For Paperwork Reduction Act Notice,	, see the separate instructions.
EEA	

Α

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J

Activities & Governance

Revenue

Expenses

•	•	•	•	•	•	•	•	•	•	•	X Yes	; [	
											Form	990	

#### 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) **Open to Public** Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information Internal Revenue Service For the 2021 calendar year, or tax year beginning , 2021, and ending 20 C Name of organizationINTERNATIONAL OWL CENTER Check if applicable: D Employer identification number Address change Doing business as 45-5503365 E Telephonenumber Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 536 (507) 896-6957 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return HOUSTON, MN 55943 \$ Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? H(b) Are all subordinates included? **X** 501(c)(3) (insert no.) Tax-exemptstatus: 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Website: 🕨 WWW.INTERNATIONALOWLCENTER.ORG H(c) Group exemption number X Corporation Other Form of organization: Trust Association L Year of formation: 2012 M State of legal domicile: MN Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO MAKE THE WORLD A BETTER PLACE FOR OWLS THROUGH EDUCATION AND RESEARCH Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 . 3 Number of voting members of the governing body (Part VI, line 1a) 3

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20	21	
ΖU		

395,252

Yes

Yes No

х

6

No

-	······································	-	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	To tal number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5
6	To tal number of volunteers (estimate if necessary)	6	100
7a	To tal unrelated business revenue from Part VIII, column (C), line 12	7а	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	184,887	201,483
9	Program service revenue (Part VIII, line 2g)	63,762	58,021
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	284	239
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,079	64,141
12	To tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,012	323,884
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	821	790
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	130,179	139,681
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	To tal fundraising expenses (Part IX, column (D), line 25)  8,587		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	92,777	105,699
18	To tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	223,777	246,170
19	Revenue less expenses. Subtract line 18 from line 12	69,235	77,714
		Beginning of Current Year	End of Year
20	To tal assets (Part X, line 16)	593,649	617,728
21	To tal liabilities (Part X, line 26)	194,940	141,305
22	Net assets or fund balances. Subtract line 21 from line 20	398,709	476,423

Net Assets or Fund Balances

Part II Signature Block

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

- II	KARLA BLOEM								
Sign	Signature of officer	Da	ate						
Here	KARLA BLOEM	, EXECUTIV	E DIRECTOR						
	Type or print name and	d title							
i	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN		
Paid	Patrick Forsy	:h		08-08-2022		self-employed	P00921546		
Preparer	Firm's name Bluff Country Financial Se:			ervices Firm's EIN					
Use Only	Firm's address	PO Box 3	306		Phone no.				
	Houston MN 55943					507-896-3030			
May the IRS	discuss this return with	the preparer sh	own above? See instructions				XYes No		

(2021)

		5503365 Pa	age <b>2</b>
Ра	Part III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		· 📋
1	Briefly describe the organization's mission:		
	TO MAKE THE WORLD A BETTER PLACE FOR OWLS THROUGH EDUCATION AND RESEARCH		
2	prior Form 990 or 990-EZ?	Yes 🗴 No	
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
J	services?	Yes No	
	If "Yes," describe these changes on Schedule O.		
4			
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code: ) (Expenses \$ 157,131 including grants of \$ 790 ) (Revenue \$	124,708	)
	WE EDUCATED 13,209 PEOPLE THROUGH 475 PROGRAMS ON-SITE, OFF-SITE AND ONLINE AND S	· · · · · ·	
	(INTERNATIONAL FESTIVAL OF OWLS AND INTERNATIONAL OWL AWARENESS DAY.) GRANTS WENT	TO THE BIRI	)
	PROTECTION AND STUDY SOCIETY OF SERBIA (BPSSS) FOR OWL EDUCATION IN SERBIA. THIS	INCLUDES ALI	<u>.</u>
	OTHER EDUCATIONAL EFFORTS.		
			,
			<u> </u>
4b		3,004	
	RESEARCH: 1 WE EXPANDED A RESEARCH PROJECT TO USE PASSIVE ACOUSTIC MONITORING TO IN SOUTHEAST MINNESOTA. 2 PUBLISHED ONE SCIENTIFIC PAPER 3 CONTINUED PLANNING THE		
	CONFERENCE 4 WORKED ON OWL MOLT AND GREAT HORNED OWL VOCALIZATION RESEARCH	2023 NORED	
4c	c (Code:) (Expenses \$2,553 including grants of \$) (Revenue \$)	4,968	)
	LOBBYING FOR SAVE OUR BLUFFS		
			<u> </u>
4d			
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         e       To tal program service expenses         167,710		
		Form <b>990</b> ('	2021)

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	~	
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		<u>x</u>
0	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		
-		0		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? <i>If "Yes," complete Schedule D, Part II</i>	7		<u>x</u>
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С				
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		<u> </u>
b	W as 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		<u>x</u>
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		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>			
46		15		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		<u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a		20a 20b		<u>x</u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
<b>4</b> I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
		- 1		<u> </u>

45-5503365

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Form 990 (2021)

INTERNATIONAL OWL CENTER

-	990 (2021) INTERNATIONAL OWL CENTER	45-55033	65	P	age <b>4</b>
Pa	rt 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		<u>x</u>
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		<u>x</u>
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		x
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		<u>x</u>
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
~~	complete Schedule N, Part II		32		<u>x</u>
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		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		<u>x</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
~~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization?If "Yes," complete Schedule R, Part V, line 2		36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		20		
Dar	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance		38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V				
			•••		
4-	Enter the number reported in Poy 2 of Form 4006. Enter 0, if not applicable	.		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10		
	reportable gaming (gambling) winnings to prize winners?		1c		

Form	990 (2021) INTERNATIONAL OWL CENTER 45-55033	65	F	Page 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
N.	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		<u> </u>
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
b				<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7-		
		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	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		<u> </u>
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		<u> </u>
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		L
	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	1		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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		x
	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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	n 990 (202		55033		F	9age <b>6</b>
Pa	art VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, ar response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru		"No"		
		Check if Schedule O contains a response or note to any line in this Part VI				. x
Se	ction A.	Governing Body and Management				
					Yes	No
1a	Enter the	number of voting members of the governing body at the end of the tax year	6			
	If there a	e material differences in voting rights among members of the governing body, or				
	if the gov	erning body delegated broad authority to an executive committee or similar				
	committe	e, explain on Schedule O.				
b	Enter the	number of voting members included in line 1a, above, who are independent	6			
2	Did any c	fficer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other	officer, director, trustee, or key employee?		2		x
3	Did the o	rganization delegate control over management duties customarily performed by or under the direct				
	supervisi	on of officers, directors, or trustees, or key employees to a management company or other person? • • • • • • •		3		x
4	Did the o	rganization make any significant changes to its governing documents since the prior Form 990 was filed? • • • • •		4		x
5	Did the o	rganization become aware during the year of a significant diversion of the organization's assets? • • • • • • •		5		x
6	Did the o	rganization have members or stockholders?	• • •	6	х	
7a		rganization have members, stockholders, or other persons who had the power to elect or appoint				
	one or m	ore members of the governing body?	• • •	7a		x
b		overnance decisions of the organization reserved to (or subject to approval by) members,				
	stockhold	lers, or persons other than the governing body? • • • • • • • • • • • • • • • • • • •	• • •	7b		x
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaken during				
	the year l	by the following:				
а	0	rning body? ••••••••••••••••••••••••••••••••••••		8a	Х	<u> </u>
b		nmittee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	• • •	8b	Х	
9		ny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
<u></u>		ization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	LION D.	Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
10-	Did the e	regnization have lead chanters branches or offlicted?		100	Yes	No
10a		rganization have local chapters, branches, or affiliates?	• • •	10a		x
b		lid the organization have written policies and procedures governing the activities of such chapters,		106		
110		and branches to ensure their operations are consistent with the organization's exempt purposes?		10b 11a		<u> </u>
11a h		rganization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • in Schedule O the process, if any, used by the organization to review this Form 990.	• • •	Tia	X	
b 12a		ganization have a written conflict of interest policy? If "No," go to line 13		12a	v	
b		cers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a	x x	<u> </u>
		ganization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•••	120		<u> </u>
С		in Schedule O how this was done		12c	х	
13		rganization have a written whistleblower policy?		13	x	<u> </u>
14		rganization have a written document retention and destruction policy?		14	~	x
15		rocess for determining compensation of the following persons include a review and approval by				
	•	ent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а		nization's CEO, Executive Director, or top management official		15a	x	
b		cers or key employees of the organization		15b		x
		b line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
		able entity during the year?		16a		x
b	lf "Yes," o	tid the organization follow a written policy or procedure requiring the organization to evaluate its				
		ion in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
		ion's exempt status with respect to such arrangements?		16b		
Sec	tion C.	Disclosure				
17	List the s	tates with which a copy of this Form 990 is required to be filed <b>Minnesota</b>				
18	Section 6	104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
	(3)s only	available for public inspection. Indicate how you made these available. Check all that apply.				
	x	Dwn website Another's website X Upon request Other (explain on Schedule O)				
19	Describe	on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and finan	cial 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				
	KARL	A BLOEM (507)896-6957, 126 E CEDAR STREET, HOUSTON, MN 55943				

Form 990 (202	1) INTERNATIONAL OWL CENTER	45-5503365	Page <b>7</b>				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employe	es, 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	``				an one both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W -2/	compensation fromthe
	(list any hours for		л.	ç	Fe	en Hi	Fo	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	Officer	y en	ghes:	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t con				
	below	uste	trust		'ee	npen				
	dotted line)	Ű	ee			Highest compensated employee				
						٩				
(1) MARILYN FRAUENKRON BAYER										
BOARD MEMBER		х						0	0	0
(2) KATHY SOLUM										
BOARD MEMBER		х						0	0	0
(3) JAMES NISSEN										
BOARD MEMBER		х						0	0	0
(4) ROBERT CARLSON										
TREASURER				х				0	0	0
(5) SCOTT_BINGHAM										
VICE CHAIRMAN				х				0	0	0
(6) PETER CONGDON										
CHAIRMAN				х				0	0	0
<u>(7)</u>										
(8)				_						
(8)										
(9)										
<u>(9)</u>										
(10)										
· - ·										
<u>(11)</u>										
(12)										
<u>(13)</u>										
(14)				_						·
<u>(14)</u>										

# Form 990 (2021)

INTERNATIONAL OWL CENTER

45-5503365

Part VII Section A. Of	fficers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	Comp	oens	ated Employees (	(continued)			
(/ Name a		(B) Average hours per week	officer and a director/trustee						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	со	(F) nated amo of other mpensati from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-NISC/ 1099-NEC)	orga	nization a	
(15)													
(16)													
(17)													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>													
(22)													
(23)													
(24)													
(25)													
c To tal from continuat	tion sheets to Part VII, Sect	ion A .						•					
2 To tal number of indivi	nd 1c)	ed to those lis							e than \$100,000 of	0f			<u> </u>
`````````````````````````````````	st any <b>former</b> officer, director		v empl	ovee	e. or	hiah	est co	mpe	ensated			Yes	No
employee on line 1a?	If "Yes," complete Schedule ed on line 1a, is the sum of re	J for such ind	dividua	n/	•			•••			3		x
organization and relate	ed organizations greater thar	n \$150,000?	lf "Yes	," со	mpl	ete S	Schedu	ule J	for such		4		x
5 Did any person listed	on line 1a receive or accrue to the organization? <i>If "Yes,"</i>	compensatio	n from	any	unr	elate	ed orga	aniza	ation or individual		5		x
Section B. Independer						<u></u>						<u> </u>	
	r your five highest compensa e organization. Report comp												
	(A) Name and business addres	s							(B) Description of servic	es	(C) Compens	sation	
<b>2</b> To tal number of indep	pendent contractors (including	g but not limi	ted to	those	e list	ed a	bove)	 who	)				

►

received more than 100,000 of compensation from the organization

Part \	0 (2021) INTERNATIONAL OWL CH /III Statement of Revenue				45-5503	365 Pag
	Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII •••			
			<b>(A)</b> Totalrevenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder fromta x un der sections 512–51
	<b>1a</b> Federated campaigns <b>1a</b>					
<b>ه</b> .	b Membership dues 1b	42,571				
unts	c Fundraising events 1c	1,555				
ษิธี	d Related organizations	,				
ar A	e Government grants (contributions) 1e	25,296				
s, n Bilio	f All other contributions, gifts, grants,					
rtior Si Ci	and similar amounts not included above 1f	132,061				
Sthe	g Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts	lines 1a-1f	\$				
<u>ש</u> ה	h Total. Add lines 1a-1f	•	201,483			
		Business Code				
e	2a PROGRAMS, ADMISSIONS	900099	58,021	58,021		
ě š	b					
enu enu	c					
Program Service Revenue	d					
о Бр	e					
ī	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		58,021			
	3 Investment income (including dividends, interest, a other similar amounts)	and 🕨	220	220		
	<ul> <li>Income from investment of tax-exempt bond proce</li> </ul>	+	239	239		
	5 Royalties	1				
	(i) Real	(ii) Personal				
	6a Gross rents 6a 15,318					
	b Less: rental expenses 6b 19,473					
	c Rental income or (loss) 6c (4,155)					
	<b>d</b> Net rental income or (loss)		(4,155)			(4,1
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory <b>7a</b>					
	<b>b</b> Less: cost or other basis					
nu	and sales expenses • • 7b					
өлө	c Gain or (loss) 7c					
Ϋ́Υ	d Net gain or (loss)	· · · · · · •				
Other Revenue	8a Gross income from fundraising					
0	events (not including \$ <u>1,555</u>					
	of contributions reported on line 1c). See Part IV, line 18	E 050				
	b Less: direct expenses					
		· · · · · · · · ·	5,800			5,8
	9a Gross income from gaming		2,000			5,0
	activities, See Part IV, line 19 9a					
	b Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities	ト				
	10a Gross sales of inventory, less					
	returns and allowances 10a	108,882				
	b Less: cost of goods sold 10k	51,745				
	c Net income or (loss) from sales of inventory		57,137	57,137		
		Business Code				
9	11a MISCELLANEOUS	900099	5,359	5,359		
nue	b					
Revenue	c					
Ř	d All other revenue	Ļ				
-	e Total. Add lines 11a-11d		5,359			
	<b>12 Total revenue.</b> See instructions	•	323,884	120,756	0	1,6

### INTERNATIONAL OWL CENTER

	ot include amounts reported on lines 6b, 7b,	(A) Totalexpenses	(B) Program service	(C) Managementand	<b>(D)</b> Fundraising
-	b, and 10b of Part VIII.	'	expenses	general expenses	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	790	790		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	66,037	50,475	12,268	3,29
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	54,475	47,820	6,406	24
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,365	2,699	560	10
9	Other employee benefits	6,406	6,406		
0	Payroll taxes	9,398	7,669	1,454	27
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	639		639	
d	Lobbying	2,553	2,553		
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	13,849	1,724	12,125	
2	Advertising and promotion	6,625		6,625	
3	Office expenses	19,285	9,854	5,960	3,47
4	Information technology	8,488	6,082	2,406	
5	Royalties				
6	Occupancy	20,756	15,982	4,774	
7	Travel	591	591		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,794	6,672	8,122	
3	Insurance	5,326	1,446	3,880	
4	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	5,496	5,496		
b	FUNDRAISING EXP	1,192	5,200		1,19
c	INTL OWL AWARENESS DAY	810	810		1,19
d			010		
	All other expenses	5,295	641	4,654	
5	Total functional expenses. Add lines 1 through 24e	246,170	167,710	69,873	8,58
6	Joint costs. Complete this line only if the	240,170	107,710	09,013	0,00
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>b</b> if following SOP 98-2 (ASC 958-720)				

Form 990	(2021)	INTERNATIONAL	OWL
Part X	Balance Sh	eet	

CENTER

45-5503365

Page 11

		Check if Schedule O contains a response or note to any line in this Part X			П
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	155,484	2	194,605
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	(245)
	5	Loans and other receivables from any current or former officer, director,			(
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		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 486,007			
	b	Less: accumulated depreciation 10b 63,839	436,965	10c	422,168
	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	1,200	15	1,200
	16	Total assets. Add lines 1 through 15 (must equal line 33)	593,649	16	617,728
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	186,021	23	129,978
	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	8,919	25	11,327
	26	Total liabilities. Add lines 17 through 25         · · · · · · · · · · · · · · · · · · ·	194,940	26	141,305
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here 🛛 🕨 🗴			
Ъ.		and complete lines 29 through 33.			
5 01	29	Capital stock or trust principal, or current funds		29	
set	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	398,709	31	476,423
Vet	32	To tal net assets or fund balances	398,709	32	476,423
~	33	To tal liabilities and net assets/fund balances	593,649	33	617,728

EEA

Form **990** (2021)

Form	990 (2021) INTERNATIONAL OWL CENTER 4	5-55033	65	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net As sets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
1	To tal revenue (must equal Part VIII, column (A), line 12)	1		323,	884
2	To tal expenses (must equal Part IX, column (A), line 25)	2		246,	170
3	Revenue less expenses. Subtract line 2 from line 1	3		77,	714
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		398,	709
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		476,	423
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗴 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	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		x
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	<u></u> .	. 3b		
EEA			Form	990 (2	2021)

SCHEDULE	A
(Form 990)	

# 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.

Department of the Treasury Internal Revenue Service

►	At tach	to	Form	990	or	Form	990	-EZ
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OMB No. 1545-0047
2021
Ope n to Public
Inspection

Interna	al Revenue Sei	ervice	🕨 Go t	o www.irs.gov/Fo	rm990 for instructions a	ind the lat	est inform	ation.	Inspection	
Name	of the organiz	zation						Employer identification	ı number	
INTE	RNATIONA	AL OW	L CENTER					45-550336	5	
Par	tl Re	ason	for Public Chai	r <b>ity Status.</b> (All	organizations must	t comple	te this pa	art.) See instructio	ins.	
The c	organization is	s not a	private foundation be	ecause it is: (For lin	es 1 through 12, check o	nly one bo	x.)			
1	A churcl	h, conve	ention of churches, c	or association of chu	urches described in <b>secti</b>	on 170(b)(	1)(A)(i).			
2	A schoo	ol descri	bed in section170(b	<b>)(1)(A)(ii).</b> (Attach	Schedule E (Form 990).)					
3	A hospit	tal or a d	cooperative hospital	service organization	n described in section 17	0(b)(1)(A)	(iii).			
4	_			-	n with a hospital describe			(A)(iii). Enter the		
	hospital	l's name	, city, and state:	-						
5				nefit of a college or	university owned or ope	rated by a	aovernmer	ntal unit described in		
			1)(A)(iv). (Complete	0		· · · · · · · · · · · · · · · · · · ·	3			
6				,	nit described in section 1	70(h)(1)(	1)(v)			
7	=		-	-	rt of its support from a go			om the general public		
•			ction170(b)(1)(A)(v			vonnente		in the general public		
8										
9										
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
			a non-land-grant col	lege of agriculture (	(see instructions). Enter t	ne name, c	anu sta	ate of the conege of		
40		·	41		2 4/20/ afita anna at faar					
10	X An orga	from a	ctivities related to its	es: (1) more than a exempt functions	33 1/3% of its support fror subject to certain excepti	n contribut	ions, memi 2) no more	than 33 1/3% of its	3	
	support	from gr	oss investment inco	me and unrelated b	ousiness taxable income	(less section	on 511 tax)			
			-		section 509(a)(2). (Comp					
11			<b>a</b> 1		test for public safety. See					
12			•	•	r the benefit of, to perforr					
		•	• • • •		d in <b>section 509(a)(1)</b> or s				heck	
			•	• •	e of supporting organizati		•	•		
а					vised, or controlled by its s	•••	-			
	the	support	ed organization(s) the	he power to regular	ly appoint or elect a majo	ority of the	directors o	r trustees of the		
	sup	porting	organization. <b>You m</b>	ust complete Part	IV, Sections A and B.					
b	🗌 Тур	bell. A s	upporting organizati	on supervised or co	ontrolled in connection wit	h its suppo	orted organ	ization(s), by having		
	con	ntrol or n	nanagement of the s	upporting organizat	tion vested in the same p	ersons tha	t control or	manage the supported	t	
	orga	anizatio	n(s). <b>You must com</b>	plete Part IV, Sect	ions A and C.					
С	🗌 Тур	oe III fun	ctionally integrated	<b>d.</b> A supporting orga	anization operated in con	nection wit	h, and func	tionally integrated with	,	
	its s	supporte	d organization(s) (se	ee instructions). <b>Yo</b>	u must complete Part IV	, Sections	A, D, and	E.		
d	🗌 Тур	oe III noi	n-functionally integ	rated. A supporting	organization operated in	connectio	n with its su	upported organization(	s)	
	that	t is not f	unctionally integrate	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	SS	
	requ	uiremer	t (see instructions). '	You must complet	e Part IV, Sections A an	d D, and F	Part V.			
е	Che	eck this	box if the organizatio	on received a writte	n determination from the	IRS that it	is a Type I,	Type II, Type III		
	func	ctionally	integrated, or Typ e	III non-functionally i	integrated supporting orga	anization.				
f	Enter the	number	of supported organi	zations						
g	Provide th	ne follow	ing information abou	ut the supported org	ganization(s).					
	(i) Name of supp	ported org	anization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
					(described on lines 1-10	listed in you		support (see	other support (see	
					above (see instructions))	docum	ent?	instructions)	instructions)	
						Yes	No			
(A)										
									1	
(B)										
									1	
(C)										
(D)										
									+	
(E)										

Total

	e A (Form 990) 2021 INTERNATION					45-550336	
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Ta x revenues levied for the						
-	organization's benefit and either paid to						
	-						
2	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support			•	I		·
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or						
«	organization, check this box and stop her					<u></u>	<b>&gt;</b>
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6		•			14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	ifies as a publi	cly supported of	organization .			🕨 🗌
b	33 1/3% support test - 2020. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organizatio	on		🕨 🗌
17a	10%-facts-and-circumstances test - 202	<b>21.</b> If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	this box and <b>st</b>	op here. Expla	ain in
	Part VI how the organization meets the fa	cts-and-circun	nstances test.	The organizati	on qualifies as	a publicly sup	ported
	organization			-	-		🕨 🗖
b	10%-facts-and-circumstances test - 202						nd line
-	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the					-	
	organization						
18	<b>Private foundation.</b> If the organization di						
10							
	instructions						···· 🖻 📋

# Schedule A (Form 990) 2021 Part III Support

### INTERNATIONAL OWL CENTER

### Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					/	
-	ndar year (or fiscal year beginning in)►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	(	(-) -	()		
	received. (Do not include any "unusual grants.")	150,703	171,735	152,518	151,260	174,577	800,793
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	93,416	114,141	156,410	97,545	165,353	626,865
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	29,518	40,006	29,025	28,184		126,733
4	Ta x 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	273,637	325,882	337,953	276,989	339,930	1,554,391
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	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						
8	Add lines 7a and 7b						
0							1 554 001
Secti	ion B. Total Support						1,554,391
	ndar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	273,637	325,882	337,953	276,989	339,930	1,554,391
10a	Gross income from interest, dividends,	273,037	525,002	337,335	270,305	333,330	1,354,351
	payments received on securities loans, rents,						
	royalties, and income from similar sources	692	1,647	1,023	284	239	3,885
b	Unrelated business taxable income (less	002	2/01/	1,010	201		5,000
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	692	1,647	1,023	284	239	3,885
11	Net income from unrelated business						<u>,                                     </u>
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) • • • • • • • • • •	7,700	8,650	8,955	22,266	15,318	62,889
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • • •	282,029	336,179	347,931	299,539	355,487	1,621,165
14	First 5 years. If the Form 990 is for the or	-			-		· · ·
	organization, check this box and stop her						· · · · <b>· ►</b> <u></u>
	ion C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	. ,	-			15	95.88 %
16 Secti	Public support percentage from 2020 Sch			<u></u>		16	96.00 %
<u>Secti</u> 17	ion D. Computation of Investment Inc		-	v line 12 selur	nn(f)	17	0.00.0/
17 18	Investment income percentage for 2021 (I		.,	•		17	0.00 %
18 19a	Investment income percentage from 2020 33 1/3% support tests - 2021. If the organ						0.00 %
199	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2020. If the organization	-	-			••••	
U	line 18 is not more than 33 1/3%, check this box						
20	<b>Private foundation.</b> If the organization die	-	-			-	tions
EEA	i mate roundation. It the organization di			100, 01 100, 01			A (F orm 990) 2021

#### INTERNATIONAL OWL CENTER Page 4 45-5503365 Supporting Organizations Part IV (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. С 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. 3c 4a W as any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 6 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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. 9a Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

10a

10b

-	A (Form 990) 2021 INTERNATIONAL OWL CENTER 45-5503365		F	age <b>5</b>
Part	V SupportingOrganizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11 c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Section	provide detail in <b>Part VI.</b>	11c		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the severing body members of the severing body officers eating in their official conseity or membership of one or		Tes	NO
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		Vee	Na
4			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction	s).	Vac	No
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		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? <i>If "Yes," then in Part VI identify</i>			
	those supported organization(s) to which the organization was responsive? If these, then in <b>Fart Vindentity</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Part				
1 [	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	ions A through E.
ectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Am ount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Am ount	-		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ograted Type III suppo	nting organization

Schedule A (F orm 990) 2021

-	A (Form 990) 2021 INTERNATIONAL OWL CENTER		45-550	03365 Page 7
Part		) Supporting Organiz	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orgar	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i> ) 5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Excess Distributions	Pre-2021	Am ount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			
				0 a h a duda A (E a ma 000) 0004

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17b; Part /, Section es 1c, 2a, 2b, /, Section E,

SCHED	ULE C	Political Campaign ar	nd Lobbving	Ac tivi	ties	OMB No. 1545-0047
(Form 99		Organizations Exempt From Income T				2021
<b>.</b>	E Comp	lete if the organization is described be		. ,	or Form 990-EZ.	Ope n to Public
•	of the Treasury enue Service	► Go to www.irs.gov/Form990 for ins				Inspection
If the orga	nization answered "Yes,"	" on Form 990, Part IV, line 3, or Form	990-EZ, Part V, line	46 (Politica	I Campaign Activi	ties), then
<ul> <li>Section</li> </ul>	on 501(c)(3) organizations:	Complete Parts I-A and B. Do not comp	olete Part I-C.			
<ul> <li>Section</li> </ul>	on 501(c) (other than section	on 501(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not comp	lete Part I-B.	
	on 527 organizations: Com					
-		" on Form 990, Part IV, line 4, or Form			-	
		that have filed Form 5768 (election unde				
		that have NOT filed Form 5768 (election				
Ta x) (See	separate instructions), th		ax) (See separate in	structions) o	or Form 990-EZ, Pa	art V, line 35c (Proxy
		anizations: Complete Part III.			<b>F</b>	
Name of or	0				Employer identifi	cation number
_	TIONAL OWL CENTER		an acation E04/		45-5503365	
Part I-A		e organization is exempt und				ganization.
	•	organization's direct and indirect political	campaign activities i	n Part IV. Se	e instructions for	
	finition of "political campaig	penditures. See instructions			<b>•</b> •	
		campaign activities. See instructions				
Part I-B		e organization is exempt und				
		se tax incurred by the organization unde				
2 En	nter the amount of any exci	se tax incurred by organization manager	s under section 4955		<b>⊳</b> s	
		section 4955 tax, did it file Form 4720 fo				
b lf"	'Yes," describe in Part IV.					
Part I-C	Complete if th	e organization is exempt und	er section 501(	c), except	section 501(c	)(3).
<b>1</b> En	nter the amount directly exp	pended by the filing organization for sect	ion 527 exempt funct	ion		
ac	tivities				· · · · · ▶ \$	
	-	organization's funds contributed to othe	-			
		S			· · · · · ▶ \$	
		ditures. Add lines 1 and 2. Enter here and				
line	e17b				· · · · · ► \$	
		Form 1120-POL for this year?				
		and employer identification number (EIN		-		-
		5. For each organization listed, enter the				
		outions received that were promptly and	-		-	
as	a separate segregated fur	nd or a political action committee (PAC).	If additional space is	needed, pro	vide information in	Part IV.
	( <b>a)</b> Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
	ork Reduction Act Notice, se	ee the Instructions for Form 990 or 990-EZ.			 \$	Schedule C (Form 990) 2021

Sch	nedul	e C (Forn	1990) 2021 INTERNATIONAL (		45-55033		
Ρ	art	II-A		is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under	
			section 501(h)).				
Α	Ch	eck 🕨	if the filing organization belongs to a	an affiliated group (and list in Part IV each affiliated group r	nember's name,		
			address, EIN, expenses, and share	of excess lobbying expenditures).			
В	Ch	eck 🕨	if the filing organization checked box	A and "limited control" provisions apply.			
			Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated	
			(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	grouptotals	
	1a	To tal lo	obbying expenditures to influence public o	pinion (grassroots lobbying)			
	b	To tal lo	obbying expenditures to influence a legisla	tive body (direct lobbying)			
	С	To tal lo	bbying expenditures (add lines 1a and 1b	)			
	d	Other e	exempt purpose expenditures				
	е	To tal e	xempt purpose expenditures (add lines 1	cand 1d)			
	f	f Lobbying nontaxable amount. Enter the amount from the following table in both					
		columns.					
		If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not ove	er \$500,000	20% of the amount on line 1e.			
		Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	- [	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	- [	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
_		Over \$	17,000,000	\$1,000,000.			
	g	Grassr	oots nontaxable amount (enter 25% of lin	e 1f) • • • • • • • • • • • • • • • • • • •			
	h	Subtrac	ct line 1g from line 1a. If zero or less, ente	er-0			
	i	Subtrac	ct line 1f from line 1c. If zero or less, ente	r-0			
	j	If there	is an amount other than zero on either lin	ne 1h or line 1i, did the organization file Form 4720			
		reportir	ng section 4911 tax for this year?		[	Yes No	
-			4-Yea	r Av eraging Period Under Section 501(h)			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Av eraging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	To tal lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990) 2021

ule C (Form 990) 2021	INTERNATIONAL	OWL	CENTER	

45-5503365 Pag

Page	3

Schedule C (Forr	m 990) 2021	INTERNATIONAL	OWL	CENTER				45-5503	3365
Part II-B	Complete	if the organizatio	n is	exempt under	section 5	501(c)(3)	and has NOT	filed Forr	n 5768
	(election u	nder section 501	(h)).					_	

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(	a)	(b)
	ption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?	x		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		x	
С	Media advertisements?	x		641
d	Mailings to members, legislators, or the public?	x		505
е	Publications, or published or broadcast statements?		x	
f	Grants to other organizations for lobbying purposes?		x	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		x	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x		
i	Other activities?	x		1,407
j	To tal. Add lines 1c through 1i			2,553
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501( 501(c)(6).	(c)(5)	, or s	ection
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ ered "No" ( answered "Yes."	OR (b	) Par	t III-A, line 3, is
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
с	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	
5	Ta xable amount of lobbying and political expenditures. See instructions		5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### 01. Activities to influence legislation (Part II-B, lines 1a - 1h)

### 1A. VOLUNTEERS CONDUCTED A PETITION AND PUT UP YARD SIGNS

Page 4

01. Activities to influence legislation (Part II-B, lines 1a - 1h)

1C. TWO NEWSPAPER ADS FOR AN EXPERT PANEL PRESENTATION

1D. AN INFORMATIONAL MAILING WAS SENT TO CITZENS OF HOUSTON

1H. A PANEL OF EXPERTS GAVE A PUBLIC PRESENTAION , ALL PRO BONO

11. YARD SIGNS WERE MADE, AN INFORMATIONAL WEBSITE WAS CREATED AND MAINTAINED

WWW.SAVEOURBLUFFS.COM

ALL LOBBYING ACTIVITIES WERE FOCUSED ON PROTECTING A STEEP BLUFF WITH FRAGILE SOILS AND

MANY RARE SPECIES WITHIN THE CITY LIMITS OF HOUSTON, MN, FROM A PROPOSED TRAIL SYSTEM FOR

TRUCKS, ATVS, AND DIRT BIKES.

SCHE	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Financial Statements**

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

At tach to Form 990.

2021 Open to Public

Inspection

OMB No. 1545-0047

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

Name o	f the org	ganization			Employ	er identification number
INTE	NATI	ONAL OWL CENTER			4	5-5503365
Pa	rt I	Organizations Maintaining Donor Advised	counts	•		
		Complete if the organization answered "Yes"	on Form 990, Part	IV, line 6.		
		· · · ·	(a) Donor	advised funds		(b) Funds and other accounts
1	To tal	number at end of year ..............				
2	Aggre	gate value of contributions to (during year) • • • •				
3	Aggre	gate value of grants from (during year)				
4	Aggre	gate value at end of year ..........				
5	Did th	e organization inform all donors and donor advisors in v	writing that the assets	s held in donor advised		
	funds	are the organization's property, subject to the organiza	tion's exclusive legal	control?		No
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that	t grant funds can be use	ed	
	only fo	or charitable purposes and not for the benefit of the dor	nor or donor advisor,	or for any other purpos	e	
	confer	ring impermissible private benefit?				Yes 🗌 No
Par	t II	Conservation Easements.				
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 7.		
1	Purpo	se(s) of conservation easements held by the organiza	tion (check all that ap	oply).		
	🗌 Pre	eservation of land for public use (for example, recreatio	n or education)	Preservation of a	historica	lly important land area
	Pro	tection of natural habitat		Preservation of a	certified	historic structure
	🗌 Pre	eservation of open space				
2	Comp	lete lines 2a through 2d if the organization held a qualif	ied conservation con	tribution in the form of a	a conser	vation
	easem	nent on the last day of the tax year.				Held at the End of the Tax Year
а		number of conservation easements				2a
b	To tal	acreage restricted by conservation easements			· · [	2b
С	Numb	er of conservation easements on a certified historic stru	ucture included in (a)		•• L	2c
d	Numb	er of conservation easements included in (c) acquired	after 7/25/06, and not	t on a		
	histori	c structure listed in the National Register • • • • • •			•• L	2d
3	Numb	er of conservation easements modified, transferred, rel	eased, extinguished,	or terminated by the or	rganizatio	on during the
	tax ye	ar ▶				
4	Numb	er of states where property subject to conservation eas	sement is located	▶		
5	Does	the organization have a written policy regarding the per	iodic monitoring, insp	ection, handling of		
	violatio	ons, and enforcement of the conservation easements it	holds?			···· Ves 🗌 No
6	Staff a	and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforcing conserv	vation ea	sements during the year
	▶					
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and	l enforcing conservation	n easem	ents during the year
	►\$_					
8	Does	each conservation easement reported on line 2(d) abo	ve satisfy the require	ments of section 170(h	)(4)(B)(i)	
	and se	ection 170(h)(4)(B)(ii)?				Yes 🗌 No
9	In Par	t XIII, describe how the organization reports conservati	on easements in its r	evenue and expense st	tatement	and
	baland	ce sheet, and include, if applicable, the text of the footr	ote to the organization	on's financial statement	s that de	escribes the
		zation's accounting for conservation easements.				
Par	t III	Organizations Maintaining Collections			other S	Similar Assets.
		Complete if the organization answered "Yes" of				
1a		organization elected, as permitted under FASB ASC 95				
	-	historical treasures, or other similar assets held for put	-	-	ierance o	of public
		e, provide in Part XIII the text of the footnote to its finar				tion f
b		organization elected, as permitted under FASB ASC 95	•			
		storical treasures, or other similar assets held for public	exhibition, education	i, or research in further	ance of p	DUDIIC SERVICE,
	•	e the following amounts relating to these items:				► ¢
		evenue included on Form 990, Part VIII, line 1				а
~	• •	ssets included in Form 990, Part X				
2		organization received or held works of art, historical tre		0	ain, prov	
-		ng amounts required to be reported under FASB ASC	-			► ¢
a L		ue included on Form 990, Part VIII, line 1				· • \$
b	Assets	s included in Form 990, Part X				· • \$

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

	D (Form 990) 2021 INTERNATIONAL (						45-5503		Page 2
Par	t III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures, o	or Oth	ner Similar As	sets (cc	ontinued)
3	Using the organization's acquisition, access	ion, and other records	s, check ar	ny of the fo	llowing that ma	ake sig	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	🗌 Loan oi	exchange pro	ograms			
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explair	how they	further the	organization's	sexem	pt purpose in Part		
	XIII.				0				
5	During the year, did the organization solicit	or receive donations	of art. histo	orical treas	ures. or other s	similar			
	assets to be sold to raise funds rather than							. 🗌 Ye	s 🗌 No
Par	t IV Escrow and Custodial Arra			<u> </u>					
	Complete if the organization		' on Forr	n 990. P	art IV. line	9. or	reported an an	nount or	n Form
	990, Part X, line 21.			,	,	- ,	•		
1a	Is the organization an agent, trustee, custo	lian or other intermed	liary for co	ntributions	or other asset	s not			
								. 🗆 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XII								
b			nowing tab	ne.			٨٣	nount	
	Beginning balance					10		Iount	
C L	Additions during the year								
d						10			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on						-		=
	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanation	has been	provided on Pa	art XIII			•
Par					ant D.C. Busa	40			
	Complete if the organization								
		(a) Current year	(b) Prie	or year	(c) Two years b	back	(d) Three years back	(e) Fou	r 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 cur	rent year end balance	e (line 1g, o	column (a)	) held as:				
а	Board designated or quasi-endowment	►	%						
b	Permanent endowment	%	_						
с	Termendowment	) )							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		ation that a	re held and	l administered	for the			
	organization by:	5							Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz								
4	Describe in Part XIII the intended uses of the	•							
Par		-							
	Complete if the organization		' on Forr	n 990. P	art IV. line	11a. :	See Form 990	. Part X	line 10.
	Description of property	(a) Cost or othe			other basis		Accumulated	(d) Boo	
	Description of property	(a) Cost of othe			other basis	• •	epreciation	(u) DOC	A VAIUE
1a	Land		,		,				F2 400
_			52,400				25 565		52,400
b	•	40	5,312				35,565		369,747
C d	Leasehold improvements	· ·			00.007				
d		···			28,295		28,274		21
<u>e</u>	Other								
Total.	Add lines 1a through 1e. (Column (d) must ed	quai ⊢orm 990, Part X	, column (l	в), Iine 10d	:) •••••	• • •	· · · · · •		422,168

Schedule D (Form 990) 2021

EEA

Schedule D (Form 990) 2021 INTERNATIONAL OWL CENTER		45-5503365 Page 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Met hod of valuation: Cost or end-of-year mar ket value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

	( <b>a</b> )	
Total.	(Column	(b

b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	<b>(c)</b> Met hod of valuation: Cost or end-of-year mar ket value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) THER ASSETS	1,200
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,200

Part X Other Liabilities.

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

1	(a) Description of liability	(b) Book value	
(1) Federa	l income taxes		
	LL LIABILITIES	9,104	
. ,	TAX PAYABLE	1,573	
(4)SECURI	ITY DEPOSIT PAYABLE	650	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨	11,327	

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 ....

Schedule		5-5503365	Page <b>4</b>
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	To tal revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	To tal expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
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.) ••••••••••••••••••••••••••••••••••		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	G Supplemen	Supplemental Information Regarding Fundraising or Gaming Activities							
(Form 990) Complete if		if the organization an organization entere				or 19, or if the	2021		
Department of the Tre		► At	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						
Internal Revenue Ser		Go to www.irs.gov/F	orm990for ins	structions and	the latest information	on. Employer identifica	Inspection		
Name of the organiza									
	IAL OWL CENTER	Complete if the	orgonizat	ion onour	arad "Vaa" an F	45-550			
	Indraising Activities. rm 990-EZ filers are not	-	-		eled res offr	onn 990, Part IV, II			
-	whether the organization ra	· · ·			ties. Check all that a	apply.			
a 🗌 Mails	solicitations	-	е [	] Solicitation	of non-government	t grants			
b 🗌 Interr	net and email solicitations		f	Solicitation	of government gran	nts			
c 🗌 Phon	e solicitations		g 🗌	Special fun	draising events				
d 🗌 In-pe	d 🗌 In-person solicitations								
2a Did the o	organization have a written c	r oral agreement wi	th any individ	lual (includin	g officers, directors,	, trustees,			
or key e	mployees listed in Form 990	, Part VII) or entity i	n connection	with profess	ional fundraising se	ervices?	🗌 Yes 🗌 No		
b If "Yes,"	list the 10 highest paid indiv	iduals or entities (fu	Indraisers) pu	ursuant to ag	reements under wh	nich the fundraiser is to b	e		
compens	sated at least \$5,000 by the	organization.							
	a da dalar e a <b>f</b> inalisi du a l		(iii) Did fund	draiser have	(iv) Cross resolute	(v) Amount paid to	(vi) Amount paid to		
	nd address of individual entity (fundraiser)	(ii) Activity		control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)		
	· · ·		contrib	utions?		col. (i)	organization		
			Yes	No	-				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total				►					
	tates in which the organization or licensing.	on is registered or li	censed to sol	licit contribut	ions or has been no	tified it is exempt from			

	Schedule G	(Form 990) 2021 INT	TERNATIONAL OWL C	ENTER	
	Part II	Fundraising Events. Com	plete if the organizatior	answere	
	than \$15,000 of fundraising event contributions and				
gross receipts greater than \$5,00			\$5,000.	-	
			(a) Event#1	(b	
			(event type)	(e	

			(event type)	(event type)	(total number)	col. <b>(c)</b>
ne						
Revenue	1	Gross receipts				
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		ine 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	_	E. J. and J. and A.				
t Ex	7	Food and beverages				
irec	8	Entertainment				
Δ						
	9	Other direct expenses				
		=				
	10	Direct expense summary. Add line		·		
D	11	Net income summary. Subtract lin				
Pa	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	-	res" on Form 990, Part	IV, line 19, or reported m	iore than
		\$13,000 OII FOITI 990-EZ, II	ne oa.	(b) Pull tabs/instant		(d) Total gaming (add
anr			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
R	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Exp						
ect	4	Rent/facility costs				
Di		-				
_	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	│	
	6	Volunteerlabor	No	No	No	
	7	Direct expense summary. Add line	a 2 through 5 in column (d	<b>\</b>		
	7	Direct expense summary. Add line	es 2 through 5 in column (d	)		
	8	Net gaming income summary. Sul	otract line 7 from line 1, col	umn (d) • • • • • • • • •		
			,			
9	Γ.,	nter the state(s) in which the organization	ation conducts gaming activ	vities:		
	En					Yes No
	<b>a</b> Is	the organization licensed to conduct	t gaming activities in each o	of these states?		
	<b>a</b> Is	the organization licensed to conduct	t gaming activities in each o			
	<b>a</b> Is	the organization licensed to conduct				
	a ls b lf" 	the organization licensed to conduct				
10	a Is b If"  a We	the organization licensed to conduct 'No," explain: ere any of the organization's gaming				
10	a Is b If"  a We	the organization licensed to conduct				

Page **2** 

45-5503365

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

At tach to Form 990 or Form 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

### INTERNATIONAL OWL CENTER

45-5503365

### 01. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION CONSISTS OF 6 BOARD MEMBERS, WHICH INCLUDES 3 OFFICERS AT THIS TIME. THE

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 DECISIONS 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 & 990S FROM SIMILAR ORGANIZATIONS

# 07. Governing documents, etc, available to public (Part VI, line 19)

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST

Form	4562		Depreciatio						OMB No. 1545-0172
1 Onn			(Including Infor	mation on L ach to your tax		ty)			2021
	nent of the Treasury Revenue Service (99)	🕨 Go to	www.irs.gov/Form456	-		st info	ormation.		Attachment Sequence No. <b>179</b>
	s) shown on return				nich this form relate				ifying number
IN	TERNATIONAL OW				990 - 1			45-5	503365
Par		-	rtain Property Und						
	•		property, complete Pa	•					
1		•	s)					1	
2			placed in service (see					2	
3 ⊿			perty before reduction ne 3 from line 2. If zero		•	'		3	
4 5			act line 4 from line 1.					4	
Ŭ			· · · · · · · · · · · · · · · ·					5	
6	· · · ·	escription of property		(b) Cost (busin			(c) Elected cost		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
									]
7	Listed property. En	ter the amount	from line 29		7			_	
8			property. Add amounts	•				8	
9			aller of line 5 or line 8					9	
10			from line 13 of your 2					10	
11			naller of business income					11	
12 13			dd lines 9 and 10, bu to 2022. Add lines 9			13		12	
			for listed property. Ins			10			
			ow ance and Other			clude	listed property. So	ee inst	ructions.)
			qualified property (ot	-	•				Í Í
	during the tax year	. See instruction	ns					14	
15	Property subject to	section 168(f)(	1) election					15	
-		· ·	RS)					16	
Par	III MACRS De	preciation (De	on't include listed prop		structions.)				
17	MACDS deduction	a far agasta pla		ection A	ag boforo 202	1		17	14 504
17 18			ced in service in tax y sets placed in service	-	-		nore general	17	14,794
10		• • •		•	•		· _		
		3 - Assets Plac	ed in Service During	2021 Tax Y				n Syst	em
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Conventior		(f) Method	(g) [	Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d									
e	15-year property					_		_	
f	20-year property			25 \/ro		_	S/L		
	25-year property Residential rental			25 yrs. 27.5 yrs.	MM	+			
	property			27.5 yrs.	MM		S/L		
i	Nonresidential rea	al		39 yrs.	MM	+	S/L		
	property				MM		S/L		
	Section C	- Assets Place	d in Service During	2021 Tax Ye	ar Using the	Alter	native Depreciat	ion Sy	stem
20a	Class life						S/L		
	12-year			12 yrs.			S/L		
-	30-year			30 yrs.	MM		S/L		
	40-year			40 yrs.	MM		S/L		
	t IV Summary (Se	,						24	1
			m line 28 • • • • • • • • • • • • • • • • • •				line 21 Entor	21	
22			of your return. Partner					22	14 704
23			ed in service during th		•				14,794
-			section 263A costs	•		23			
									1200

ame(s) as shown on return	(This page is not filed with the return. It is for your records only.)				
NTERNATIONA	I, OWI, CENTER		FEIN	Page 1	
				45-550330	<u>55</u>
escription				Amount	
NTERNATIONA	L OWL AWARENESS DAY		\$		1,
		Total:	\$	<u> </u>	555
occription				Amount	
escription DMISSIONS			_ <u>_</u>		47
ROGRAM FEES					9,2
IRECT PUBLIC					60 <b>,</b>
APITAL CAMPA					71,
THER					55
ISC REVENUE					5 <b>,</b> 3
	EPORTED ON PART V111 REPORTED ON PART V111				(47 (9,
	REPORTED ON PART VIII				(5,
		Total:	Ś	132,	
			.====	<u>`</u> _	-==
escription				Amount	]
NTEREST-SAV.	INGS, SHORT TERM CD	Total:	\$		23 239
		TOTAL:	ې ====		===
	RENTAL_EXPENSES				
escription_				Amount	
NTEREST EXP			\$		5,
EAL ESTATE :	ΓAXES				<u> </u>
EPAIRS TILITIES					<sup>4</sup> /6
QUIP RENTAL					1,4 1,8
	ND EQUIP OTHER				293
		Total:	\$	19,4	
	AWARDS AND GRANTS				
accription				7	
escription WARDS			_ <u></u>	Amount	79
		Total:			790 1
			•===		=====
WARDS					
WAI(DS					
WANDO					
WANDO					

990	Overflow Statement (This page is not filed with the return. It is for your re	
Name(s) as shown on return	AL OWL CENTER	FEIN 45-5503365
Description		<u>Amount</u> 66,
LESS TO MAN		
	Juiibing	Total: \$50,475
	GENERAL_&_MANAGE	MENT
Description		Amount
KARLA TOTAL LESS TO PRO	GRAM SERVICES	\$66, (50,4
LESS TO FUN	DRAISING	(3,2) Total: \$ 12,268
_Description		Amount
KARLA TOTAL LESS TO PRO		66, (50,4
LESS TO MAN		(12, 12) Total: \$ 3,294
Description	SALARIES AND WAGES	<u>Amount</u> 54,
LESS MANAGE	1ENT	(6,4)
LESS FUNDRA	ISING	(249) Total: \$47,820
	SALARIES AND WAGES	<u>Amount</u> 54,
LESS PROGRA	1 SERVICES	(4 7 ,8
LESS MANAGE	1ENT	(249) Total: \$ <u>6,406</u>

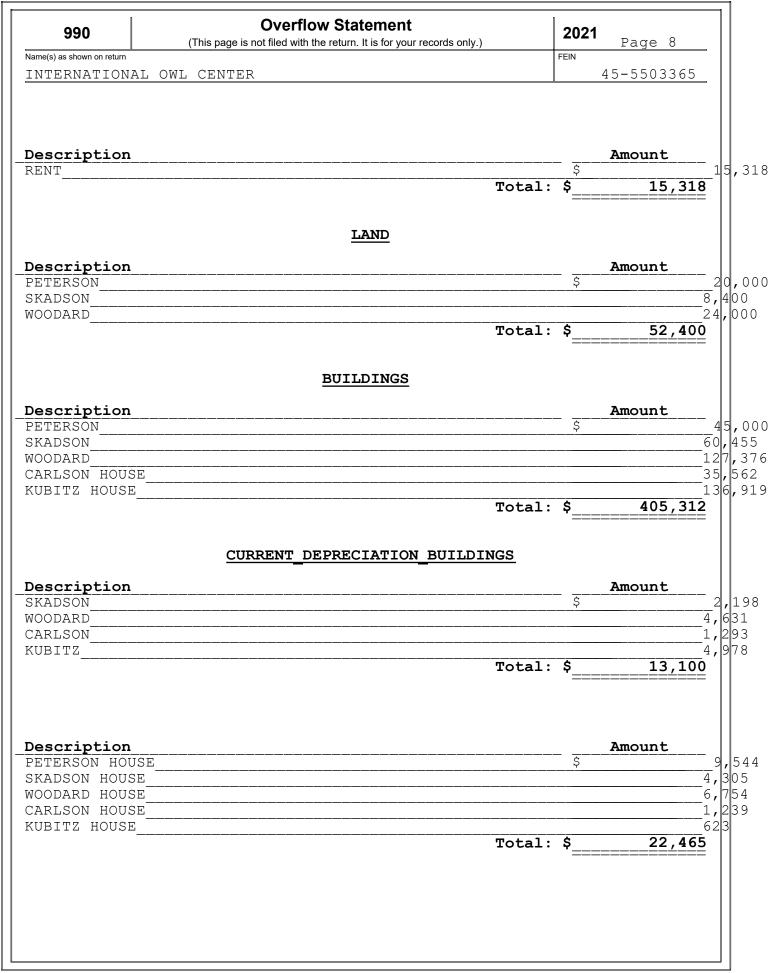
990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	202	21 Page 3
lame(s) as shown on return		FEIN	45-5503365
INTERNATIONAL	OWL CENTER		43 3303303
escription	LARIES AND WAGES	\$	<u>Amount</u> 54, (47,
ESS MANAGEMEN	ERVICES	tal: \$	(6,4
	10	ιαι. Υ <sub>=:</sub>	
escription			Amount
OTAL PENSION ESS MANAGEMEN	PLAN AND CONTRIBUTIONS	\$	3,( (560
ESS FUNDRAISI		tal: \$	(106
escription			Amount
UTAL	ERVICES	\$	3, (2, 6
ESS FUNDRAISI	NG	tal: \$	(106 <u>560</u>
accrintion			Amount
escription OTAL		\$	3, 2 3, 2 3, 2
ESS PROGRAM S ESS MANAGEMEN	ТТ	tal: \$	(2,6) (560 <b>106</b>
	HEALTH INSURANCE	·=:	
escription			Amount
IEALTH INSURAN		ې <b>tal: \$</b>	<b>6,406</b>
		·=:	===========

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2021</b> Page 4
ame(s) as shown on return		FEIN
NTERNATION	AL OWL CENTER	45-5503365
Description MEDICARE CAF	Ε. ΟΟΜΡΑΝΥ	<u>Amount</u>
	ENT AND MN WORKFORCE EN FEE	<u>7</u>
SOC SEC COME		7,4
LESS MANAGEM		(1,
LESS FUNDRAI		(27
	Tot	al: \$7,669
Description		<u>Amount</u>
TOTAL LESS PROGRAM		<u> </u>
LESS FROGRAM LESS FUNDRAI		(27
LICE LONDIAL		al: \$ 1,454
		······································
		<b>A</b> maaaa
Description TOTAL		$\underline{\qquad \qquad \underline{\text{Amount}}}_{\text{$ }}$
LESS PROGRAM	I SERVICES	ýý/, (7),
LESS MANAGEM		(1,
		al: \$275
	MANAGEMENT	
Description		Amount
	RACT SERVICES	\$ 8,
	VICES OTHER	5,5
BUS REG FEES BANK FEES		241 74
LESS PROGRAM	· · · · · · · · · · · · · · · · · · ·	/ 4
IIOOIUI		al: \$12,125
	MANAGEMENT	
Description		Amount ]
ADVERTISING	DED IN LOBBYING	\$7, (1,
- AMI INCLUL		al: \$ 6,625
	100	

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2021</b> Page 5
lame(s) as shown on return	L OWL CENTER	FEIN 45-5503365
Description		Amount TOTAL OPERATIONS EX9,( (5,9)
LESS FUNDRAIS	SING	(3,4 <sup>-</sup> Total: \$9,854
Description PROCESSING FE	PROCESSING FEES	<u>Amount</u> 5,4
DTHER COSTS		105 Total: \$5,960
Description 18% OF TOTAL	OFFICE EXPENSES	<u>Amount</u> <u>\$</u> 3,4 Total: \$ <u>3,471</u>
	TION TECHNOLOGY	<u>Amount</u>
LESS MANAGEME	NT	Total: \$6,082
Description FOTAL INFORMA LESS PROGRAM	TION TECHNOLOGY	<u>Amount</u> <u><u></u><u></u><u></u><u>8</u>,4</u> (6,0)
		Total: \$2,406

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	202	1 Page 6
Name(s) as shown on return	AL OWL CENTER	FEIN	45-5503365
Description BUILDING REF	PAIRS AND MAINT	<u>-</u>	<b>Amount</b> 607
EQUIP RENTAL FAC AND EQUI	P OTHER		239 46
LESS MANAGEM RENT,PARKING	G,UTILITIES		(4,7 19,8
	Tot	al: \$	<u>15,982</u>
Description			Amount
TOTAL OCCUPA LESS PROGRAM	1	sal: \$	20, (15, (15,
		.a1. Y	
Description WORK COMP		<u>_</u>	Amount 258
INSURANCE PR LIAB INSURAN			2,85 2,85 1,28
INS KEY EMP OTHER PROP I	 NS		475 453
- TO MANAGEM		al: \$	(3, 8)
Description			Amount
TOTAL INS LESS PROGRAM	1 SERVICES	\$	5,3 (1,4
	Tot	al: \$	<u> </u>
Description			Amount
TOTAL LESS MANAGEM		\$ \$	5,5 (4,9
	Tot	al: \$	641

990	<b>Overflow Statement</b> (This page is not filed with the return. It is for your records only.)	<b>2021</b> Page 7	
Name(s) as shown on return		FEIN	-
INTERNATION2	AL OWL CENTER	45-5503365	-
Description		Amount	
TOTAL		\$	5
LESS PROGRAM			(641
MISC ADJUSTM		al: \$4,654	(270
Description		Amount	
TOTAL CHECKI	ING/SAVINGS	<u>\$</u>	- 192
	FUNDS	·	2,32
		al: \$194,605	
Description		Amount	_
LOAN KUBITZ		<u>ې</u> al: \$ 129,978	
	TOTA	al: \$129,978	
Description CAPITAL CAME		Amount	- <sub>71</sub> ,
DIRECT PUBLI			<del>6</del> 0,1
MEMBERSHIP D	DUES	al: \$174,577	42,5
Description		Amount	-
ADMISSIONS		\$	-47,
PROGRAMS MERCHANDISE			9,23 108,
	Tota	al: \$165,353	



990	Overflow Statement (This page is not filed with the return. It is for your records only.)		202 <sup>,</sup>	1 Page 9	
Name(s) as shown on return	·		FEIN		
INTERNATION	IAL OWL CENTER			45-5503365	
	EQUIPMENT				
Description	1			Amount	
AVIARIES			\$		7,48 ),81
FURNITURE A	ND EQUIPTot	al:	\$	28,295	<b>,</b> <sup>0</sup>
	CURRENT DEPRECIATION EQUIPMENT				
Decemintion				7	
Description AVIARIES	l		- <u>-</u>	Amount	572
VAN					572 122
	Tot	al:	\$ 	1,694	
Description	l			Amount	
AVIARIES			\$	1	6,89 ,324
VAN				18	3,36
	Tot	al:	\$	26,580	

Depreciation Detail Listing
Management & General

2021

PAGE 1

for Section 199A calculations.

See "UBIA" in lower right corner.

\* Item is included in UBIA

(This page is not filed with the return. It is for your records only.)

	(s) as shown on return	•			(1116	s page is not net			103 01	iiy.)		Social sec	urity number/EIN	1	
													-		
	INTERNATIONAL OWL CEN	rer I								1		45	-5503365		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	PETERSON HOUSE	01012014	45,000		100.00			45,000	27.5	SL MM	3.636	9,544		9,544	
2	LAND PETERSON HOUSE	01012014	20,000	20,000	100.00			0	0		0				
3	AVIARIES	12252014	7,485		100.00			7,485	7	200 DB MQ	7.64	6,893	572	7,465	592
4	LAPTOP	06232014	1,325		100.00			1,325	5		0	1,324		1,324	
5	VAN	01162016	19,485		100.00			19,485	5	200 DB HY	5.76	18,363	1,122	19,485	1,122
6	SKADSON HOUSE	01072019	60,455		100.00			60,455	27.5	SL MM	3.636	4,305	2,198	6,503	2,198
7	WOODARD HOUSE	07112019	127,376		100.00			127,376	27.5	SL MM	3.636	6,754	4,631	11,385	4,631
8	LAND SKADSON HOUSE	01072019	8,400	8,400	100.00			0	0		0				
9	LAND WOODARD HOUSE	07112019	24,000	24,000	100.00			0	0		0				
10	CARLSON HOUSE	01242020	35,562		100.00			35,562	27.5	SL MM	3.636	1,239	1,293	2,532	1,293
11	KUBITZ HOUSE	11202020	136,919		100.00			136,919	27.5	SL MM	3.636	623	4,978	5,601	4,978
	Totals		486,007					433,607				49,045	14,794	63,839	14,814

ST ADJ: 14,794

**Next Ye ar's Depreciation Worksheet** (This page is not filed with the return. It is for your records only.)

		Next Ye ar's Depreciation Worksheet						1		
			(This page is not filed with	(This page is not filed with the return. It is for your records only.)						
	as shown on retu					TaxIDN				
	RNATIONAL							503365		
orm	Multi-Form	Desci		Date	Basis	Method	Life	Deduction		
GT	1		D PETERSON HOUSE	01-01-2014		NDA	0			
GT	1		ARIES	12-25-2014		M	7			
GT	1	LAP		06-23-2014		M	5			
GT	1	VAN		01-16-2016		M	5	2 100		
GT	1		DSON HOUSE	01-07-2019		M	27.5	2,198		
GT	1		DARD HOUSE	07-11-2019		M	27.5	4,632		
GT	1		D SKADSON HOUSE	01-07-2019		NDA	0			
GT	1		D WOODARD HOUSE	07-11-2019		NDA	0	1 000		
GT	1		LSON HOUSE	01-24-2020		M	27.5	1,293		
GT	1	KOB	SITZ HOUSE	11-20-2020	136,919	м	27.5	4,979		
		тот	AL					13,102		