Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

Open to Public

A	For the	e 2019 calendar y	ear, or tax year begin	ining		, 2019, a	and endi	ing		, 20		
В	Check if	applicable:	C Name of organization IN	TERNATIONAL O	WL CENTER				D Emp	loyer identificati	on number	
	Address	change	Doing business as							45-5503	365	
	Name ch	ange	Number and street (or P.	O. box if mail is not delivere	d to street address)		Room/sui	ite	E Telep	ohone number		
	Initial retu	urn	РО ВОХ 536							(507) 89	6-6957	
$\bar{\Box}$	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts									
Ī	Amended	d return	HOUSTON, MN 55						\$	·	362,262	
Ī	Application	on pending	F Name and address of pri					H(a) Is this a group return for subordinates? Yes				
	••	, 0	·	·						ites included?	Yes No	
ī	Tax-exem	npt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		1		ist. (see instruction	ons)	
	Website:		NTERNATIONALOWI					H(c) Group			,	
		organization: X Con		sociation Other		L Year of formation	on: 201				MN	
	rt I	Summary								<u>.</u>		
	1		the organization's mission	on or most significant	activities: TO	MAKE THE	WORLD	A BETT	ER PI	ACE FOR	OWLS	
a)		•	UCATION AND RES	•			WOILED				-	
ü		<u> </u>	<u> </u>									
rna												
) Ve	2	Check this box	▶ ☐ if the organization	discontinued its oper	ations or disposed o	of more than 25	5% of its	net assets.				
ŏ	3		members of the gover	•	•				. 3		7	
oō ∽	4	-	endent voting members	• • •	*				. 4		7	
Activities & Governance	5	•	individuals employed in	•	• ` '				5			
	6		volunteers (estimate if n						. 6		100	
	7a		ousiness revenue from F	* *	ine 12				. 7a		0	
			siness taxable income f						7b		0	
								Prior Year		Curre	ent Year	
	8	Contributions and	d grants (Part VIII, line	1h)					,994		156,739	
e			revenue (Part VIII, line	,					,510		101,366	
en	10	-	ne (Part VIII, column (A						,647		1,023	
Revenue	11		Part VIII, column (A), lin						,196		47,377	
_	12		add lines 8 through 11 (r						,347		306,505	
	13		ar amounts paid (Part I)					307	,541		1,151	
	14		or for members (Part IX	. ,							0	
	15		ompensation, employee		umn (A) lines 5-10)			123	,261		129,513	
ses	16a		draising fees (Part IX, o					123	,201		0	
Expenses	h		expenses (Part IX, colu			2,316						
×	17	-	(Part IX, column (A), line	` ,				74	,591		94,283	
	18		Add lines 13-17 (must		(A) line 25) .				,852		224,947	
	19		penses. Subtract line 1		(71), 11110 20)				, 495		81,558	
		revende 1665 ex	periodo. Cubildot into 1	10 110111 11110 12			Begin	nning of Curre	•	End o	of Year	
ets o	20 20	Total assets (Par	rt X line 16)				. Dog.		,917	Ziid (416,798	
Net Assets or	E 21	Total liabilities (P	,						,047		87,324	
ě	22	,	nd balances. Subtract li	ine 21 from line 20					,870		329,474	
$\overline{}$	rt II	Signature		2					,0,0		323,414	
			that I have examined this retur	rn, including accompanying	schedules and statement	ts, and to the best	of my know	/ledge and beli	ief, it is			
true	, correct,	and complete. Declarat	tion of preparer (other than off	icer) is based on all informa	tion of which preparer ha	s any knowledge.						
		KARLA E	BI.OEM									
Sig	jn	Signature of c							D	ate		
He	re	KARIA F	BLOEM, EXECUTIV	E DIRECTOR								
			name and title									
		Print/Type preparer	r's name	Preparer's signature		Date		Check	☐ if	PTIN		
Pai	id	Patrick Fo	orsyth			12-04-20	20	self-em	·	P00921	1546	
	pare		_	untry Financi	al Services	<u> </u>		irm's EIN	p.oyou	10072		
	e Onl				CT DOTATORS			hone no.				
		, inits addiess		MN 55943					507-	-896-3030		
N/ax	. Al ID:	O dia	rn with the propercy she		u (ationa)				307-		You V No	

Form 990 (2019) Part IV Checklist of Required Schedules Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C. Part II			
5	Cooler, in check dailing the task year.	4		X
3	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	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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		
	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	11a	X	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
,	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		X
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		_ X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
	of 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 12 If "Yes." complete Schedule I. Parts Land II.	21	1	v

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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? 25b Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 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," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 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 Х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

19) 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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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 in 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?	5с		
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		
10	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 • • • • • • • • • • • • • • • • • • •			
11	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.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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.			

Form 990 (2019) INTERNATIONAL OWL CENTER Page 6 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 7 1a 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. Enter the number of voting members included in line 1a, above, who are independent 1b h 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 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 6 Did the organization have members or stockholders? 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a x Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a 10a x If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С 12c 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? The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filled Minnesota
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's 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

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INTERNATIONAL OWL CENTER

45-5503365

Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

(A) Name and title Average Average Power load Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and a director/trustee Power land one box, unless person is both an officer and director/trustee Power land one box, unless person is both an officer and director/trustee Power land one box unless person is both an officer and director/trustee Power land one			(C)								
Name and title	(A)	(B)	5)		(D)	(E)	(F)				
NULLIAM CHRISTENSEN SOURCE and a director/trustee (list any hours for related organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations below dotted line) Nulliam Christense (list any hours for Related Organizations (list any hours for Related Organi		, ,	,					,			
(i) WILLIAM CHRISTENSEN BOARD MEMBER (A) SCOTT BINGHAM BOARD MEMBER (B) SCOTT BINGHAM BOARD MEMBER (C) STAMES (A) SCOTT BINGHAM (B) SCOTT CHAIRMAN (C) SCOTT CHAIRMAN (1 '			compensation		compensation	of other		
(1) WILLIAM CHRISTENSEN											'
(1) WILLIAM CHRISTENSEN		, ,	or a	Fo Higher Fo							
(1) WILLIAM CHRISTENSEN BOARD MEMBER (2) JAMES NISSEN BOARD MEMBER (3) PETER CONGDON BOARD MEMBER (4) SCOTT BINGHAM BOARD MEMBER (5) NICK GAU CHAIRMAN TREASURER (7) WILLIAM L OHM VICE CHAIR (9) (10) (10)			lividu	tituti	îcer	y em	ploy	rmer	,		related organizations
(1) WILLIAM CHRISTENSEN BOARD MEMBER (2) JAMES NISSEN BOARD MEMBER (3) PETER CONGDON BOARD MEMBER (4) SCOTT BINGHAM BOARD MEMBER (5) NICK GAU CHAIRMAN TREASURER (7) WILLIAM L OHM VICE CHAIR (9) (10) (10)		organizations	tor	onal		ploy	ee e				
(1) WILLIAM CHRISTENSEN BOARD MEMBER (2) JAMES NISSEN BOARD MEMBER (3) PETER CONGDON BOARD MEMBER (4) SCOTT BINGHAM BOARD MEMBER (5) NICK GAU CHAIRMAN TREASURER (7) WILLIAM L OHM VICE CHAIR (9) (10) (10)			uste	trust		æ	ηpen				
(1) WILLIAM CHRISTENSEN BOARD MEMBER X 0 0 0 0 (2) JAMES NISSEN BOARD MEMBER X 0 0 0 0 (3) PETER CONGDON BOARD MEMBER X 0 0 0 0 (4) SCOTT BINGHAM BOARD MEMBER X 0 0 0 0 (5) NICK GAU CHAIRMAN X 0 0 0 0 0 (6) ROBERT CARLSON TREASURER (7) WILLIAM L OHM VICE CHAIR (9) (10)		dotted line)		e			sate				
BOARD MEMBER							-				
BOARD MEMBER											
C2 JAMES NISSEN	(1) WILLIAM CHRISTENSEN										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
(3) PETER CONGDON BOARD MEMBER X 0 0 0 0 0 (4) SCOTT BINGHAM BOARD MEMBER X 0 0 0 0 0 (5) NICK GAU CHAIRMAN X 0 0 0 0 (6) ROBERT CARLSON TREASURER X 0 0 0 0 0 0 (7) WILLIAM L OHM VICE CHAIR X 0 0 0 0 0 (8)	(2) JAMES NISSEN										
BOARD MEMBER			х						0	0	0
(4) SCOTT BINGHAM BOARD MEMBER X 0 0 0 0 (5) NICK GAU CHAIRMAN X 0 0 0 0 (6) ROBERT CARLSON TREASURER X 0 0 0 0 0 (7) WILLIAM L OHM VICE CHAIR X 0 0 0 0 0 (8)	(3) PETER CONGDON										
BOARD MEMBER	BOARD MEMBER		х						0	0	0
(5) NICK GAU CHAIRMAN X 0 0 0 0 (6) ROBERT CARLSON TREASURER X 0 0 0 0 0 (7) WILLIAM L OHM VICE CHAIR X 0 0 0 0 0 (8)	(4) SCOTT BINGHAM										
CHAIRMAN	BOARD MEMBER		х						0	0	0
(6) ROBERT CARLSON TREASURER X 0 0 0 (7) WILLIAM L OHM VICE CHAIR X 0 0 0 (8) (9)	(5) NICK_GAU										
TREASURER	CHAIRMAN				Х				0	0	0
(7) WILLIAM L OHM VICE CHAIR (8) (9) (10)	(6) ROBERT CARLSON										
VICE CHAIR X 0 0 0 (8) (9) (10)	TREASURER				х				0	0	0
(8) (9) (10)	(7) WILLIAM L OHM										
(9) (10)	VICE CHAIR				х				0	0	0
(10)	(8)										
(10)											
(10)	(9)										
	(10)										
(11)											
	(11)										
(12)	(12)										
(13)	(13)										
(14)	(14)										

Part	Section A. Officers, Directors, Trustees (A) Name and title	(B) Average hours per week	(B) (C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amoun of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N		orgai	rom the nization d organiz	and
<u>(15)</u>														
<u>(16)</u> _														
<u>(17)</u>														
<u>(18)</u> _														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
(22)														
<u>(23)</u>														
<u>(24)</u>														
(25)														
1b	Subtotal							•						
c d	Total (add lines 1b and 1c)							· •	0		0			0
2	Total number of individuals (including but not limite							nore						
	reportable compensation from the organization	<u> </u>												C
•	Did the consumeration list and former on efficient discrete												Yes	No
3	Did the organization list any former officer, director employee on line 1a? <i>If</i> "Yes," <i>complete Schedule</i> 3					-						3		х
4	For any individual listed on line 1a, is the sum of re				and o	othe	r comp	ens	ation from the					22
	organization and related organizations greater than	\$150,000? <i>lf</i>	"Yes,"	com	plet	e Sc	hedule	J fo	or such					
	individual											4		х
5	Did any person listed on line 1a receive or accrue of			-			-	izati				_		
Section	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sci	ieuuie	J 101	Suc	πρε	13011				• • • •	5		X
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	that	receiv	ed r	nore than \$100,000	of				
	compensation from the organization. Report compe										ear.			
	(A)								(B)			(C)		
	Name and business address	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100.000 of compensation from				liste ►	d ab	ove) w	/ho						

45-5503365

Form 990 (2019)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	note	e 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 1	а					3000013 312-314
ω	b		b	40,026				
anta	C	-	c	18,602				
ָהָ <u>הַ</u>	d		d	20,002				
ifts ar A	е		е					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
tion sr Si		and similar amounts not included above	f	98,111				
je je	g			,				
age of		lines 1a-1f • • • • • • • • • • • • • • • • • • •	g	\$				
ة ت	h	Total. Add lines 1a-1f			156,739			
				Business Code				
ø	2a	PROGRAMS, ADMISSIONS	9	900099	101,366	101,366		
ه ≼	b		_ L					
Se	С		_					
Program Service Revenue	d		_					
P.S.	е		_					
₽.	f	All other program service revenue	_					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·		•••••	101,366			
	3	Investment income (including dividends, interest						
		other similar amounts)			1,023	1,023		
	4	Income from investment of tax-exempt bond prod						
	5	Royalties · · · · · · · · · · · · · · · · · · ·						
		(i) Real	_	(ii) Personal				
		Gross rents · · · · · · 6a 8,95 Less: rental expenses · · 6b 12,13						
		Rental income or (loss) 6c (3,18) Net rental income or (loss)			(2.102)			(2.102)
		, , ,	Ť	(ii) Other	(3,183)			(3,183)
	7a	Gross amount from (i) Securities sales of assets	(i) Securiues					
	١.	other than inventory						
e	b	Less: cost or other basis and sales expenses · · 7b						
Revenue	С	Gain or (loss) · · · · · 7c						
Re	1	Net gain or (loss)		▶				
_		Gross income from fundraising						
Othe		events (not including \$ 18,602						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	8,610				
	b	Less: direct expenses	8b	528				
	С	Net income or (loss) from fundraising events	٠.	▶	8,082			8,082
	9a	Gross income from gaming						
		activities, See Part IV, line 19 · · · · · ·	9a					
		•	9b					
	С	Net income or (loss) from gaming activities •	• •					
	10a	Gross sales of inventory, less						
		_	l0a	85,569				
			0b	43,091				
	С	Net income or (loss) from sales of inventory •		· · · · · >	42,478	42,478		
v			-	Business Code				
non Te	١ .	MISCELLANEOUS	-	900099				
llar ent	b		-					
Miscellanous Revenue	C	All other revenue	- -					
Σ̈́		Total. Add lines 11a-11d						
		Total revenue. See instructions			306,505	144,867	0	4,899
		. J	-		300,303	122,00/	ı U	JOJJ

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	•		(0)	
	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				
	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	1,151	1,151		
4	Benefits paid to or for members	, -	, -		
5	Compensation of current officers, directors,				
	trustees, and key employees	65,090	52,072	11,065	1,953
6	Compensation not included above, to disqualified	33,333	92,012		_,,,,,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	47,246	44,056	3,190	
8	Pension plan accruals and contributions (include	47,240	44,030	3,130	
•	section 401(k) and 403(b) employer contributions)	3,314	2,828	427	59
9	Other employee benefits · · · · · · · · · · · · · · · · · · ·	5,107	4,086	868	153
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	·	7,424		151
11	Fees for services (nonemployees):	8,756	7,424	1,181	151
	Management · · · · · · · · · · · · · · · · · · ·				
a	Legal				
b	Accounting	1 004		1 004	
c d	Lobbying	1,094		1,094	
	Professional fundraising services. See Part IV, line 17				
e					
f ~	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	10.005		10.000	
40	(A) amount, list line 11g expenses on Schedule O.)	13,825	1,132	12,693	
12	Advertising and promotion	9,364		9,364	
13	Office expenses	12,667		12,667	
14	Information technology	1,930		1,930	
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy	19,526	15,035	4,491	
17	Travel	441	441		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	928	928		
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · ·	8,616	2,954	5,662	
23	Insurance	5,149	2,458	2,691	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	LIVE BIRD EXPENSE	6,752	6,752		
b	VEHICLE EXPENSE	1,433	1,433		
С	REPAIRS AND MAINTENANCE	757		757	
d	FESTIVAL OF OWLS PROGRAM EXP	11,208	11,208		
е	All other expenses	593	593		
25	Total functional expenses. Add lines 1 through 24e	224,947	154,551	68,080	2,316
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

45-5503365

Form 990 (2019) IT Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1	
	2	Savings and temporary cash investments	189,732	2	139,648
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(120)	4	(120)
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · · 10a 313,526			
	b	Less: accumulated depreciation · · · · · · · · · 10b 37,456	64,455	10c	276,070
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,850	15	1,200
	16	Total assets. Add lines 1 through 15 (must equal line 33)	255,917	16	416,798
	17	Accounts payable and accrued expenses	·	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	8,047	25	87,324
	26	Total liabilities. Add lines 17 through 25	8,047	26	87,324
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
힏		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	247,870	31	329,474
et/	32	Total net assets or fund balances	247,870	32	329,474
	33	Total liabilities and net assets/fund balances	255,917	33	416,798

the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form 990 (2019)

Both consolidated and separate basis

2b

Х

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both:

Separate basis

EEA

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

SCHEDULE A

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

INTERNATIONAL OWL CENTER 45-5503365 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 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.) 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

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL OWL CENTER 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) 2015 **(b)** 2016 Calendar year (or fiscal year beginning in)▶ (c) 2017 (d) 2018 (e) 2019 (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) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (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 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... 12 Gross receipts from related activities, etc. (see instructions) 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 2019 (line 6, column (f) divided by line 11, column (f))...... 15 % 16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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

45-5503365

90 or 990-EZ) 2019 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	85,723	81,810	150,703	171,735	152,518	642,489
2	Gross receipts from admissions, merchandise		·	,	,	·	•
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose · · · · ·	44,729	91,554	93,416	114,141	156,410	500,250
3	Gross receipts from activities that are not an		·	·	,	·	•
	unrelated trade or business under section 513 •		23,663	29,518	40,006	29,025	122,212
4	Tax revenues levied for the						
	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						
6	Total. Add lines 1 through 5	130,452	197,027	273,637	325,882	337,953	1,264,951
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						1,264,951
Se	ction B. Total Support		<u> </u>			·	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	130,452	197,027	273,637	325,882	337,953	1,264,951
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources · ·	5	70	692	1,647	1,023	3,437
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	5	70	692	1,647	1,023	3,437
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.)	8,400	7,495	7,700	8,650	8,955	41,200
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	138,857	204,592	282,029	336,179	347,931	1,309,588
14	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						▶ ∐
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8,					15	96.59 %
	Public support percentage from 2018 Sched					16	96.02 %
	ction D. Computation of Investment In				(5)	1 1	
	Investment income percentage for 2019 (line	•	,			17	0.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organization						
	line 18 is not more than 33 1/3%, check this	•	-	-	-		
20	Private foundation If the organization did a	not check a hov	on line 14 10s	a or 19h chec	k this hay and	see instruction	e .

EEA

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (b) and (c) below.
- 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.
- 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 (b) and (c) 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.
- 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 (b) and (c) 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).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
 - 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.
 - 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		
	2		
	3a		
	3b		
)			
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (Fo	rm 990 d	or 990-E	Z) 2019

Par	t IV Supporting Organizations (continued)			
			Yes	No
	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	, , , , , , , , , , , , , , , , , , ,	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
-	regularly appoint or elect at least a majority of the organization's 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 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,			
C	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations		V	NI-
4	Were a majority of the organization's directors or tructors during the tay year also a majority of the directors		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	1		
Sact	the supported organization(s). ion D. All Type III Supporting Organizations			
36 0	ion b. All Type in 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		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	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 (s	ee in	struct	ions)
2	Activities Test. Answer (a) and (b) 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			
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_		2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	11 5	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0:		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sched	lule A (Form 990 or 990-EZ) 2019 INTERNATIONAL OWL CENTER		45-5503	365	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explair	in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organize	ation	s must complete Section	s A through	E.
S	tion A. Adjusted Not Income		(A) Drier Veer	(B) Curre	ent Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(optio	onal)
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				
CC	llection of gross income or for management, conservation, or				
m	aintenance 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			
500	tion B - Minimum Asset Amount		(A) Prior Year	(B) Curre	ent Year
Sec	tion B - Millimum Asset Amount		(A) Phor fear	(optio	onal)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions 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				
	actors (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 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Curren	ıt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
	Enter 85% of line 1.	2			
	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

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

emergency temporary reduction (see instructions).

EEA

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL OWL CENTER 45-5503365					age '
Par	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	zations (continued)		
Sec	tion D - Distributions			Current Year	,
1	Amounts paid to supported organizations to accomplish ex	empt purposes			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	tions			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is respon	sive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 20	
	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
<u>_i</u>	Carryover from 2014 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
а	Excess from 2015				

b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

. . . .

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part				
1 4.10 71	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				
	III, IIIe 12, 1 at 1 v, decidit A, IIIe 3 1, 2, 30, 30, 40, 40, 40, 30, 30, 114, 110, and 110, 1 at 1 v, decidit				
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,				
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,				
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL OWL CENTER

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

45-5503365

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
INTERNATIONAL OWL CENTER 45-5503365

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DENNIS AND NANCY FORSYTH 11067 COUNTY 10 CALEDONIA, MN 55921	\$10,000	Person Rayroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	CRAIG HEROLD 10803 HICKORY TREE ROAD FORT WAYNE, IN 46845	\$12,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CAROLYN AND ROGER O'SHAUGHNESSY 1265 BRACKETTS ROINT RD WAYZATA, MN 55391	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	DARE L WHITE, WILLIAN F WHITE FOUND C/O MERCHANTS BANK PO BOX 248 WINONA, MN 55987	\$6,000	Person Rayroll Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	MANLEY GAYLORD FOUNDATION C/O TOM FAHEY, 2216 WINNEBAGO ST LA CROSSE, WI 54601	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

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.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

<u>IN</u> T	ERNATIONAL OWL CENTER		45-5503365				
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acc	ounts.				
	Complete if the organization answered "Yes" on						
	-	(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 writ	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						
-	only for charitable purposes and not for the benefit of the donor						
	conferring impermissible private benefit?						
Pa	rt II Conservation Easements.						
	Complete if the organization answered "Yes" o	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	Freservation of	a certified historic structure				
•		annon sation contribution in the form of a con-	am ration				
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a cons					
	easement on the last day of the tax year.		Held at the End of the Tax Year				
a	Total number of conservation easements		· · 2a				
b	· g- ·,		· · 2b				
С	Number of conservation easements on a certified historic struct		· · 2c				
d	Number of conservation easements included in (c) acquired after						
_			· · 2d				
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organi	zation during the				
	tax year •						
4	Number of states where property subject to conservation easem	· · · · · · · · · · · · · · · · · · ·					
5	Does the organization have a written policy regarding the period						
	violations, and enforcement of the conservation easements it ho						
6	Staff and volunteer hours devoted to monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year				
	-						
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation eas	sements during the year				
	\$						
8	Does each conservation easement reported on line 2(d) above s		3)(i)				
			· · · · · · · · · · · · · · · · · · ·				
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense statem	ent, and				
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements that	t describes the				
	organization's accounting for conservation easements.						
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, I						
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public				
	service, provide, in Part XIII the text of the footnote to its financial	al statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and balance	sheet works of				
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · > \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, historical treasu	ıres, or other similar assets for financial gain, լ	provide the				
	following amounts required to be reported under FASB ASC 958						
а	·		▶ \$				
b	Assets included in Form 990, Part X		· · · · · · > \$				

	ule D (Form 990) 2019 INTERNATIONAL						45-550		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	Assets (c	ontinued)
3	Using the organization's acquisition, accession	n, and other records, o	heck any c	of the follow	ving that mak	e signific	ant use of its		
	collection items (check all that apply):			_					
а	Public exhibition		d	Loan o	or exchange p	orograms	;		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain ho	w they furtl	her the org	anization's ex	empt pu	rpose in Part		
	XIII.								
5	During the year, did the organization solicit or r	eceive donations of a	rt, historica	l treasures	, or other sim	ilar			
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	art IV Escrow and Custodial Arrangements.								
	Complete if the organization	answered "Yes"	on Form	990, Pa	ırt IV, line 9	9, or re	ported an an	nount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodiar							_	_
	included on Form 990, Part X?							· · · 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follow	ing table:						
							A	mount	
С	Beginning balance						;		
d	Additions during the year						ı		
е	Distributions during the year · · · · ·						•		
f	Ending balance								
2a	Did the organization include an amount on For	m 990, Part X, line 21	, for escrov	w or custod	lial account lia	ability?		· · Ye	s 📙 No
_b	If "Yes," explain the arrangement in Part XIII. C	check here if the expla	nation has	been provi	ided on Part)	XIII			. 📙
Pa	rt V Endowment Funds.	1 115 4 11	_			4.0			
	Complete if the organization	answered "Yes" (on Form	990, Pa	irt IV, line	10.			
		(a) Current year	(b) Prid	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	years back
1a	Beginning of year balance · · · · ·								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balance (li	ne 1g, colu	mn (a)) he	ld as:				
а	Board designated or quasi-endowment •	%							
b	Permanent endowment •	%							
С	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organization	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	on Schedu	ıle R? •				3b	
4	Describe in Part XIII the intended uses of the o		nent funds.						
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization	answered "Yes"	on Form	990, Pa	rt IV, line	11a. S	ee Form 990 <u>,</u>	Part X, li	ne 10.
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Boo	k value
		(investme	ent)	(0	other)	d	epreciation		
1a	Land		2,400						52,400
b	Buildings	23	32,831				13,774		219,057
С	Leasehold improvements	• •							
d	Equipment	• •			28,295		23,682		4,613
_е	Other								
Tota	 Add lines 1a through 1e. (Column (d) must ed 	qual Form 990, Part X	, column (E	3), line 10c.	.)		🕨	2	276,070

Schedule D (Form 990) 2019	Other Securities		45-5503365 Page 3
	- Other Securities.	rm 000 Dort IV line 1	1h Soc Form 000 Port V line 12
Complete ii tiii	e organization answered "Yes" on Fo	Thi 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	iption of security or category cluding name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives · · · ·			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form			
	- Program Related. e organization answered "Yes" on Fo	rm 000 Dort IV line 1	1a Saa Farm 000 Part V lina 12
Complete ii tiii	e organization answered tes on Fo	THI 990, Part IV, IIIIE I	10. See Form 990, Part A, line 13.
(a) Do	escription of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form			
Part IX Other Assets.		000 David IV II a 4	4d Cas Farra 000 Dart V line 45
Complete if the	e organization answered "Yes" on Fo	rm 990, Part IV, line 1	
	(a) Description		(b) Book value
(1)OTHER ASSETS			1,20
(2)SECURITY DEPOSITS AS	SSETS		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(3)			

(10THER ASSETS	1,200
(2)SECURITY DEPOSITS ASSETS	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,200
Part Y Other Liabilities	

Part X

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	6,720	
(3SALES TAX PAYABLE	984	
(4)SECURITY DEPOSIT PAYABLE	650	
(5)NEW HEADQUARTERS PROPERTY	78,970	
(6)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	87,324	

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

45-5503365

Par	Reconciliation of Revenue per Audited Financial Statements With Rev Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		n.
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:		
a	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities		
C C	Other (Describe in Part XIII.)		
d e	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:	· · · · · · · · · · · · · · · · · · ·	
a	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	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Ex	cpenses per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	
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 2c		
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 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		
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	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. Dort V. line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
-, ı aı	TEXT, lines 24 and 4b, and 1 art XII, lines 24 and 4b. Also complete this part to provide any additional information	1.	

EEA Schedule D (Form 990) 2019

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.

ZU 13

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
Employer identification number

INTERNATIONAL OWL CENTER						03365		
Part I Fundraising Activities				wered "Yes" on	Form 990, Part IV	line 17.		
Form 990-EZ filers are no								
a Mail solicitations					ants			
b Internet and email solicitations				government grants				
c Phone solicitations		g ∐ :	Special fundr	aising events				
d In-person solicitations								
2a Did the organization have a written or	-	-						
or key employees listed in Form 990, I				-		'es 🗌 No		
b If "Yes," list the 10 highest paid individ	uals or entities (fu	ndraisers) pu	rsuant to agr	eements under which	n the fundraiser is to be			
compensated at least \$5,000 by the or	ganization.							
	1							
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)	(ii) Activity		r control of	from activity	(or retained by) fundraiser listed in	(or retained by)		
		contrit	outions?		col. (i)	organization		
		Yes	No					
1								
2								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total · · · · · · · · · · · · · · · · · · ·								
3 List all states in which the organization	is registered or lice	ensed to solic	it contribution	ns or has been notifie	ed it is exempt from			
registration or licensing.								

Schedule G (Form 990 or 990-EZ) 2019 INTERNATIONAL OWL CENTER Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through OWL BREAKFAS None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 18,602 18,602 Less: Contributions Gross income (line 1 minus 18,602 Cash prizes Noncash prizes Direct Expenses Rent/facility costs . Food and beverages Entertainment <u>5</u>28 Other direct expenses 528 Direct expense summary. Add lines 4 through 9 in column (d) 528 Net income summary. Subtract line 10 from line 3, column (d) 18,074 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

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
2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number Name of the organization INTERNATIONAL OWL CENTER 45-5503365 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION CONSISTS OF 7 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. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization Employer identification number INTERNATIONAL OWL CENTER 45-5503365 09. Part XI, response or note to any line in Part XI RECONCILIATION ADJUSTMENT

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Identifying number

	ERNATIONAL OWL CENTER				1 990 - 1	<u>L</u>		45-55	503365	
Pa										
	Note: If you have any									
1	Maximum amount (see instructions	s) • • • • • • •						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		
4	Reduction in limitation. Subtract lin	4								
5	Dollar limitation for tax year. Subtra									
	separately, see instructions									
6	(a) Description of	(b) Cost (l	ousiness use onl	y) (c) Ele	cted cost					
7	Listed property. Enter the amount f	rom line 29 · ·			7					
8	Total elected cost of section 179 pr	operty. Add amour	nts in column (c	;), lines 6 a	and 7 • • •			8		
9	Tentative deduction. Enter the smaller of line 5 or line 8									
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562									
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions									
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.							12		
13	Carryover of disallowed deduction	to 2020. Add lines	9 and 10, less l	ine 12▶		13				
Note	: Don't use Part II or Part III below for									
_	rt II Special Depreciation				iation (D	on't include l	isted proper	ty. See ir	nstructions.)	
14	Special depreciation allowance for	qualified property (other than liste	d property) placed in se	ervice				
	during the tax year. See instruction							14		
15	Property subject to section 168(f)(15		
16	Other depreciation (including ACR							16		
	rt III MACRS Depreciat							1 1 2		
	·	(= 0.1.1		ection A		,				
17	MACRS deductions for assets place	ced in service in tax	vears beginni	na before	2019			17	4,38	
	If you are electing to group any ass		-	-					1,00	
	, , ,		•	•		ū	▶ □			
	Section B - Assets	Placed in Serv	ice During 2	019 Tax	Year Usin	g the Gener	al Deprecia	tion Sys	tem	
	(b) Month and year (c) Basis for				(d) Recovery	Ĭ	<u> </u>			
18 	(a) Classification of property	placed in service	(business/investing) only-see instri		period	(e) Convention	(f) Method	(g) Dep	reciation deduction	
19a	3-year property									
	5-year property									
	7-year property									
	10-year property									
	15-year property									
f	20-year property									
	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			
•		45.67			38 yrs.				4 02	
	property Statemen: Section C - Assets Plane		During 201	0 Tay V	ar Heina f	MM the Alternation	S/L	tion Sys	4,230	
		aceu III Seivice		3 Iax It	ai Usiliy i	The Alternati	_	Tuon Sys	stein	
20a	Class life				40		S/L			
b	12-year				12 yrs.	N 40 4	S/L	+		
<u>c</u>	30-year				30 yrs.	MM	S/L			
D ₂	40-year	tructions \			40 yrs.	MM	S/L			
	rt IV Summary (See ins									
21	Listed property. Enter amount from						21	-		
22	Total. Add amounts from line 12, li	-								
	here and on the appropriate lines of	•	•	•		ructions · · ·	22		8,61	
23	For assets shown above and placed in service during the current year, enter the									
	portion of the basis attributable to s	section 263A costs			2	3				