16 17 17 18 18 18 19 19 19 19 19			basis. Complete Part VI of Schedule D 10a 486,007			
11 Investments - publicity traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 14 15 15 16 17 16 17 17 18 18 18 19 19 19 19 19		b	Less: accumulated depreciation 10b 49,042	276,070	10c	436,965
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 1,200 15 1,200 15 1,200 15 1,200 16 Total assets. Add lines 1 through 15 (must equal line 33) 416,798 16 593,649 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 186,021 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 87,324 25 8,919 25 Total liabilities. Add lines 17 through 25 87,324 26 194,940 27 28 27 28 28 27 28 28		11		·		
14		12	Investments - other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 1,200 15 1,200 16 Total assets. Add lines 1 through 15 (must equal line 33) 416,798 16 593,649 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1		13	Investments - program-related. See Part IV, line 11		13	
Total assets. Add lines 1 through 15 (must equal line 33) 416,798 16 593,649		14			14	
Total assets. Add lines 1 through 15 (must equal line 33) 416,798 16 593,649		15	Other assets. See Part IV, line 11	1,200	15	1,200
17		16			16	
18 Grants payable 18 19 Deferred revenue 19 19 19 19 19 19 19 1		17	Accounts payable and accrued expenses	·	17	
Tax-exempt bond liabilities		18			18	
Secretary of custodial account liability. Complete Part IV of Schedule D 21		19	Deferred revenue		19	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 329,474 32 398,709		20	Tax-exempt bond liabilities		20	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 329,474 32 398,709		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 329 A774 31 398,709	S	22				
23 186,021 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	Ĭ		trustee, key employee, creator or founder, substantial contributor, or 35%			
23 186,021 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	abi				22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	186,021
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	,
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25				
Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 87,324 26 194,940 87,324 26 194,940 27 27 28 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 329,474 31 398,709			parties, and other liabilities not included on lines 17-24). Complete Part X			
Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 87,324 26 194,940 87,324 26 194,940 27 27 28 Organizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 329,474 31 398,709			of Schedule D	87,324	25	8,919
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26	Total liabilities. Add lines 17 through 25			
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions			Organizations that follow FASB ASC 958, check here			
Net assets without donor restrictions	Ses		and complete lines 27, 28, 32, and 33.			
Very September 1 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ✓ 29 30 Paid-in or capital strok or trust principal, or current funds 29 31 Retained earnings, endowment, accumulated income, or other funds 30 32 Total net assets or fund balances 329,474 31 33 Total liabilities and net assets/fund balances 329,474 32 398,709 33 Total liabilities and net assets/fund balances 416,798 33 593,649	au	27	Net assets without donor restrictions		27	
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Bal	28	Net assets with donor restrictions		28	
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 329,474 31 398,709 32 Total net assets or fund balances 329,474 32 398,709 33 Total liabilities and net assets/fund balances 416,798 33 593,649	P		Organizations that do not follow FASB ASC 958, check here			
29 Capital stock or trust principal, or current funds	Ī					
30 Paid-in or capital surplus, or land, building, or equipment fund 30	ō	29	Capital stock or trust principal, or current funds		29	
8/4 b 31 Retained earnings, endowment, accumulated income, or other funds 329,474 31 398,709 32 Total net assets or fund balances 329,474 32 329,474 32 398,709 33 Total liabilities and net assets/fund balances 416,798 33 593,649	ets	30			30	
32 Total net assets or fund balances 329,474 32 398,709 33 Total liabilities and net assets/fund balances 416,798 33 593,649	Ass	31		329,474	31	398,709
2 33 Total liabilities and net assets/fund balances	et /	32	Total net assets or fund balances	·		
	Z	33	Total liabilities and net assets/fund balances			

3a

Х

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Consolidated basis

separate basis, consolidated basis, or both:

Single Audit Act and OMB Circular A-133?

Separate basis

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification numbe INTERNATIONAL OWL CENTER 45-5503365 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

INTERNATIONAL OWL CENTER Schedule A (Form 990 or 990-EZ) 2020 45-5503365 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2016 **(b)** 2017 (c) 2018 Calendar year (or fiscal year beginning in)▶ (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4....... Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶□ Section C. Computation of Public Support Percentage % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 15 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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45-5503365

90 or 990-EZ) 2020 INTERNATIONAL OWL CENTER 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	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	, ,	` '	,,	` '	`,	.,
	received. (Do not include any "unusual grants.")	81,810	150,703	171,735	152,518	151,260	708,026
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose	91,554	93,416	114,141	156,410	97,545	553,066
3	Gross receipts from activities that are not an						
4	unrelated trade or business under section 513 • Tax revenues levied for the	23,663	29,518	40,006	29,025	28,184	150,396
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5	197,027	273,637	325,882	337,953	276,989	1,411,488
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,411,488
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	197,027	273,637	325,882	337,953	276,989	1,411,488
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	70	692	1,647	1,023	284	3,716
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	70	692	1,647	1,023	284	3,716
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	7,495	7,700	8,650	8,955	22,266	55,066
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	204,592	282,029	336,179		299,539	1,470,270
14	First 5 years. If the Form 990 is for the orga				•	` , `	,
	organization, check this box and stop here						▶ _
	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 8,	. ,	•			15	96.00 %
	Public support percentage from 2019 Scheo					16	96.59 %
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line	•	,			17	0.00 %
	Investment income percentage from 2019 Se					18	0.00 %
19a	33 1/3% support tests - 2020. If the organize						and line
	17 is not more than 33 1/3%, check this box	•					_
b	33 1/3% support tests - 2019. If the organization						
	line 18 is not more than 33 1/3%, check this	-					_
20	Private foundation. If the organization did r	not check a box	on line 14, 19a	a, or 19b, chec	k this box and	see instruction	s ▶ 🗍

Part IV Support

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
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2		
3a		
3b		
3c		
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4 -		
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4b		
4c		
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7 8 9a 9b		
7 8 9a 9b 9c		
7 8 9a 9b 9c		
7 8 9a 9b		

	ule A (Form 990 or 990-EZ) 2020 INTERNATIONAL OWL CENTER 45-5503365		P	Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44		
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	440		
500	tion B. Type I Supporting Organizations	11c	ш	<u> </u>
560	tion B. Type roupporting 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No,"</i> explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struct	ions).	
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 government entity (see in	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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	۵:		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	่วถ		<u></u>

Sched	ule A (Form 990 or 990-EZ) 2020 INTERNATIONAL OWL CENTER		45-55033	65 Pa	ge 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 <i>(explain i</i>	n Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Sections	A through E.	
900	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Ye	ar
360	Citori A - Adjusted Net income		(A) FIIOI Teal	(optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection				
	of gross income or for management, conservation, or maintenance of				
	property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			

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

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	Current Year				
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3			3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instructions.				
7	7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	9 Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
		<i>(</i> 1)	(ii)		(iii)

10 Line 8 amount divided by line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020			
(reasonable cause required - explain in Part VI). See			
instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from			
Section D, line 7:			
Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

EEA Schedule A (Form 990 or 990-EZ) 2020

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.)

EEA Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

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.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the organization	Employer identification number		
INT	ERNATIONAL OWL CENTER		45-5503365	
*****************	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acc		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		.,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	ing that the assets held in donor advised		
-	funds are the organization's property, subject to the organization			
6	Did the organization inform all grantees, donors, and donor advi	S .		
-	only for charitable purposes and not for the benefit of the donor of	-		
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or educa	`	a historically important land area	
	Protection of natural habitat	·	a certified historic structure	
	Preservation of open space	Treservation of	a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a cons	convotion	
2	easement on the last day of the tax year.	conservation contribution in the form of a cons		
•	, ,		Held at the End of the Tax Year 2a	
a				
b	,			
C	Number of conservation easements on a certified historic structu		<u>2c</u>	
d	Number of conservation easements included in (c) acquired after		24	
•	3		-	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organi	zation during the	
	tax year	antia la satad		
4	Number of states where property subject to conservation easem			
5	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds.			
6	•			
6	Staff and volunteer hours devoted to monitoring, inspecting, han	ding of violations, and enforcing conservation	reasements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing concernation age	coments during the year	
7		or violations, and emorcing conservation eas	sements during the year	
	Second consequents assessment reported on line 2/d) above a	entief, the requirements of eastion 170/b)/4//F	2)/;)	
8	Does each conservation easement reported on line 2(d) above s		<i></i>	
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements that	describes the	
Da	organization's accounting for conservation easements. rt III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets	
Га	Complete if the organization answered "Yes" of	· · · · · · · · · · · · · · · · · · ·	other Sillinal Assets.	
1a	If the organization elected, as permitted under FASB ASC 958, r			
	of art, historical treasures, or other similar assets held for public		ice of public	
	service, provide, in Part XIII the text of the footnote to its financia		all a days by of	
b	If the organization elected, as permitted under FASB ASC 958, t			
	art, historical treasures, or other similar assets held for public ex	midition, education, or research in furtherance	e or public service,	
	provide the following amounts relating to these items:		. ^	
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasu		provide the	
	following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1			
h	Assets included in Form 990 Part X		> \$	

Sched	ule D (Form 990) 2020 INTERNATIONAL	OWL CENTER					45-550	3365	Page 2
Pai	rt III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, accession	n, and other records,	check any c	of the follow	ving that mak	e significa	ant use of its		
	collection items (check all that apply):		•		•				
а	Public exhibition		d	Loan	or exchange p	orograms			
b	Scholarly research		е	Other		Ü			
c	Preservation for future generations			_					
4	Provide a description of the organization's colle	ections and explain ho	ow they furtl	ner the ora	anization's ex	empt pur	pose in Part		
•	XIII.	odono dna oxpidin ne	orr aloy lara	ioi alo orgi	anization o	tompt pai	pood ii ii ait		
5	During the year, did the organization solicit or r	receive donations of a	art historica	l treasures	or other sim	ilar			
J	assets to be sold to raise funds rather than to be		-					. Ye	s No
Pai	rt IV Escrow and Custodial Arra		or the orga	IIIZaliOITS C	DOILECTION 1			·	5 110
	Complete if the organization	•	on Form	990 Pa	rt IV line (0 or re	norted an am	ount on F	orm
	990, Part X, line 21.	answered res	OII I OIIII	330, i a	iitiv, iiiie v	<i>5</i> , 01 10	ported arrain	ount on i	OIIII
					41	_4			
1a	Is the organization an agent, trustee, custodiar								п.,
_	· · · · · · · · · · · · · · · · · · ·							∐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ving table:						
							Ar	nount	
С	Beginning balance								
d	· ······· · · · · · · · · · · ·								
е	Distributions during the year					. 1e			
f	Ending balance					. 1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21	1, for escrov	w or custod	lial account li	ability?		. Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the expla	anation has	been provi	ided on Part 2	XIII .			
Pai	rt V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line	10.			
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years back	(e) Fou	r years back
1a	Beginning of year balance	•			•		•		•
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
·	programs								
£									
f	'								
g	End of year balance			()\ I	L.I				
2	Provide the estimated percentage of the currer		ine 1g, colu	mn (a)) nei	id as:				
a	Board designated or quasi-endowment								
b		%							
С	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	sion of the organizatio	n that are h	eld and ad	ministered fo	r the			
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as required	l on Schedu	ıle R? .				. 3b	
4	Describe in Part XIII the intended uses of the o		ment funds.						
Pai	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or oth	ner basis	(b) Cost of	r other basis	(c) /	Accumulated	(d) Boo	ok value
		(investme		l ' '	other)		preciation		
1a	Land		52,400						52,400
b	Buildings		05,312				22,462		382,850
c	Leasehold improvements		,				22,302	•	552,050
d	Equipment				28 205		26 500		1 715
	· ·	•			28,295		26,580		1,715
e	Other		Column /F	R) line 10e	1				426 005
ota	i. Add illies Ta tillough Te. (Column (d) must ed	_l uai Fulli 990, Palt X	, colultifi (E	<i>i),</i> iii le 100.	<i>,</i>	<u></u> .			436,965

Schedule D (Form	990) 2020 INTERNATIONAL OWL CENTER		A E .	-5503365	Page
Part VII	Investments - Other Securities.		45-	-5505565	1 agc
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line	e 11b. See Form	990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n:
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
_(B)					
(C)					
_(D)					
_(E)					
_(F)					
_(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line	e 11c. See Form	990, Part X,	line 13.
	(a) Description of investment	(b) Book value	,	c) Method of valuation rend-of-year market v	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, line	e 11d. See Form	990, Part X,	line 15.
	1				
	(a) Description			(b) Bo	ok value
(1)OTHER	(a) Description			(b) Bo	
	(a) Description			(b) Bo	
(1)OTHER	(a) Description			(b) Bo	
(1)DTHER 2	(a) Description			(b) Bo	ok value 1,20
(1)OTHER 2 (2) (3)	(a) Description			(b) Bo	

(a) Description	(b) Book value
(1) OTHER ASSETS	1,200
(2)	
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,200

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
_(1) Federal income taxes		
(2payroll liabilities	7,171	
(3SALES TAX PAYABLE	598	
4\$ECURITY DEPOSIT PAYABLE	1,150	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,919	

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

Sched	ule D (Form 990) 2020 INTERNATIONAL OWL CENTER 4	5-550	3365	Page 4
***************************************	Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	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 2a			
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		
3	Subtract line 2e from line 1	3		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	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.) 2d			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
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.)			
C	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		
Pai	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par	t X. line	 }	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	,		
•				

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Name of the organization						Employer ide	ntification number
INTERNATIONAL OWL CENTER						45-55	03365
Part I Fundraising Activities	. Complete if the	he organiz	ation ansv	wered "Yes" on	Form 99	ົ່ງ, Part IV,	line 17.
Form 990-EZ filers are no	t required to cor	nplete this	part.				
1 Indicate whether the organization raise	ed funds through ar	ny of the follow	wing activitie	s. Check all that app	ly.		
a Mail solicitations		e 🗌 S	Solicitation of	non-government gra	ants		
b Internet and email solicitations				government grants			
c Phone solicitations				aising events			
d In-person solicitations		3 🗆 -		g			
2a Did the organization have a written or	oral agreement with	any individu	al (including	officers directors tru	ıstees		
or key employees listed in Form 990, I							es No
	,		-	•		_	62 140
b If "Yes," list the 10 highest paid individ		iuraisers) pur	Suarii io agre	eements under which	i ille iuliula	isei is to be	
compensated at least \$5,000 by the or	ganization.						
					(-) Ama	t maid to	
(i) Name and address of individual		(iii) Did fund		(iv) Gross receipts		ount paid to ained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		control of utions?	from activity	•	ser listed in	(or retained by) organization
		Contino			CC	ol. (i)	organization
		Yes	No	_			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				
3 List all states in which the organization	is registered or lice	nsed to solici	t contribution	ns or has been notifie	d it is exem	pt from	
registration or licensing.							
						_	

			· /					
			(a) Event #1	_	(b) Event #2	_	(c) Other events	(d) Total events (add col. (a) through
			(event type)		(event type)		(total number)	col. (c))
Revenue	1	Gross receipts						
Re	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
	5	Noncash prizes						
ses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses						
	10 11	Direct expense summary. Add lines Net income summary. Subtract line						
Pa	rt II		organization answered "					more than
		\$15,000 on Form 990-EZ,	-	100	011 1 01111 330, 1 art	ιν,	inic 15, or reported	more than
		Ţ.e,ccc c ccc,			(b) Pull tabs/instant			(d) Total gaming (add
Revenue			(a) Bingo	b	ingo/progressive bingo		(c) Other gaming	col. (a) through col. (c))
eve								
~	1	Gross revenue						
Se	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No		Yes % No		Yes % No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)					
	8	Net gaming income summary. Subtra	act line 7 from line 1, colum	n (d)			.	
9	Fn	nter the state(s) in which the organizati	on conducts gaming activitie	es.				
a		the organization licensed to conduct g			states?			· · · · · Yes No
b								
	_							
10a	W	ere any of the organization's gaming lic	censes revoked, suspended	. or t	erminated during the tax	x vea	ar?	· · · · · Yes No
		15.7	ochoco reverca, odopenaca	, -, .		. , 50		55 _ 70

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

INTERNATIONAL OWL CENTER 45-5503365 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION CONSISTS OF 6 BOARD MEMBERS, WHICH INCLUDES 3 OFFICERS AT THIS TIME. BOARD NOMINATES AND VOTES ON ALL NEW MEMBERS 02. Member election for additional members (Part VI, line 7a) THE NOMINATING COMMITTEE OF THE BOARD NOMINATES POTENTIAL NEW BOARD MEMBERS. THE BOARD ELECTS THE NEW BOARD MEMBERS. 03. Governing body decisions (Part VI, line 7b) THE GOVERNING BODY DOES NOT MAKE DECISION ON THEIR OWN, THEREFORE ALL DECISIONS ARE MADE BY THE MEMBERS OF THE BOARD ATTENDING THE MONTHLY MEETINGS. 04. Form 990 governing body review (Part VI, line 11) 990 IS REVIEWED & VOTED UPON AT THE BOARD MEETING BEFORE IT IS FILED. 05. Conflict of interest policy compliance (Part VI, line 12c) ANY CONFLICTS MUST BE DISCLOSED DURING MEETING DISCUSSION/VOTES 06. CEO, executive director, top management comp (Part VI, line 15a) USED MINNESOTA NONPROFIT COMPENSATION SURVEY & 990'S FROM SIMILAR ORGANIZATIONS 07. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE UPON REQUEST 08. Significant program services not listed on prior year return (Part III, line 2)

IN 2020, WE BEGAN NEW RESEARCH PROJECTS DETAILED IN PART III, 4B.

Schedule O (Form 990 or 990-EZ) (2020)
Page 2

Name of the organization	Employer identification number
INTERNATIONAL OWL CENTER	45-5503365
09. Explanation of other changes in net assets or fund balances (Part XI, 1	ine 9)
ADJUST FOR NET LOSS IN 2015	
NEODOT TON NET EGGG IN 2015	
10. Part III, response or note to any other line in Part III	
IN 2020, WE CHANGED HOW WE LIST PROGRAM ACCOMPLISHMENTS.	
11. Part XI, response or note to any line in Part XI	
II. Fait AI, lesponse of note to any line in fait Ai	
RECONCILIATION ADJUSTMENT	

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number INTERNATIONAL OWL CENTER FORM 990 45-5503365 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11....... 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 17 17 9,727 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real 39 yrs. MM S/L property MM S/L Statement #567 1,862 Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. 30-year MM S/I С 30 yrs. d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

11,589

22

23

23

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	•	_	
or calendar year 2020, or fiscal year beginning			and ending

Do not send to the IRS. Keep for your records.

2020

Taxpayer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of exempt organization or person subject to tax

Go to www.irs.gov/Form8879EO for the latest information.

INTERNATIONAL OWL CENTER 45-5503365 Name and title of officer or person subject to tax

KARLA BLOEM, EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a** Form 990 check here **X b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) **b Total revenue**, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ▶ | 3a Form 1120-POL check here 4a Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here ► 6a Form 990-T check here ▶ **b** Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here ► Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above organization or I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of organization) , (EIN)_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize Bluff Country Financial Ser to enter my PIN as my signature FRO firm name Enter five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 413483 76051 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
_INTERNATIONAL OWL CENTER	45-5503365
FORM 4562 - LINE 191	Statement #567

DATE	COST	RP	DEDUCTION
01-2020	35 , 562	27 .5	1,239
11-2020	136,919	27.5	623
TOTAL			1,862

990	Overflow Statement		2020 Page 1
me(s) as shown on return		FEII	N
NTERNATIONAL OWL C	ENTER		45-5503365
escription DMISSIONS			Amount
DM15510N5 ROGRAM FEES			\$ 24,814
IRECT PUBLIC SUPPO	 RT		53,442
APITAL CAMPAIGN			61,462
THER			61
ISC REVENUE			2,466
DMISSIONS REPORTED	ON PART V111		(24,814
ROGRAM FEES REPORT	ED ON PART V111		(3,191
		Total: \$	117,431
escription			Amount
NTEREST ON CD'S			\$ 284
		Total: \$	284
		·	
	RENTAL EXPENSES		
escription			Amount
NTEREST EXPENSE			\$ 3,927
EAL ESTATE TAXES			6,920
EPAIRS			3,187 574
TILITIES		Total: \$	14,608
		TOTAL: Ş	14,606
escription			Amount
ARLA ESS TO MANAGEMENT			\$ 67,652
ESS TO FUNDRAISING			(14,207)
TOO TO LONDKYTOING	<u> </u>	Total: \$	51,348
		rocar. p	

990	Overflow Statement		2020 Page 2
me(s) as shown on return		FEIN	
NTERNATIONAL OWL	CENTER	4	5-5503365
escription ARLA TOTAL ESS TO FUNDRAISIN ESS TO PROGRAMS	G	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount 67,652 (2,097) (51,348) 14,207
escription ARLA TOTAL ESS TO PROGRAM ESS TO MANAGEMENT		<u>\$</u>	Amount 67,652 (51,348) (14,207)
escription OTAL GROSS PAY, J ESS TO MANAGEMENT		Total: \$	2,097 Amount 18,924 (3,104
OTAL GROSS PAY, S ESS FUNDRAISING OTAL GROSS PAY, K OTAL GROSS PAY, L ESS TO MANAGEMENT OTAL GROSS PAY, A ESS TO MANAGEMENT	USAN AYLEEN ILLI NDROMAKLE		10,095 (101 84 5,465 (323 10,198 (806
OUNDING		Total: \$	40,437
escription ROM JOHANNA ROM LILLI ROM ANDROMAKLE OUNDING	MANAGEMENT AND GENERAL EXP	<u>\$</u>	Amount 3,104 323 806
		Total: \$	4,232

990	Overflow Statement	2020 Page 3
Name(s) as shown on return	IMED	FEIN 4.5 5.5000.C.5
INTERNATIONAL OWL CEN	NIER	45-5503365
Description		Amount
FROM SUSAN	Total:	\$ 101
	Total:	\$101
Description		Amount
SIMPLE CO MATCH, JOHA		\$ 475
SIMPLE CO MATCH, SUSA		300
SIMPLE CO MATCH, KARI SIMPLE CO MATCH, ANDF		1,540 282
SIMPLE CO MAICH, ANDR	Total:	
	10 501	* <u></u>
Description		Amount
SIMPLE CO MATCH, JOHA		\$ 93
SIMPLE CO MATCH, ANDF		24
SIMPLE CO MATCH, KARI		426
	Total:	\$543
Description		Amount
SIMPLE CO MATCH - KAP	 RLA	
SIMPLE CO MATCH - SUS		\$ 63
	Total:	\$66
Description HEALTH DE	TMD VADIA	Amount 5 701
HEALTH INS, HEALTH RE - MANAGEMENT	IIMB - KARLA	\$ <u>5,791</u> (1,216)
- FUNDRAISING		$-\frac{(1,210)}{(180)}$
	Total:	
		· ====================================

990 Overflow Statement	2020 Page 4
lame(s) as shown on return	FEIN
INTERNATIONAL OWL CENTER	45-5503365
	3 m a com b
Description HEALTH INS AND REIM - KARLA	Amount \$ 5,791
- LESS TO PROGRAMS	(4,395
- LESS TO FUNDRAISING	Total: \$1,216
Description	Amount
HEALTH INS & REIMB - KARLA - PROGRAM	\$ 5,791 (4,395
- MANAGEMENT	(1,216
	Total: \$180
Description MEDICARE CARE COMPANY	**************************************
MN UNEMPLOYMENT	160
SOC SEC COMPANY - MANAGEMENT	6,970 (1,434
- MANAGEMENI - FUNDRAISING	(170
	Total: \$7,156
Description	Amount
MEDICARE	\$ 1,630
SOCIAL SECURITY	160
MN UNEMPLOYMENT AND WORKFORCE FEE - LESS TO PROGRAMS	6,970 (7,156
- LESS TO FUNDRAISING	(170
	Total: \$ 1,434

990 o	verflow Statement	2020 Page 5
e(s) as shown on return ITERNATIONAL OWL CENTER		45-5503365
escription		Amount
DICARE COMPANY		\$ 1,63
UNEMPLOYMENT OC SEC COMPANY		16 6,97
TO PROGRAM		$-\frac{6,97}{(7,15)}$
TO MANAGEMENT		(1,43
	Total:	\$17
escription		Amount
TISIDE CONTRACT SERVICES		\$ 2,55 7
SPLAY EXPENSES-OTHER		
NTRACT SERVICES - OTHER		
PROGRAM		(10
	Total:	\$ 2,56
escription REDIT CARD PROCESSING FEES PERATIONS (BOOKS, MISC, POSTS ANK FEES LESS TO 24D, PROG EXPENSIFUNDRAISING	AGE, PRINTING, SUPPLIES, PHONE)	Amount \$ 4,32 8,17 7 (8,24 (1,82 \$ 2,50
escription MPUTER/TECHNOLOGY TO PROGRAM	Total:	Amount \$ 4,74 (4,20) \$ 54

990	Overflow Statement		2020 Page 6
Name(s) as shown on return INTERNATIONAL OF	WL CENTER		45-5503365
Description RENT, PARKING, 1 -23% TO MANAGEME		Total:	Amount \$ 18,961 (4,361) \$ 14,600
Description RENT, PARKING, U LESS AMT TO PROC		Total:	\$\frac{18,961}{(14,600)}\$\$ \$\frac{4,361}{18}\$
Description DEPR - MGMT		Total:	* 11,589 (8,691) \$ 2,898
Description DEPR - PROG		Total:	Amount \$ 11,589 (2,898) \$ 8,691
Description WORK COMP PROPERTY INSURAN LIAB INSURANCE INS KEY EMP OTHER PROPERTY - TO MANAGEMENT		Total:	Amount \$ 291 3,020 382 475 626 (3,348) \$ 1,446

990	Overflow Statement		2020 Page 7
me(s) as shown on return		FEIN	N
NTERNATIONAL OWL	CENTER		45-5503365
escription ORK COMP			Amount \$ 291
ROPERTY INSURANCE	 [3,020
IAB INSURANCE - I) & O		382
NS KEY EMP			475
THER PROPERTY			626
LESS AMT TO PROG	5KAMS	Total: \$	(1,446 3,34 8
		IOCAI. Ş	
escription			Amount
UILDING REPAIRS,	MAINT-GENERAL CLASS		\$833 67
OUTD DENEST : ::==			6.
	NT-GENERAL CLASS		
QUIP RENTAL & MAI TO PROGRAM	NT-GENERAL CLASS	Total· ¢	(561
	FESTIVAL OF OWLS PROGRAM E	Total: \$	(561
ESCRIPTION ANQUET US TRIP PEAKER FEES		EXPENSES	(561 339 Amount \$ 2,750 60 7,267
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST	FESTIVAL OF OWLS PROGRAM E	EXPENSES	Amount \$ 2,750 7,267
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES	FESTIVAL OF OWLS PROGRAM E	EXPENSES	Amount \$ 2,750 60 7,267 467 486
ESCRIPTION ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES	FESTIVAL OF OWLS PROGRAM E	EXPENSES	Amount \$ 2,750 60 7,267 467
ESCRIPTION ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES	FESTIVAL OF OWLS PROGRAM E	EXPENSES	Amount \$ 2,750 60 7,267 467 486
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC	FESTIVAL OF OWLS PROGRAM E	EXPENSES	Amount \$ 2,750 60 7,267 467 486 5,498
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 60 7,267 467 486 5,498 16,528
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 60 7,267 467 486 5,498 16,528 Amount \$ 500 2,871
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 60 7,267 467 486 5,498 16,528
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 60 7,267 467 486 5,498 16,528
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 7,267 467 486 5,498 16,528
escription ANQUET US TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750
escription ANQUET JS TRIP PEAKER FEES IDS ART CONTEST REDIT CARD PROCES THER MISC escription ROGRAM EXPENSES	FESTIVAL OF OWLS PROGRAM E	Total: \$	Amount \$ 2,750 7,267 467 486 5,498 16,528

990	Overflow Statement	2020 Page 8
Name(s) as shown on return		FEIN
INTERNATIONAL O	WL CENTER	45-5503365
Description TOTAL CHECKING/ UNDEPOSITED FUN		Amount \$ 150,907 4,577 Total: \$ 155,484
Description LOAN WOODARD HO LOAN KUBITZ HOU		Amount \$ 51,405 134,616 Total: \$ 186,021
Description CAPITAL CAMPAIG DIRECT PUBLIC S MEMBERSHIP DUES	UPPORT	Amount \$ 61,462 53,442 36,356 Total: \$ 151,260
Description ADMISSIONS PROGRAMS MERCHANDISE		Amount \$ 24,814 3,191 69,540 Total: \$ 97,545
Description FESTIVAL OF OWL	S	Amount \$ 28,184 Total: \$ 28,184
Description RENT		Amount \$ 22,266 Total: \$ 22,266

990	Overflow Statement		2020 Page 9
ne(s) as shown on return			FEIN
ITERNATIONAL OWL CE	ENTER		45-5503365
	LAND		
escription			Amount
TERSON KADSON			\$ 20,000
NADSON DODARD			24,000
, <u> </u>		Total:	
			'=====================================
	BUILDINGS		
escription			Amount
TERSON			\$ 45,000
KADSON			60,45
OODARD			127,376
ARLSON HOUSE JBITZ HOUSE			35,562 136,919
DELIZ HOUSE		Total:	
		1000-	Ť
	CUDDENM DEDDECTAMON DUT	DINGC	
	CURRENT DEPRECIATION BUIL	TDINGS	
escription			Amount
ADSON			\$ 2,198
KADSON OODARD			\$ 2,198
XADSON DODARD ARLSON			\$ 2,198 4,633 1,236
KADSON OODARD		Total:	\$ 2,198 4,633 1,236 623
XADSON DODARD ARLSON		Total:	\$ 2,198 4,633 1,236 623
XADSON DODARD ARLSON		Total:	\$ 2,198 4,633 1,236 623
XADSON DODARD ARLSON JBITZ		Total:	\$ 2,198 4,633 1,236 623 \$ 8,688
AADSON DODARD ARLSON JBITZ escription		Total:	\$ 2,198 4,633 1,236 623 \$ 8,688
XADSON DODARD ARLSON JBITZ		Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544
AADSON DODARD ARLSON JBITZ SSCRIPTION ETERSON HOUSE			\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,107 2,123
AADSON DODARD ARLSON JBITZ SCRIPTION CTERSON HOUSE AADSON HOUSE		Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,107 2,123
AADSON DODARD ARLSON JBITZ SCRIPTION CTERSON HOUSE AADSON HOUSE	FOUT PMENT		\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,107 2,123
ARLSON DODARD ARLSON DBITZ ESCRIPTION ETERSON HOUSE ADSON HOUSE DODARD HOUSE	EQUIPMENT		\$ 2,198 4,633 1,236 623 \$ 8,688 \$ 9,544 2,100 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE	EQUIPMENT		\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,100 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE VIARIES	EQUIPMENT		\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,100 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE	EQUIPMENT		\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,103 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE VIARIES	EQUIPMENT	Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,103 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE VIARIES	EQUIPMENT	Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,103 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE VIARIES	EQUIPMENT	Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,103 2,123 \$ 13,774
ARLSON DODARD ARLSON DBITZ ESCRIPTION CTERSON HOUSE CODARD HOUSE DODARD HOUSE VIARIES	EQUIPMENT	Total:	\$ 2,198 4,633 1,236 623 \$ 8,688 Amount \$ 9,544 2,103 2,123 \$ 13,774

990	Overflow Statement	2020 Page 10
Name(s) as shown on return		FEIN
INTERNATIONAL OWL	CENTER	45-5503365

CURRENT DEPRECIATION EQUIPMENT

Description	Amount
AVIARIES	 \$ 653
VAN	 2,245
	2,898

Description		Amount
AVIARIES		6,240
LAPTOP		1,324
VAN		16,118
	Total: \$	23,682

Description		Amount
ADMISSIONS		24,814
PROGRAM FEES		3 , 191
FESTIVAL OF OWLS		28,184
INTERNATIONAL OWL AWARENESS DAY		7,573
	Total: \$	63,762

Depreciation Detail Listing

Management & General

2020

PAGE 1

for Section 199A calculations. See "UBIA" in lower right corner.

INTERNATIONAL OWL CENTER

* Item is included in UBIA

Name(s) as shown on return

For your records only

Social security number/EIN

45-5503365

No Description Date Cost	Description Data Cost		INTERNATIONAL OWL CEN	TER				 						45	-5503365		
1 PETERSON HOUSE 01012014 45,000 100.00 100.00 45,000 27.5 SL MM 3.636 9,544 9,544 2 LAND PETERSON HOUSE 01012014 20,000 20,000 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 DETERION NOUSE 01012014 45,000 100.00 100.00 45,000 27.5 SI. MM 3,636 9,544 0 9,544 1 MAPTOP 01012014 20,000 20,000 100.00 0 0 0 0 1,324 1 MAPTOP 06232014 1,325 100.00 1,325 0 0 1,324 1 MAPTOP 06232014 1,325 100.00 1,325 0 0 1,324 1 MAPTOP 1002016 19,485 100.00 19,485 20.00 BHN; 11.52 16,18 2,245 18,653 2,26 6 SEARASON NOUSE 01072019 60,455 100.00 60,455 27.5 SI. MM 3.636 2,107 2,198 4,300 2,3 1 MADE SEARASON NOUSE 01072019 8,400 100.00 10 127,376 100.00 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No.	Description	Date	Cost					Life		Method	Rate				
2 LAND PETERSON HOUSE 01012014 20,000 20,000 100.00 0 0 0 0 0 6,240 653 6,893 3 AVIARIES 12252014 7,485 100.00 1,325 0 1,324 1,324 4 LAPTOP 06232014 1,325 100.00 19,485 0 1,324 1,324 5 VAN 01162016 19,485 100.00 19,485 200 DB HY 11.52 16,118 2,245 18,363 6 SKADSON HOUSE 01072019 60,455 100.00 60,455 27.5 SL MM 3.636 2,107 2,198 4,305 7 WOODARD HOUSE 07112019 127,376 100.00 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 8 LAND WOODARD HOUSE 07112019 24,000 24,000 100.00 0 0 0 0 0 10 CARLSON HOUSE 01242020 35,562 100.00 100.00 35,562 27.5 SL MM 3.485 1,239 1,239	2 LAND FETERSON HOUSE 0132014 20,000 20,000 100.00 0 0 0 1,324 100.00 1,325 100.00 1,325 100.00 1,325 100.00 1,325 100.00 1,325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 100.00 1,326 10.325 10.325 10.325 100.00 1,326 10.325 100.00 10.	1	PETERSON HOUSE	01012014	45.000		-	doprodution		27.5	5 5	SL MM	3.636		· ·		
3 AVIARIES 12252014 7,485 100.00 7,485 7 200 DB MQ 8.73 6,240 653 6,893 1,324 1,325 5 0 100.00 1,324 1,325 5 0 100.00 1,324 1,325 5 0 100.00 1,324 1,324 1,325 5 0 100.00 1,324 1,324 1,325 5 0 100.00 1,324 1,324 1,325 5 100.00 1,324 1,325 5 100.00 1,324 1,324 1,325 5 100.00 1,324 1,325 5 100.00 1,324 1,325 16,118 2,245 18,363 1,324 1,325 16,118 2,245 18,363 1,324 1,325 16,118 16,118 16,1	3 RYMARIES 1228014 7,485 100.00 7,485 7 200 DB MO 8.73 6,240 653 6.893 9 9 1 1,326 5 7AN 000200 01162016 19,485 100.00 11,326 5 19,485 100.00 11,326 5 19,485 100.00 11,326 5 19,485 100.00 11,326 5 19,485 100.00 10,2019 60,455 100.00 10,2019 6													, ,		, ,	
4 LAPTOP 06232014 1,325 100.00 1,324 1,324 1,325 5 VAN 01162016 19,485 100.00 19,485 5 200 DB HY 11.52 16,118 2,245 18,363 6 SKADSON HOUSE 01072019 60,455 100.00 60,455 27.5 SL MM 3.636 2,107 2,198 4,305 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 8 LAND SKADSON HOUSE 01072019 8,400 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 EAPTOP 06232014 1,325 100.00 1,325 5 00 B NY 11.52 16.113 2.45 18.363 2.2 6 SKADSON HOUSE 01072019 60.455 100.00 19.485 27.5 SL 184 3.636 2.10 2.10 10.00					· ·				1	2	200 DB MO		6,240	653	6,893	912
5 VAN 01162016 19,485 100.00 19,485 5 200 DB HY 11.52 16,118 2,245 18,363 6 SKADSON HOUSE 01072019 60,455 100.00 60,455 27.5 SL MM 3.636 2,107 2,198 4,305 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 8 LAND SKADSON HOUSE 01072019 8,400 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 NAM 01162016 19,485 100.00 19,485 20 DB HY 11.52 16,118 2,245 18,363 2,26 NAM 0000 1072019 60,455 100.00 60,455 27.5 SL NAM 3.636 2,107 2,198 4,305 2,3 NAM 00000 127,376 100.00 127,376 100.00 127,376 100.00 127,376 100.00 127,376 100.00 127,376 27.5 SL NAM 3.636 2,107 2,198 4,305 2,3 NAM 00000 1072019 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									1		~					
6 SKADSON HOUSE 01072019 60,455 100.00 60,455 27.5 SL MM 3.636 2,107 2,198 4,305 7 WOODARD HOUSE 07112019 127,376 100.00 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 8 LAND SKADSON HOUSE 01072019 8,400 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 SKADSON HOUSE 01072019 60,455 100.00 60,455 27.5 SL MM 3.636 2,107 2,198 4,305 2,7 7 NOODAND HOUSE 01072019 8,400 100.00 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5								1	2	200 DB HY	11.52		2,245		2,245
7 WOODARD HOUSE 07112019 127,376 100.00 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 8 LAND SKADSON HOUSE 01072019 8,400 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 WOODARD HOUSE 07112019 127,376 100.00 127,376 27.5 SL MM 3.636 2,123 4,631 6,754 4,6 SL AND SKADSON HOUSE 01072019 8.400 8.400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6	SKADSON HOUSE							1	5 5	SL MM					2,198
8 LAND SKADSON HOUSE 01072019 8,400 8,400 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 LAND SKARGON ROUSE 01772019 24,000 24,000 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7	WOODARD HOUSE	07112019			100.00			1			3.636		4,631		4,631
10 CARLSON HOUSE 01242020 35,562 100.00 35,562 27.5 SL MM 3.485 1,239 1,239	10 CARLSON HOUSE 01242020 35,562 100.00 35,562 27.5 SL Net 3.485 1,239 1,239 1,239 11 NUBITZ HOUSE 11202020 136,919 100.00 136,919 27.5 SL Net 3.485 623 623 623 623 623 623 623 623 623 623	8	LAND SKADSON HOUSE	01072019			100.00		o	0			0				
	11 KUBITZ HOUSE 11202020 136,919 100.00 136,919 27.5 SL MM .455 623 623 62	9	LAND WOODARD HOUSE	07112019			100.00		o	0			0				
11 KUBITZ HOUSE 11202020 136,919 100.00 136,919 27.5 SL MM .455 623 623		10	CARLSON HOUSE	01242020	35,562		100.00		35,562	27.5	5 5	SL MM	3.485		1,239	1,239	1,239
		11	KUBITZ HOUSE	11202020	136,919		100.00		136,919	27.5	5 5	SL MM	. 455		623	623	623
Totals 486,007 433,607 37,456 11,589 49,045	rotals 486,007 433,607 37,456 11,589 49,045 11,8		Totals		486,007				433,607					37,456	11,589	49,045	11,848

11,589