990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2022 Open to Public Inspection

<u>A</u>		2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/	23	D. F1	- i-i
В	Check if app			D Employer	r identification number
	Address ch			0.0	
	Name chan	ge Doing business as Number and street (or P.O. box if mail is not delivered to street address)	I December its		303031
\Box	Initial return	· · · · · · · ·	Room/suite	708-	406-9894
H	Final return			,,,,	100 5051
Ш	terminated	FRANKLIN GROVE IL 61031		2 0	eipts\$ 790,673
	Amended re			G Gross rece	
П	Application		H(a) Is this a gro	oup return for su	ubordinates? Yes X No
		8772 S. LOWDEN ROAD	H(b) Are all sub	ordinatos incl	uded? Yes No
					See instructions
		FRANKLIN GROVE IL 61031		attaon a not.	oco moducacióno
<u></u>	Tax-exem				
J	Website:	NACHUSAGRASSLANDS.ORG	H(c) Group exe		
	Form of org		Year of formation: 2	008	M State of legal domicile: II
	art I	Summary			
	1 B	riefly describe the organization's mission or most significant activities:			
çe		SEE SCHEDULE O			
an					
Governance					
ò	2 C	heck this box if the organization discontinued its operations or disposed of more than 25	% of its net asse	ts.	
∞ ∞	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	7
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	7
۷iti	5 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities		otal number of volunteers (estimate if necessary)			0
⋖		otal unrelated business revenue from Part VIII, column (C), line 12		7a	C
	b N	et unrelated business taxable income from Form 990-T, Part I, line 11		7b	C
-			Prior Yea		Current Year
a)	8 C	ontributions and grants (Part VIII, line 1h)	632	2,415	735,196
Revenue	9 P	rogram service revenue (Part VIII, line 2g)		1,508	5,477
š	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			Č
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50	0,000	50,000
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,923	790,673
		rants and similar amounts paid (Part IX, column (A), lines 1–3)		0,000	89,273
		enefits paid to or for members (Part IX, column (A), line 4)		7000	<u> </u>
	45.0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			C
Expenses	160 D	reference fundamining food / Port IV column (A) line 11o)			C
en	h T	rofessional fundraising fees (Part IX, column (A), line 11e)			
Ä	47 0	otal fundraising expenses (Part IX, column (D), line 25)	10	8,282	177,323
-	"	other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,282	266,596
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			
	19 K	evenue less expenses. Subtract line 18 from line 12	Beginning of Cur	5,641	524,077 End of Year
Net Assets or	20 T	otal assets (Part X, line 16)		4,960	4,406,370
Asse	20 T		3,37	2,300	2,200,370
let /	21 1	* *************************************	3 57	4,960	4,406,370
		et assets or fund balances. Subtract line 21 from line 20	3,37	4,900	4,400,370
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and staten ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer			lowledge and belief, it is
			arry knowledg	, <u>o.</u>	
٠.		Construct of the second			
Si	- 1	Signature of officer		Date	
He	ere	BERNIE BUCHHOLZ PRESIDENT			
		Type or print name and title		<u>-</u>	
D - '	:	Print/Type preparer's name Preparer's signature	Pate	Check	if PTIN
Pai	12	LORI K. MILOSEVICH	(02/17	/24 self-em	
	eparer	Firm's name ESTES, BRIDGEWATER & OGDEN	F	irm's EIN	37-0265152
Us	e Only	901 S 2ND ST, STE 300			
		Firm's address SPRINGFIELD, IL 62704	F	hone no.	217-528-8473
Ма	y the IRS	S discuss this return with the preparer shown above? See instructions		<u></u>	Yes No

Form 990 (2022)	FRIENDS OF NACH	HUSA GRASSLANDS	26-330303	31		Page 2
Part III S	tatement of Program Se	ervice Accomplishment	S			
	heck if Schedule O conta ribe the organization's mission:		o any line in this Part III			X
SEE SCH		•				
	anization undertake any significa 390 or 990-EZ?	ant program services during the	e year which were not listed on	the	Yes	ž Na
	scribe these new services on So				res _	Z NO
	anization cease conducting, or r		w it conducts, any program			
services?					Yes 2	K No
	scribe these changes on Sched					
			f its three largest program service eport the amount of grants and a			
	penses, and revenue, if any, for	_	_	anocations to othe	,,	
	,,					
4a (Code:) (Expenses \$	246,661 including gra	ints of \$ 89,27	3) (Revenue	\$)
			OPERATIONS, AND	SUPPORT	OTHER	
CONSERVA	ATION ORGANIZAT	TONS.				
•						
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						
4b (Code:	(Expenses \$	including gra	ints of \$ INCLUDING ENVIRO	(Revenue	\$ PECHODANTON)
TO COND	OCI ENVIRONMENTA	ALL SIEWARDSHIP	THOUGHTING ENVIR		RESTORATION	!
• • • • • • • • • • • • • • • • • • • •						
•						
•						
• • • • • • • • • • • • • • • • • • • •						
4c (Code:) (Expenses \$	including gra	unts of \$) (Revenue	¢	
	OTECTION	moldding gra	into στ ψ) (Nevenue	Ψ	/
*						
•						
•						
•						
4d Other progra	am services (Describe on Sche	edule O.)				
(Expenses		including grants of \$) (Revenue S	\$)	
4e Total progra	am service expenses	246.661				

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	X	
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)		9	37
_	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,	_		v
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
o	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		1
J	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			<u></u> -
	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? <i>If "Yes,"</i>	P000000000	***********	************
	complete Schedule D. Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </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			•
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		ж
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		٠.٨
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-1/	 	A
10	Dart VIII. Vers As and Oco If INVersill consolide Och adula O. Dart II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		 **
19	If "Yes," complete Schedule G, Part III	19		x
20a	Did the considering and the constant of the co	20a	 	X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	<u> </u>	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	g		00	

Form 990 (2022) FRIENDS OF NACHUSA GRASSLANDS 26-3303031 **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 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 X 27 persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 3በ conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 X 19? Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
3a	Did the examination have unrelated hypiness gross income of \$4,000 or more during the year?			2-		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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 A	ccou	nts (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 transact					X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?		1	7с	**********	***********
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		xt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by t	he			
_	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 energying argonization makes a distribution to a dense dense advices as related necessary			O.L.		
b 40				9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	100				
'' a	Cross income from members or charabelders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	110				
		11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a	0000000000	100000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	le the exercise lineared to increase welferd health plane in your there are state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Pid the consideration as a few consequences for independence or a few design that the consequences			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		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	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022) FRIENDS OF NACHUSA GRASSLANDS 26-3303031 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ______ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure IL List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

8772 S. LOWDEN ROAD

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box	x, unle	Pos check ess pe nd a c	rson i	than or s both r/truste	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	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-MISC/ 1099-NEC)	organization and related organizations
(1) BERNIE BUCHHOLZ	2 00									
PRESIDENT	2.00	х		x				o	0	0
(2)MIKE CARR										
	2.00								_	
DIRECTOR (3) HEATHER HERAKOV	0.00	Х		ļ	ļ			0	0	0
(3) HEATHER HERAKOVI	2.00									
DIRECTOR	0.00	х						0	0	0
(4) BETTY HIGBY										
	2.00									
DIRECTOR	0.00	X		ļ	ļ			0	0	0
(5) ERIC KINGERY	2.00									
TREASURER	0.00	x		x				0	0	0
(6) MARY MEIER										
SECRETARY	2.00	x		x				0	0	0
(7) MIKE SAXTON										
	2.00									
VICE PRESIDENT	0.00	X		Х				0	0	0
(8)										
(9)										
			ļ	-	<u> </u>					
(10)										
(11)										
		<u> </u>			<u> </u>					

Form 990 (2022) FRIENDS (Part VIII Section A. Officers								and Highest Compensated		Page 8
(A) Name and title	(B) Average hours	(d bo	o not	Pos check ess pe	C) sition more erson	than dis both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
1b Subtotal	ets to Part VII, S	Sect	ion <i>i</i>	Δ						
2 Total number of individuals (in reportable compensation from			ed to	thos	se lis	ted a	abov	ve) who received more than	\$100,000 of	
 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization. 	" complete Scheele 1a, is the sum	dule of re	<i>J for</i>	<i>suc</i> able	h ind	divida npen	<i>ual</i> satio	on and other compensation	from the	yes No.
individualDid any person listed on line for services rendered to the o	1a receive or acc	rue	com	pens	atio	n froi	m a	ny unrelated organization o	r individual	
Section B. Independent Contractor1 Complete this table for your fi	ve highest comp	ensa	ated	inde	pend	dent	conf	tractors that received more	than \$100,000 of	
compensation from the organ	ization. Report c (A) d business address	omp	ensa	tion	for t	he c	alen	idar year ending with or with	nin the organization's tax ye (B) otion of services	ear. (C) Compensation
Name and	d business address							Descrip	otion of services	Compensation
						· · · · · · · · · · · · · · · · · · ·				
2 Total number of independent	contractors (incli	udin	g but	not	limit	ed to	o the	ose listed above) who		
received more than \$100,000									0	

Pa	ırt V	III Stateme		f Revenue edule O conta	ains a	a respon	se or note	to any line in th	is Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated camp			1a 1b						
fts, An	С	Fundraising eve			1c						
Gil	d	Related organiz			1d						
Sir,	e f	Government grants (co			1e						
utic	·	and similar amounts no	-		1f		735,196				
trib	g	Noncash contributions									
on	h	lines 1a-1f			1g			735,196			
Oe	n	Total. Add lines	1a-11				Business Code	733,190			
•	2a	T-SHIRTS A	ייים רוא	ਸਦਲ			Busiliess Code	5,477			5,477
Program Service Revenue	b	*									0,1.,
Ser	С							***************************************			
ram	d										
rog	е										
Д.	f	All other program									
	g	Total. Add lines	2a-2f			<u></u>		5,477			
	3	Investment inco	me (in	cluding dividend	s, inte	erest, and					
		other similar am									
	4	Income from inv				-					
	5	Royalties				1					
		0		(i) Real		(II) F	Personal				
	ba	Gross rents	6a								
	b	Less: rental expenses Rental inc. or (loss)	6b 6c								
		Net rental incom		nes)		I					
		Gross amount from		(i) Securities		T	Other				
		sales of assets other than inventory	7a								
er	b	Less: cost or other									
'enı		basis and sales exps.	7b								
Rev	С	Gain or (loss)	7с								
her Revenue	d	Net gain or (loss	s)			<u> </u>				\	
Oth	8a	Gross income from	n fundra	ising events							
		(not including \$									
		of contributions rep									
		1c). See Part IV, li	ne 18 _.		8a						
		Less: direct exp			8b	l					
		Net income or (I		=	events	;					
	9a	Gross income fr			00						
	h	activities. See P Less: direct exp			9a 9b	 					
		Net income or (I				1					
	l.	Gross sales of i			11100.	T					
		returns and allow		•	10a						
	b	Less: cost of go			10b						
		Net income or (I			entory						
รั้ง							Business Code				
Miscellaneous Revenue	11a	CRP INCOME					110000	50,000	50,000		
llan 'ent	b										
sce Rev	С										
Ž		All other revenu					L	F0 000			
	<u>e</u>	Total. Add lines	11a-1	1d				50,000		•	5 477

Part IX Statement of Functional Expenses

0000	Check if Schedule O contains a resp			inpiete column (A).	X
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	89,273	89,273		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation 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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	7 100		7 100	
C	Accounting	7,123		7,123	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			4 020	
f	Investment management fees	4,839		4,839	
g	Other. (If line 11g amount exceeds 10% of line 25, column	12 269	12 260		
40	(A) amount, list line 11g expenses on Schedule O.)	42,268	42,268		
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
16	Royalties				
17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,452		2,452	
24	Other expenses. Itemize expenses not covered	,		,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	STEWARDSHIP	98,479	98,479		
b	DEVELOPMENT	16,641	16,641		
С	OTHER	3,312		3,312	
d	BANK AND OTHER FEES	2,209		2,209	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	266,596	246,661	19,935	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if	1	I		1

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 172,320 153,125 Cash—non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 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 Notes and loans receivable, net 7 Inventories for sale or use 8 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 77,034 10c 122,636 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,402,640 4,053,575 Other assets. See Part IV, line 11 15 15 3,574,960 4,406,370 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses ______ 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 01 0 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 402,978 650,605 27 3,171,982 Net assets with donor restrictions 3,755,765 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 4,406,370 3,574,960 32 32

4,406,370 Form **990** (2022)

3,574,960

Total liabilities and net assets/fund balances

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2022)

3a

3b

X

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2022

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FRIENDS OF NACHUSA GRASSLANDS

Employer identification number 26-3303031

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part !V, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Part II

26-3303031

Page 2

Schedule A (Form 990) 2022

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·			
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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							
Sec	tion B. Total Support							
Caler	ıdar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(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 activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10					<u> </u>		
12	Gross receipts from related activities, etc.						12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)		
	organization, check this box and stop her		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u></u>		
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2022 (line 6			nn (f))			14	%
15	Public support percentage from 2021 Sch						15	%
16a	33 1/3% support test—2022. If the organ				33 1/3% or more, o	check this		
_	box and stop here . The organization qual							L
b	33 1/3% support test—2021. If the organ				15 is 33 1/3% or m	ore, check		
	this box and stop here . The organization							L
17a	10%-facts-and-circumstances test202	=						
	10% or more, and if the organization mee		·					
	Part VI how the organization meets the fa organization		•	•	as a publicly suppo			
b	10%-facts-and-circumstances test—202							
	15 is 10% or more, and if the organization	meets the facts-a	nd-circumstances	test, check this bo	ox and stop here. I	Explain		
	in Part VI how the organization meets the organization					•		
18	Private foundation. If the organization di	d not check a box	on line 13. 16a. 16	 6b, 17a, or 17b. ch	eck this box and se	ee		
-	instructions							

Part III

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support	quality direct ti	TO LOCKS HOLOGIE	olow, please ec	omploto i art in	.)	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	235,236		821,927	632,415		2,829,256
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	56,990		599	50,000		160,477
3	Gross receipts from activities that are not an unrelated trade or business under section 513				1,508	5,477	6,985
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	292,226	407,370	822,526	683,923	790,673	2,996,718
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,996,718
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	292,226	407,370	822,526	683,923	790,673	2,996,718
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	292,226	407,370	822,526	683,923	790,673	2,996,718
14	First 5 years. If the Form 990 is for the or	rganization's first, s					2/330/120
500	organization, check this box and stop her ction C. Computation of Public St						
15	Public support percentage for 2022 (line 8					15	100.00%
16	Public support percentage from 2021 Sch						100.00%
	ction D. Computation of Investme						100.00 70
17	Investment income percentage for 2022 (3 column (f))		17	%
18	Investment income percentage from 2021		I U 47			40	%
19a							
	17 is not more than 33 1/3%, check this b	oox and stop here.	The organization of	qualifies as a public	cly supported orga	nization	X
b	33 1/3% support tests—2021. If the orga						
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di					-	-

Schedule A (Form 990) 2022

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
1		
2		
3a		
		5555555555555
3b		
3c		
4a		
4b		
TU		000000000000000000000000000000000000000
4c		
5a		
Ja		**********
***************************************	*********	000000000000000000000000000000000000000
5b		
5с	***********	***********
6		
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6 7		
6 7		
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7 8		
7 8		
7 8		
7 8		
7 8		
6 7 8		
6 7 8		
6 7 8		
7 8 9a		
6 7 8 9a		
6 7 8 9a		
6 7 8 9a		
6 7 8 9a 9b		
9a 9c		

Page 4

Sched	ule A (Form 990) 2022 FRIENDS OF NACHUSA GRASSLANDS	26-3303031		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	d		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or member	rship of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	ation's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization	ation(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than	า one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated	ed among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax ye	ear. 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 Par	t		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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	s		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	000000000000000000000000000000000000000		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	300000000000000000000000000000000000000	
Sect	ion D. All Type III Supporting Organizations		L	
			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 pr	ior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	000000000000000000000000000000000000000		
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	0000000000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	000000000		
	the organization maintained a close and continuous working relationship with the supported organization(s).		100000000000000000000000000000000000000	***************************************
3	By reason of the relationship described on line 2, above, did the organization's supported organizations hav	***************************************		
J	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	100000000000000000000000000000000000000	300000000000000000000000000000000000000
Sect	ion E. Type III Functionally Integrated Supporting Organizations	1 3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instructions)		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	((ccc mea aca che).		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntal entity (see instructions	1	
2	Activities Test. Answer lines 2a and 2b below.	rtar orraty (000 mondottorio,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	of		110
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>	"		
	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 determine			
	that these activities constituted substantially all of its activities.	2a	 	4
b	•	Zd		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		 	
_	have engaged in these activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		!	
	trustees of each of the supported organizations? If "Yes" or "No." provide details in Part VI.	3a	I	1

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.

	ule A (Form 990) 2022 FRIENDS OF NACHUSA GRASSLANI		26-3303	031 Page 6
Pa	type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E	1
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
t	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре І	II supporting organization	
	(see instructions).			

Schedule A (Form 990) 2022

************	le A (Form 990) 2022 FRIENDS OF NACHUSA		26-33	<u>03</u>	031 Page 7
Par	Y Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Sect	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	s	Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
b	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years			*******	
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022		1		

Schedule A (Form 990) 2022

Schedule A (Fo	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
• • • • • • • • • • • • • • • • • • • •	
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990) (2022)

Employer identification number

2022

FRIENDS OF NACHUSA GRASSLANDS 26-3303031 Organization type (check one): Filers of: Section: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Form 990, Schedule B, Page 2 for

Friends of Nachusa Grasslands
Contains Confidential Donor
Information and Has Been
Intentionally Omitted

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

1141110	or the organization		Employor rachamoudent number
F	RIENDS OF NACHUSA GRASSLANDS		26-3303031
********	ort I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	
00000000	Complete if the organization answered "Yes" on F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclusive	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	ation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified his	toric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after July 2	25, 2006, and not on a	
			2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during the
	tax year		
4	Number of states where property subject to conservation easement is I	ocated	
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the year
_			
8	Does each conservation easement reported on line 2(d) above satisfy t		
_			
9	In Part XIII, describe how the organization reports conservation easemed	·	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization's financial statements that d	escribes the
D,	irt III. Organizations Maintaining Collections of Art,	Historical Transuras or Other	Similar Accete
	Complete if the organization answered "Yes" on F		Silillai Assets.
10	If the organization elected, as permitted under FASB ASC 958, not to r		en shoot works
Id	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial stater		of public
b	If the organization elected, as permitted under FASB ASC 958, to repo		neet works of
J	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items:	., sassation, or research in furtherance of	, az.io 0011100,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	
_	following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part X		 \$

_	_	_	_	_	_	_	_	_
21	5 –	3	7	N	7	N	3	7

Page 2

Pa	ırt III	Organizations Maintainin	ng Collections of	f Art, Hist	orical Tre	easures, or Otl	ner Simi	lar A	ssets	(continue	·d)	
3		e organization's acquisition, access nitems (check all that apply):	sion, and other record	ls, check any	y of the follo	owing that make sig	nificant us	e of its	5			
а	Publi	c exhibition	d	Loan or exc	hange prog	ram						
b	b Scholarly research e Other											
С	Pres	ervation for future generations										
4	-	a description of the organization's o	collections and explain	n how they fo	urther the o	rganization's exemp	ot purpose	in Pa	rt			
	XIII.			•								
5	During th	e year, did the organization solicit	or receive donations	of art. histori	ical treasure	es, or other similar						
	•	be sold to raise funds rather than		•		<u> </u>				Yes	No	
Pa	irt IV	Escrow and Custodial Ar		<u> </u>	<u> </u>							
1000000000	***************************************	Complete if the organization 990, Part X, line 21.		" on Form	990, Par	t IV, line 9, or re	eported a	an an	nount o	n Form		
1a	Is the org	ganization an agent, trustee, custo	dian or other intermed	diary for cont	tributions or	other assets not						
included on Form 990, Part X?											No	
b	If "Yes,"	explain the arrangement in Part XI									-	
										Amount		
С	Beginnin	g balance						1c				
d	Additions	during the year						1d				
е	Distributi	ons during the year						1e				
f	Ending b	alance						1f				
2a	Did the o	rganization include an amount on	Form 990, Part X, line	e 21, for esci	row or custo	odial account liabilit	y?			Yes	No	
		explain the arrangement in Part XI										
Pε	ırt V	Endowment Funds.										
		Complete if the organization	n answered "Yes	" on Form	990, Par	t IV, line 10.						
			(a) Current year	(b) Prio	or year	(c) Two years back	(d) Th	ree yea	s back	(e) Four ye	ars back	
1a	Beginnin	g of year balance	3,402,639	3,4	33,262	2,199,92	9 1	.,92	7,295	1,48	3,392	
		tions	493,841	. 6	32,415	821,92	7	40	6,611	40	4,082	
		stment earnings, gains, and										
	losses		307,333	-3	38,700	548,48	8	6	2,622	5	3,799	
d		r scholarships										
е	Other ex	penditures for facilities and										
	programa	S	150,239	3	24,337	137,08	3	19	6,599	3	7,093	
f	Administ	rative expenses										
g		ear balance	4,053,575	3,4	02,639	3,433,26	1 2	2,19	9,929	1,904,180		
2		he estimated percentage of the cu	rrent year end balanc	e (line 1g, co	olumn (a)) h	neld as:						
а		esignated or quasi-endowment		(0,	. ,,							
		ent endowment %										
	Term en											
		entages on lines 2a, 2b, and 2c sh	nould equal 100%.									
3a		e endowment funds not in the poss		ation that are	e held and a	administered for the	:					
	organiza	·								Y	es No	
	-	lated organizations								3a(i)	X	
	(ii) Rela	ted organizations									Х	
b	If "Yes" o	on line 3a(ii), are the related organi	zations listed as requ	ired on Sche	edule R?					3b		
4		in Part XIII the intended uses of the										
P	art VI	Land, Buildings, and Equ		OWNTONE TUNE								
00000000		Complete if the organization	7	on Form	990 Par	t IV line 11a S	ee Form	990	Part X	Cline 10		
		Description of property	(a) Cost or other		(b) Cost or ot		c) Accumulat			(d) Book val		
			(investment)		(other		depreciation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	Land			,034	,					7.	7,034	
ıa b		· · · · · · · · · · · · · · · · · · ·		, , , , ,				000000000000000000000000000000000000000	0000		, 00-1	
	Leacaba	sld improvements										
								····				
		ent	l l									
		s 1a through 1e. (Column (d) musi		rt X column	(R) line 10					7-	7,034	
TOLA	. Aud IIIle	s ra amough re. (Column (u) musi	. oquai i oiiii 990, Pai	ı ∧, colullill	וווו , נטן, וווו	<i>.,</i>					,,004	

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**********	orm 990) 2022 FRIENDS OF NACHUSA	GKASSLANDS	26-3303031	Page 3
Part VII	Investments – Other Securities.	F 000 Dt.IV /	Use 44h Ose Ferres 000 Per	4 V 15 40
	Complete if the organization answered "Yes" (a) Description of security or category		line 11b. See Form 990, Par	
	(including name of security)	(b) Book value	Cost or end-of-year m	
(1) Financial of				
	eld equity interests			
(D)				
(E)				
(H)				
The state of the s	n (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII	Investments – Program Related.	F 000 Dt IV	line 44e Coe Form 000 Dec	4 V line 40
	Complete if the organization answered "Yes" (a) Description of investment		(c) Method of val	
	(a) Description of investment	(b) Book value	Cost or end-of-year m	
(4)			Cook of one of your in	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (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,	ine 11d. See Form 990, Par	
	BENEFICIAL INTEREST I	N ACCEMC		(b) Book value
(1)	BENEFICIAL INTEREST I	N ASSETS		4,053,575
(2)				
(3)				
<u>(4)</u> (5)				
(6)		<u> </u>		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			4,053,575
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 99	90, Part X,
	line 25.			
1.	(a) Description of liab	pility		(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>		-		
<u>(8)</u> (9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	's financial statements that reports	the
-	liability for uncertain tax positions under FASB ASC 740.			

Schedule D (Fe	orm 990) 2022	FRIENDS (OF NACHUSA	GRASSLANDS	3 26-3303031	Page 5
Part XIII	Supplemer	FRIENDS (ntal Information	n (continued)			
				• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •						
• • • • • • • • • • • • • • • • • • • •						

SCHEDULE I (Form 990)

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

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DAA

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

	FRIENDS OF NACHUSA	GRASSLAN	DS				2	6-3303031	
Pi	art I General Information on Grants and	Assistance							
1	Does the organization maintain records to substantiate the selection criteria used to award the grants or assistan Describe in Part IV the organization's procedures for mon	ce?			eligibility for the gran	ts or assistance, ar	ıd	Yes	X No
	Grants and Other Assistance to Doi Part IV, line 21, for any recipient that re	mestic Organ	izations	and Domestic Go				vered "Yes" on Form	990,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
2	Enter total number of section 501(c)(3) and government of	organizations liste	d in the line	1 table				>	
3	Enter total number of other organizations listed in the line	1 table				<u></u>		▶	
For	Paperwork Reduction Act Notice, see the Instructions for	or Form 990.						Schedule I (Form 9	990) (2022)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF NACHUSA GRASSLANDS

Employer identification number 26-3303031

FORM 990 - ORGANIZATION'S MISSION THE MISSION OF FRIENDS OF NACHUSA GRASSLANDS IS TO BUILD ENDOWMENTS THAT WILL HELP DEFRAY THE COST OF NATURAL AREAS OF MANAGEMENT, STAFF AND OPERATING EXPENSES; CONDUCT AND ENCOURAGE STEWARDSHIP; LAND PROTECTION ANDSUPPORT EDUCATION AND SCIENTIFIC ACTIVITY; AND FUND LAND ACQUISTION AT THE PRESERVE. OVER 96% OF INCOME IS EXPENDED ON ACHIEVING THOSE GOALS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFIICT OF INTEREST STATEMENT WITH PERIODIC REVIEWS CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

PAGE 1 OF 1